

KY MEDICAID Fee Schedule - Effective April 1, 2026 REVISED July 15, 2026

Fee for Service Behavioral Health Fee Schedule

Notes:

- PLEASE CONTINUE TO USE THE ADDITIONAL HF MODIFIER FOR ALL SUD SERVICES FOR TRACKING PURPOSES
 - A rate across all provider columns indicates a per diem or bundled rate for a service
 - See your provider type regulation for allowable practitioners for each service and components included in per diem or bundled services
 - It is the responsibility of the provider to check member eligibility.
- DMS encourages all providers to consult with a Certified Professional Coder regarding billing codes and other issues
- System readiness by effective date of this fee schedule is not guaranteed.
- A Physician, Advanced Practice Registered Nurse or Physician Assistant within the organization/agency must order any laboratory test.
- Clinical Laboratory Fee Schedule posted on the DMS website.
- *Limited to MD/DO, LP, LPP, CPsy w/Auto. Funct., LPA, or CPsy
- **Limited to MD/DO, LP, LPP or CPsy w/Auto. Funct.
- ***Limited to Physician, LBA, LABA, Technician, or other qualified healthcare professional as listed
- 1 Licensed Organization only; must be billed by provider type 03 (BHSO)
- Add on Codes identified with a +
- The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.
 - CPT only copyright 2026 American Medical Association. All rights reserved. Codes colored **RED** denote a rate increase.



Column 1 Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)										
Column 2 Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)										
Column 3 Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPsy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)										
Column 4 Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, Cpsy CSW, LPCA MFTA, LPATA LABA, LCADCA										
Column 5 Modifier: REQUIRED CADCA= U6										
Column 6 Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC										
Codes	Description	Units	Rate	Column 1 Rate Modifiers: AF; AM	Column 2 Rate Modifiers: SA; AH, U1	Column 3 Modifiers: U8; AJ; HO	Column 4 Modifiers: U4	Column 5 Modifier: U6	Column 6 Modifiers: U7; UC	Comments
90785	PSYCHIATRIC SERVICES COMPLICATED BY COMMUNICATION FACTOR	EVENT		\$10.83	\$9.21	\$8.66	\$7.58	\$5.42		Use in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99201-99205, 99213-99215], and group psychotherapy [90853]
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	EVENT		\$129.53	\$110.10	\$103.63	\$90.67			
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	EVENT		\$146.42	124.45 APRN=SA & PA=U1 Only					
90832	PSYCHOTHERAPY	30 MINUTES		\$62.63	\$53.24	\$50.11	\$43.84	\$31.32		30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER
90833	PSYCHOTHERAPY	30 MINUTES		\$59.14	\$50.27 APRN=SA & PA=U1 Only					30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE. USE IN CONJUNCTION WITH ALLOWABLE E&M CODES [99201-99205, 99213-99215] rendered by Physician, APRN or PA only
90834	PSYCHOTHERAPY	45 MINUTES		\$83.07	\$70.61	\$66.46	\$58.15	\$41.54		45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER

