

Kentucky Medicaid Fee-For-Service Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule

Effective January 1, 2020, Revised July 1, 2020

PLEASE CONTINUE TO USE THE ADDITIONAL HF MODIFIER FOR ALL SUD SERVICES FOR TRACKING PURPOSES

*Providers are expected to be familiar with State Plan Amendment covered services and regulatory coverage provisions and requirements for behavioral health. A rate across all provider columns indicates a per diem or bundled rate for a service. Please see your provider type regulation for allowable practitioners for each service and components included in per diem or bundled services. Telehealth allowable codes are designated as such in regulation by saying the service shall be performed “face-to-face or via telehealth as appropriate pursuant to 907 KAR 3:170.” The Department for Medicaid Services encourages all providers to consult with a Certified Professional Coder regarding billing codes and other issues. All services rendered shall be medically necessary and provided within the practitioner’s scope of licensure, practice, and employment. All services reimbursed by DMS are subject to post-payment audit and review. **System readiness by effective date of this fee schedule is not guaranteed.***

Laboratory codes are billable in Provider Type 03 (BHSO) and Provider Type 66 (Behavioral Health MSG) for providers with a valid CLIA certificate. Providers must adhere to codes that fall within their CLIA certificate level. A Physician, Advanced Practice Registered Nurse, or Physician Assistant within the organization/agency must order any laboratory test. These codes should be billed from the [Clinical Laboratory Fee Schedule](#) posted on the DMS website.

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+90785	Interactive Complexity <i>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]</i>	Event	\$11.15	\$9.48	\$8.92	\$7.81	\$5.58	-
90791	Psychiatric Diagnostic Evaluation	Event	\$104.20	\$88.57	\$83.36	\$72.94	-	-
90792	Psychiatric Diagnostic Evaluation with medial services	Event	\$115.13	\$97.86 (APRN=SA and PA=U1 only)	-	-	-	-
90832	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes	\$51.03	\$43.38	\$40.82	\$35.72	\$25.52	-
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service <i>Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]</i>	30 Minutes	\$52.21	\$44.38	\$41.77	\$36.55	-	-
90834	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes	\$67.88	\$57.70	\$54.31	\$47.52	\$33.94	-

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+90836	Psychotherapy, 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]	45 Minutes	\$66.16	\$56.23	\$52.93	\$42.82	-	-
90837	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	\$101.60	\$86.36	\$81.28	\$71.12	\$50.80	-
+99354	Prolonged Services (First Hour) Must be billed on the same date of service as 90837, Limited to 1 unit per client, per date of service	30-60 Minutes	\$93.38	\$79.37	\$74.70	\$65.36	\$46.69	-
+99355	Prolonged Services (After the first 60 minutes of prolonged services) Must be billed on the same date of service as 90837 and 99354, limited to 2 units per client, per date of service	15-30 Minutes	\$70.94	\$60.29	\$56.75	\$49.65	\$35.47	-
+90838	Psychotherapy, 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]	60 Minutes	\$86.87	\$73.84	\$69.50	\$60.81	-	-
90839	Psychotherapy for Crisis, first 60 minutes	60 Minutes	\$106.01	\$90.10	\$84.80	\$74.20	\$53.00	-

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+90840	Each additional 30 minutes <i>Use in conjunction with 90839</i>	30 Minutes	\$50.79	\$43.17	\$40.63	\$35.55	\$25.40	-
90845	Psychoanalysis	Event	\$71.95	\$61.16	\$57.56	\$50.36	-	-
90846	Family psychotherapy	Event	\$74.99	\$63.74	\$59.99	\$52.49	\$37.49	-
90847	Family psychotherapy with patient present	Event	\$77.65	\$66.00	\$62.12	\$54.35	\$38.82	-
90849	Multiple-family group psychotherapy	Event	\$25.88	\$21.99	\$20.70	\$18.11	\$12.94	-
90853	Group psychotherapy (other than of a multiple-family group)	Event	\$20.20	\$17.17	\$16.16	\$14.14	\$10.10	-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event	\$121.94	\$103.64	\$97.55	\$85.35	-	-

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90870	Electroconvulsive therapy (includes necessary monitoring)	Event	\$125.44	-	-	-	-	-
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 30 minutes	30 Minutes	\$31.67	\$26.92	\$25.34	\$22.17	-	-
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 45 minutes	45 Minutes	\$49.28	\$41.89	\$39.42	\$34.50	-	-
90887	Collateral Therapy	Event	\$63.40	\$53.89	\$50.72	\$44.38	\$31.70	-
90899	Unlisted psychiatric service or procedure	Event	\$21.53	\$18.30	\$17.22	\$15.07	-	-
96105	Assessment of aphasia, with interpretation and report, per hour	Per Hour	\$74.45	\$63.28	\$59.56	\$52.11	-	-
96110	Developmental screening, with scoring and documentation, per standardized instrument	Event	\$32.19	\$27.36	\$25.75	\$22.53	-	-