Codes	Description	Units	Rate	Column 1 Rate Modifiers: AF; AM	Column 2 Rate Modifiers: SA; AH, U1	Column 3 Modifiers: U8; AJ; HO	Column 4 Modifiers: U4	Column 5 Modifier: U6	Column 6 Modifiers: U7; UC	Comments
90836	PSYCHOTHERAPY	45 MINUTES		\$74.90	63.67 APRN=SA & PA=U1 Only					45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE. USE IN CONJUNCTION WITH ALLOWABLE E&M CODES [99201-99205, 99213-99215] this rendered by the Physician, APRN or PA only
90837	PSYCHOTHERAPY	60 MINUTES		\$121.88	\$103.59	\$97.50	\$85.31	\$60.94		
H0004	Behavioral Health Counseling and therapy	15 MINUTES		\$28.99	\$24.64	\$23.19	\$20.30	\$14.50		Must be billed on same day as 90837 and limited to 8 units max per client per date of service.
90838	PSYCHOTHERAPY	60 MINUTES		\$99.11	\$84.25 APRN=SA & PA=U1 Only					60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE. USE IN CONJUNCTION WITH ALLOWABLE E&M CODES [99201-99205, 99213-99215] this is rendered by Physician, APRN or PA only
90839	PSYCHOTHERAPY	60 MINUTES		\$116.87	\$99.34	\$93.50	\$81.81	\$58.44		FOR CRISIS. FIRST 60 MINUTES
90840	PSYCHOTHERAPY	30 MINUTES		\$56.21	\$47.78	\$44.97	\$39.35	\$28.11		FOR CRISIS, EACH ADDITIONAL 30 MINUTES. USE IN CONJUNCTION WITH 90839
90845	PSYCHOANALYSIS	EVENT		\$79.52	\$67.59	\$63.62	\$55.67			
90846	FAMILY PSYCHOTHERAPY	EVENT		\$78.23	\$66.50	\$62.59	\$54.76	\$39.12		
90847	FAMILY PSYCHOTHERAPY	EVENT		\$81.02	\$68.86	\$64.81	\$56.71	\$40.51		WITH PATIENT PRESENT
90849	GROUP PSYCHOTHERAPY	EVENT		\$28.82	\$24.50	\$23.06	\$20.18	\$14.41		MULTIPLE-FAMILY
90853	GROUP PSYCHOTHERAPY	EVENT		\$22.13	\$18.81	\$17.71	\$15.49	\$11.07		OTHER THAN MULTIPLE-FAMILY GROUP
90865	NARCOSYNTHESIS	EVENT		\$121.79	\$103.52 APRN=SA & PA=U1 Only					FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES
90870	ELECTROCONVULSIVE THERAPY	EVENT		\$128.39						INCLUDES NECESSARY MONITORING
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY	30 MINUTES		\$33.13	\$28.16	\$26.51	\$23.19			INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY, WITH PSYCHOTHERAPY, 30 MINUTES
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY	45 MINUTES		\$51.55	\$43.82	\$41.24	\$36.09			INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY, WITH PSYCHOTHERAPY, 45 MINUTES
90887	COLLATERAL THERAPY	EVENT		\$66.32	\$56.37	\$53.05	\$46.42	\$33.16		
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	EVENT		\$22.52	\$19.14	\$18.01	\$15.76			
96105	ASSESSMENT OF APHASIA	PER HOUR		\$71.03	\$60.37	\$56.82	\$49.72			WITH INTERPRETATION AND REPORT, PER HOUR
96110	DEVELOPMENTAL SCREENING	EVENT		\$33.67	\$28.62	\$29.93	\$23.57			WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT
96112	DEVELOPMENTAL TEST ADMINISTRATION	60 MINUTES		\$92.70	\$78.80	\$74.16	\$64.89			BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT, FIRST HOUR
96113	DEVELOPMENTAL TEST ADMINISTRATION	30 MINUTES		\$43.57	\$37.03	\$34.85	\$30.50			EACH ADDITIONAL 30 MINUTES. USE IN CONJUNCTION WITH 96112

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96116	NEUROBEHAVIORAL STATUS EXAM	60 MINUTES		\$68.70	\$58.40	\$54.96 U8 Only				PER HOUR OF THE PHYSICIAN'S OR QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO-FACE WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT (See Note **)
96121	NEUROBEHAVIORAL STATUS EXAM	60 MINUTES		\$57.83	\$49.15	\$46.26 U8 Only				EACH ADDITIONAL HOUR. USE IN CONJUNCTION WITH 96116 (See Note **+)
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	60 MINUTES		\$75.70	\$63.50	\$59.76	\$52.29			PER HOUR OF THE PHYSICIAN'S OR QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO-FACE WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT (See Note *)
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT	EVENT		\$3.35	\$2.84	\$2.68	\$2.34			WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES	60 MINUTES		\$89.80	\$76.33	\$71.84 U8 Only	\$62.86 LPA or Cpsy=U4 Only			BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATE, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT AND FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR (See Note *)
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES	60 MINUTES		\$65.43	\$55.62	\$52.34 U8 Only	\$45.80 LPA or Cpsy=U4 Only			EACH ADDITIONAL HOUR. USE IN CONJUNCTION WITH 96130 (See Note *+)
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES	60 MINUTES		\$94.97	\$80.72	\$75.97 U8 Only				BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATE, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT AND FAMILY MEMBER(S) OR CAREGIVER(S), WHEN PERFORMED; FIRST HOUR (See Note **)
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES	30 MINUTES		\$73.57	\$62.53	\$58.85 U8 only				
96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TESTING	30 MINUTES		\$31.15	\$26.48	\$24.92 U8 Only	\$21.80 LPA or Cpsy=U4 Only			ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES (See Note *)
96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TESTING	30 MINUTES		\$27.93	\$23.74	\$22.34 U8 Only	\$19.55 LPA or Cps=U4 Only			EACH ADDITIONAL 30 MINUTES 96136, 9637 MAY BE REPORTED IN CONJUNCTION WITH 96130, 96131, 96132, 96133 ON THE SAME OR DIFFERENT DAYS (See Note * +)

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96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TESTING	30 MINUTES		\$25.17	\$21.39	\$20.14 U8 Only	\$17.62 LPA or Cpsy=U4 Only			ADMINISTRATION AND SCORING BY TECHNICIAN; TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES (See Note *)
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TESTING	30 MINUTES		\$23.61	\$20.07	\$18.89 U8 Only	\$16.53 LPA or Cpsy=U4 Only			EACH ADDITIONAL 30 MINUTES 96138, 96139 MAY BE REPORTED IN CONJUNCTION WITH 96130, 96131, 96132, 96133 ON THE SAME OR DIFFERENT DAYS (See Note **)
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TESTING	EVENT		\$1.57	\$1.33	\$1.25 U8 Only	\$1.10 LPA or Cpsy=U4 Only			ADMINISTRATION WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM, WITH AUTOMATED RESULT ONLY (See Note*)
96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	EVENT		\$78.40	\$66.64 APRN=SA, PA=U1 & AH					HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, CLINICAL DECISION MAKING. This is allowed in Primary Care and Hospital settings.
97151	BEHAVIOR IDENTIFICATION ASSESSMENT	15 MINUTES		\$27.50	\$23.37	\$21.99	\$19.25			ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, EACH 15 MINUTES OF THE PRACTITIONER'S TIME FACE- TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDING AND RECOMMENDATIONS, AND NON- FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN (See Note***)
97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT	15 MINUTES							\$12.18 RBT Only	ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, FACE TO-FACE WITH THE PATIENT, EACH 15 MINUTES (See Note ***)
97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL	15 MINUTES							\$12.18 RBT Only	ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, FACE TO-FACE WITH ONE PATIENT, EACH 15 MINUTES (See Note ***)
97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL	15 MINUTES							\$12.18 RBT Only	ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, FACE TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES (See Note ***)
97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION	15 MINUTES		\$27.50	\$23.37	\$21.99	\$19.25			ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE- TO-FACE WITH ONE PATIENT, EACH 15 MINUTES (See Note ***)