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96112	Developmental test administration, by physician or other qualified health care professional, with interpretation and report, first hour	60 Minutes	\$99.54	\$84.61	\$79.63	\$69.68	-	-
+96113	Each additional 30 minutes <i>Use in conjunction with 96112</i>	30 Minutes	\$44.57	\$37.88	\$35.65	\$31.20	-	-
**96116	Neurobehavioral status exam, per hour of the physician's or qualified health care professional's time, both face-to-face time with the patient and time interpreting test results and preparing the report	60 Minutes	\$70.76	\$60.14	\$56.61 (U8 only)	-	-	-
**+96121	Each additional hour <i>Use in conjunction with 96116</i>	60 Minutes	\$48.89	\$42.41	\$39.11 (U8 only)	-	-	-
*96125	Standardized cognitive performance testing, per hour of the physician's or qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report	60 Minutes	\$78.33	\$66.58	\$62.66	\$54.83	-	-
96127	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument	Event	\$3.30	\$2.81	\$2.64	\$2.31	-	-

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*96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient and family member(s) or caregiver(s), when performed; first hour	60 Minutes	\$87.53	\$74.40	\$70.02 (U8 only)	\$61.27 (LPA or CPsy only)	-	-
*+96131	Each additional hour <i>Use in conjunction with 96130</i>	60 Minutes	\$67.28	\$57.18	\$53.82 (U8 only)	\$47.09 (LPA or CPsy only)	-	-
**96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	60 Minutes	\$96.99	\$82.44	\$77.59 (U8 only)	-	-	-
**+96133	Each additional hour <i>Use in conjunction with 96132</i>	60 Minutes	\$72.96	\$62.02	\$58.37 (U8 only)	-	-	-

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*96136	Psychological or Neuropsychological testing administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	30 Minutes	\$33.08	\$28.11	\$26.46 (U8 only)	\$23.15 (LPA or CPsy=U4 only)	-	-
*+96137	Each additional 30 minutes 96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days	30 Minutes	\$30.22	\$25.68	\$24.17 (U8 only)	\$21.15 (LPA or CPsy=U4 only)	-	-
*96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	30 Minutes	\$25.30	\$21.50	\$20.24 (U8 only)	\$17.71 (LPA or CPsy=U4 only)	-	-
*+96139	Each additional 30 minutes 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days	30 Minutes	\$25.30	\$25.30	\$20.24 (U8 only)	\$17.71 (LPA or CPsy=U4 only)	-	-
*96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Event	\$1.40	\$1.19	\$1.12 (U8 only)	\$0.98 (LPA or CPsy=U4 only)	-	-
96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	Event	\$71.40	\$60.96 (APRN=SA and PA=U1 only)	-	-	-	-

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***97151	Behavior identification assessment, 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	15 Minutes	\$25.40	\$21.59	\$20.32	\$17.78	-	-
***97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes	15 Minutes	-	-	-	-	-	\$11.25
***97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes	15 minutes	-	-	-	-	-	\$11.25
***97154	Group adaptive behavior treatment by protocol, 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	15 Minutes	-	-	-	-	-	\$11.25

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***97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	15 Minutes	\$25.40	\$21.59	\$20.32	\$17.78	-	-
***97156	Family adaptive behavior treatment guidance, 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	15 Minutes	\$19.72	\$16.75	\$15.78	\$13.80	-	-
***97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	15 Minutes	\$9.98	\$8.48	\$7.99	\$6.99	-	-
***97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes	15 Minutes	\$9.98	\$8.48	\$7.99	\$6.99	-	-

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99201	Office or other outpatient visit for the evaluation and management of a new patient, presenting problem(s) are self-limited or minor <i>(Requiring these 3 components: A problem focused history; A problem focused examination; Straightforward medical decision making)</i>	Event	\$31.89	\$27.11 (APRN=SA and PA=U1 only)	-	-	-	-
99202	Office or other outpatient visit for the evaluation and management of a new patient, low to moderate severity <i>(Requiring these 3 components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making)</i>	Event	\$53.29	\$45.30 (APRN=SA and PA=U1 only)	-	-	-	-
99203	Office or other outpatient visit for the evaluation and management of a new patient, moderate severity <i>(Requiring these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity)</i>	Event	\$75.77	\$64.40 (APRN=SA and PA=U1 only)	-	-	-	-
99204	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity <i>(Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity)</i>	Event	\$116.53	\$99.05 (APRN=SA and PA=U1 only)	-	-	-	-

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99205	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity (Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)	Event	\$147.53	\$125.40 (APRN=SA and PA=U1 only)	-	-	-	-
99213	Office or other outpatient visit for the evaluation and management of an established patient, low to moderate severity (Requiring at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused evaluation; Medical decision making of low complexity)	Event	\$52.72	\$44.81 (APRN=SA and PA=U1 only)	-	-	-	-
99214	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity)	Event	\$76.75	\$65.24 (APRN=SA and PA=U1 only)	-	-	-	-
99215	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)	Event	\$103.37	\$87.86 (APRN=SA and PA=U1 only)	-	-	-	-