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97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE	15 MINUTES		\$21.35	\$18.13	\$17.09	\$14.94			ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, (WITH OR WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES (See Note ***)
97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE	15 MINUTES		\$10.81	\$9.18	\$8.65	\$7.57			ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES (See Note ***)
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION	15 MINUTES		\$10.81	\$9.18	\$8.65	\$7.57			ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES (See Note ***)
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	15-29 MINUTES		\$52.74	\$44.83 APRN=SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND STRAIGHTFORWARD MEDICAL DECISION MAKING
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	30-44 MINUTES		\$82.94	\$70.50 APRN= SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND LOW LEVEL MEDICAL DECISION MAKING
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	45-59 MINUTES		\$125.64	\$106.79 APRN= SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND MODERATE LEVEL MEDICAL DECISION MAKING
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT	60-74 MINUTES		\$167.87	\$142.69 APRN= SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND HIGH LEVEL MEDICAL DECISION MAKING
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	20-29 MINUTES		\$67.14	\$57.07 APRN= SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND LOW LEVEL MEDICAL DECISION MAKING
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	30-39 MINUTES		\$95.85	\$81.47 APRN= SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND MODERATE LEVEL MEDICAL DECISION MAKING
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	40-54 MINUTES		\$136.20	\$115.77 APRN= SA & PA=U1 Only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND HIGH LEVEL MEDICAL DECISION MAKING
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT	3-10 MINUTES		\$10.94	\$9.30	\$8.75	\$7.66	\$5.47		INTERMEDIATE, GREATER THAN 3 MINUTES AND UP TO 10 MINUTES
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT	10 MINUTES OR MORE		\$20.79	\$17.67	\$16.63	\$14.55	\$10.40		INTENSIVE, GREATER THAN 10 MINUTES
99408	SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)	15-30 MINUTES		\$21.95	\$18.65	\$17.55	\$15.36	\$10.97		15- 30 MINUTES
99409	SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)	30 MINUTES OR MORE		\$55.65	\$47.30	\$44.52	\$38.95	\$20.92		30 MINUTES OR MORE
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	EVENT		\$93.50	\$79.48	\$74.79	\$65.45	\$46.76		
H0002	BEHAVIORAL HEALTH SCREENING	EVENT		\$93.50	\$79.48	\$74.79	\$65.45			TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM

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H0015	ALCOHOL AND/OR DRUG SERVICES, INTENSIVE OUTPATIENT PROGRAM	PER DIEM	\$135.72								
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE	EVENT		\$26.54	\$22.55	\$21.22	\$18.58	\$13.26		DELIVERY OF SERVICES WITH TARGET POPULATION TO AFFECT KNOWLEDGE, ATTITUDE, AND/OH BEHAVIOR	
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	EVENT			\$79.48	\$74.79	\$65.45				
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	EVENT			\$79.48	\$74.79	\$65.45				
H0035	PARTIAL HOSPITALIZATION	PER DIEM	\$203.03							UNDER 24 HRS. (See Note 1)	
H0038	SELF-HELP/PEER SERVICES	15 MINUTES							9.35 PSS=U7 only	INDIVIDUAL, PER 15 MINUTES	
H0038 HQ	SELF-HELP/PEER SERVICES	15 MINUTES							\$3.87 PSS=U7 only	GROUP, PER 15 MINUTES. MUST USE MODIFIER TO DESIGNATE GROUP SERVICE.	
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM	1 MONTH	\$814.31	4 Professional Team = \$814.31							4 PROFESSIONAL TEAM (See Note 1)
H0040 UB	ASSERTIVE COMMUNITY TREATMENT PROGRAM	1 MONTH	\$1,085.75	10 Professional Team= \$1085.75 Use Modifier UB						10 PROFESSIONAL TEAM (USE UB MODIFIER FOR 10-PERSON PROFESSIONAL TEAM) (See Note 1)	
H0049	ALCOHOL AND/OR DRUG SCREENING & BRIEF INTERVENTION	1-14 MINUTES		\$26.12	\$22.21	\$20.90	\$19.60	\$10.02		LESS THAN 15 MINUTES	
H2011	CRISIS INTERVENTION SERVICE	15 MINUTES		\$23.38	\$19.87	\$18.69	\$16.36	\$11.69		PER 15 MINUTES	
H2012	BEHAVIORAL HEALTH DAY TREATMENT	60 MINUTES		\$93.50	\$79.48	\$74.79	\$65.45	\$46.75		PER HOUR	
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES	15 MINUTES		\$23.38	\$19.87	\$18.69	\$16.36		\$9.35		
H2019	THERAPEUTIC REHABILITATION	15 MINUTES		\$13.58	\$13.58	\$13.58	\$13.58			PER 15 MINUTES. LIMIT OF 12 UNITS PER DAY, PER INDIVIDUAL	
H2020	THERAPEUTIC REHABILITATION	PER DIEM	\$244.29	Services greater than 3 hours per day							PER DAY, > 3 HOURS OF SERVICES PER DAY
S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES	PER DIEM	\$135.72								
S9484	MOBILE CRISIS SERVICE	60 MINUTES		\$93.61	\$79.48	\$74.81	\$65.45	\$46.81		PER 60 MINUTES (See Note 1)	
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES	EVENT		\$93.61	\$79.48	\$74.81	\$65.45	\$46.81		TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	
T2023	TARGETED CASE MANGEMENT	1 MONTH	\$362.64	MODIFIER UA= SED MODIFIER HE=SMI							FOR INDIVIDUALS WITH SED OR SMI; MODIFIER UA WILL DESIGNATE SED POPULATION. HE WILL DESIGNATE SMI POPULATION
T2023 TG	TARGETED CASE MANGEMENT	1 MONTH	\$587.39	MODIFIER TG NOTE: BHSO TIER II PROVIDERS MUST ALSO INCLUDE THE MODIFIER HF MODIFIER HF=							FOR INDIVIDUALS WITH CO-OCCURING MENTAL HEATH OR SUBSTANCE-USE DISORDERS AND CHRONIC OR COMPLEX PHYSICAL HEALTH ISSUES; REQUIRES TG MODIFIER
T2023	TARGETED CASE MANGEMENT	1 MONTH	\$362.64	SUBSTANCE ABUSE DISORDER							FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS; REQUIRES HF MODIFIER
NARCOTIC TREATMENT PROGRAMS (PROVIDER TYPE 03-BHSO OR TIER II NTP) Note: The codes on the following pages reflect the only allowable services/codes billable by an enrolled NTP											

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99202	OFFICE OR OTHER OUTPATIENT VISIT OF A NEW PATIENT	15-29 MINUTES NTP		\$52.74	\$44.83 APRN= SA & PA= U1 only					FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND STRAIGHTFORWARD MEDICAL DECISION MAKING
99203	OFFICE OR OTHER OUTPATIENT VISIT OF A NEW PATIENT	30-44 MINUTES NTP		\$82.94	\$70.50 APRN= SA & PA=U1 only					FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND STRAIGHTFORWARD LOW-LEVEL MEDICAL DECISION MAKING
99204	OFFICE OR OTHER OUTPATIENT VISIT OF A NEW PATIENT	45-59 MINUTES NTP		\$125.64	\$106.79 APRN= SA & PA=U1 only					FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND MODERATE LEVEL MEDICAL DECISION MAKING
99205	OFFICE OR OTHER OUTPATIENT VISIT OF A NEW PATIENT	60-74 MINUTES NTP		\$167.87	\$142.69 APRN=SA & PA=U1 only					FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND HIGH LEVEL MEDICAL DECISION MAKING
99213	OFFICE OR OTHER OUTPATIENT VISIT OF AN ESTABLISHED PATIENT	20-29 MINUTES NTP		\$67.14	\$57.07 APRN=SA& PA=U1 only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM, AND LOW LEVEL MEDICAL
99214	OFFICE OR OTHER OUTPATIENT VISIT OF AN ESTABLISHED PATIENT	30-39 MINUTES NTP		\$95.85	\$81.47 APRN=SA & PA=U1 only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM, AND MODERATE LEVEL MEDICAL
99215	OFFICE OR OTHER OUTPATIENT VISIT OF AN ESTABLISHED PATIENT	40-54 MINUTES NTP		\$136.20	\$115.77 APRN=SA & PA=U1 only					REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAM AND HIGH LEVEL MEDICAL DECISION
H0020	METHADONE MAT BUNDLE	WEEKLY NTP	\$114.00							WEEKLY ONLY BILLABLE BY A NTP; REQUIRES HF MODIFIER
H0016	BUPRENORPHINE OR METHADONE INDUCTION	EVENT NTP		\$217.15	\$217.15 APRN=SA & PA=U1 ONLY					ONLY BILLABLE BY AN NTP; REQUIRES HF MODIFIER. Limit 4 events per year, per client
H0038	SELF-HELP/PEER SERVICES	15 MINUTES NTP							\$9.35	INDIVIDUAL, PER 15 MINUTES
H0038 HQ	GROUP PEER SUPPORT SERVICES	15 MINUTES NTP							\$3.87	GROUP, PER 15 MINUTES. MUST USE HQ MODIFIER TO DESIGNATE GROUP SERVICE.
H0047	BUPRENORPHINE MAT BUNDLE	WEEKLY NTP	\$124.86							WEEKLY, ONLY BILLABLE BY AN NTP; REQUIRES HF MODIFIER
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES	EVENT NTP		\$93.61	\$79.48	\$74.81	\$65.45	\$46.81		TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION
T2023	TARGETED CASE MANGEMENT	1 MONTH NTP	\$362.64	MODIFIER HF - SUBSTANCE ABUSE DISORDER						INDIVIDUALS WITH SUBSTANCE USE DISORDERS; REQUIRES HF MODIFIERS
H0020 and H0047 are weekly bundled codes. The following codes are included in the weekly rate and may not be billed outside of these bundled codes: 80305, 80306, 90785, 90832, 90834, 90837, 90839, 90840, 90853, H0015, AND H0004.										

Codes	Description	Units	Rate	Column 1 Rate Modifiers: AF; AM	Column 2 Rate Modifiers: SA; AH, U1	Column 3 Modifiers: U8; AJ; HO	Column 4 Modifiers: U4	Column 5 Modifier: U6	Column 6 Modifiers: U7; UC	Comments
LICENSED SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT PROGRAM CODES Must be billed by Provider Type 03 (BHSO Tier III) only										
H0011	Behavioral Health; Residential Treatment Program	PER DIEM	\$320.30	To be used by Residential SUD programs that have received Provisional Certification by DMS of CARD/ASAM Level of Care 3.5 Certification.						ASAM Level 3.5, W/O Room and Board
H2034	Behavioral Health, Residential Treatment Program	PER DIEM	\$271.44	To be used by Residential SUD programs that have received Provisional Certification by DMS of CARD/ASAM Level of Care 3.1 Certification.						ASAM Level 3.1, W/O Room and Board
LICENSED RESIDENTIAL CRISIS STABILIZATION UNIT AND LICENSED CHEMICAL DEPENDENCY TREATMENT CENTER CODES - H2036 or S9485 Must be billed by Provider Type 26 (RCSU) H0011 and H2036 by Provider Type 06 (CDTC) only										
H0011	Behavioral Health; Residential Treatment (Within CDTC)	PER DIEM	\$320.30	To be used by Chemical Dependency Treatment Center SUD Programs that have received Provisional Certificate by DMS or CARF/ASAM Level of Care 3.5 Certification						ASAM Level 3.5, W/O Room and Board
H2036	Alcohol and/or Drug treatment program	PER DIEM	\$408.24	To be used by Residential Crisis Stabilization Units treating Substance Use Disorder or Chemical Dependency Treatment Centers, ASAM Level of Care 3.7						ASAM 3.7 Level
S9485	Crisis Intervention Mental Health Service(RCSU)	PER DIEM	\$408.24	To be used by Residential Crisis Stabilization Units.						Primary mental health diagnosis treatment service.