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99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. and up to 10 mins.	3-10 Minutes	\$10.87	\$9.24	\$8.69	\$7.61	\$5.43	-	
99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Minutes or More	\$20.84	\$17.71	\$16.67	\$14.58	\$10.42	-	
99408	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	15-30 Minutes	\$20.98	\$17.83	\$16.78	\$14.68	\$10.49	-	
99409	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	30 Minutes or More	\$53.20	\$45.22	\$42.56	\$37.24	\$19.95	-	
H0001	Alcohol and/or Drug Assessment	Event	\$86.12	\$73.20	\$68.88	\$60.28	\$32.30	-	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Event	\$86.12	\$73.20	\$68.88	\$60.28	-	-	
H0015	Alcohol and/or Drug Services, Intensive Outpatient Program	Per Diem	\$125.00						-
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	Event	\$24.44	\$20.77	\$19.55	\$17.11	\$12.22	\$8.61	

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H0031	Mental health assessment by non-physician	Event	-	\$73.20	\$68.88	\$60.28	-	-
H0032	Mental health service plan development by non-physician	Event	-	\$73.20	\$68.88	\$60.28	-	-
H0035 ¹	Partial Hospitalization, under 24 hrs.	Per Diem	\$194.10					
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes	-	-	-	-	-	\$8.61
H0038 (with HQ modifier)	Self-help/Peer Services, group, per 15 minutes <i>Must use HQ modifier to designate group service. Limit group size to 8 clients maximum per group, Limit of 8 units per group.</i>	15 Minutes	-	-	-	-	-	\$3.56 PSS=U7 only
H0040 ¹	Assertive Community Treatment program, 4 professional team	1 Month	\$750.00					
H0040 ¹	Assertive Community Treatment program, 10 professional team (use UB modifier for 10 person professional team)	1 Month	\$1,000.00 (UB modifier)					

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H0049	Alcohol and/or Drug Screening, & Brief Intervention, less than 15 minutes	1-14 Minutes	\$24.06	\$20.45	\$19.25	\$18.05	\$9.23	-
H2011	Crisis Intervention Service, per 15 minutes	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$10.77	-
H2012	Behavioral Health Day Treatment, per hour	60 Minutes	-	\$73.20	\$68.88	\$60.28	\$43.05	-
H2015	Comprehensive Community Support services, per 15 minutes	15 minutes	-	\$18.30	\$17.22	\$15.07	-	\$8.61
H2019	Therapeutic Behavioral Health services, per 15 minutes <i>Limit of 12 units per day per individual</i>	15 minutes	-	\$12.50			-	-
H2020	Therapeutic Behavioral Health services, Per Diem <i>>3 hours of services per day</i>	Per Diem	-	\$225.00			-	-
H2027	Psychoeducational Service, per 15 minutes	15 Minutes	\$15.85	\$13.47	\$12.68	\$11.09	\$7.93	\$4.30

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule
(Effective 1/1/2020, Revised 7/1/2020)

Code	Description	Unit of Service	Modifiers: Psychiatrist= AF; MD/DO= AM	Modifiers: APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	Modifiers: Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	Modifiers: Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	Modifier: CADC= U6	Modifiers: Other Non-Bachelors-level: PSS= U7; CSA, RBT= UC	
S9480	Intensive outpatient psychiatric services	Per Diem	\$125.00						-
S9484 ¹	Mobile Crisis Service	60 Minutes	\$86.21	\$73.20	\$68.88	\$60.28	\$43.11	-	
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event	\$86.13	\$73.20	\$68.90	\$60.28	\$43.06	-	
T2023	Targeted Case Management for Individuals with SED or SMI; <i>Modifier UA will designate SED population. HE will designate SMI population.</i>	1 Month	\$334.00						
T2023	Targeted Case Management for Individuals with Co-Occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; <i>Requires TG modifier</i>	1 Month	\$541.00						
T2023	Targeted Case Management for Individuals with Substance Use Disorders; <i>Requires HF modifier</i>	1 Month	\$334.00						

*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)

+ indicates add-on codes

Narcotic Treatment Programs (Provider Type 03-BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2020, Revised 7/1/2020)								
Code	Description	Unit of Service	<u>Modifiers:</u> Psychiatrist= AF; MD/DO= AM	<u>Modifiers:</u> APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	<u>Modifiers:</u> Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	<u>Modifiers:</u> Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	<u>Modifier:</u> CADC= U6	<u>Modifiers: Other Non-Bachelors-level:</u> PSS= U7
99201	Office or other outpatient visit for the evaluation and management of a new patient, presenting problem(s) are self-limited or minor <i>(Requiring these 3 components: A problem focused history; A problem focused examination; Straightforward medical decision making)</i>	Event	\$31.89	\$27.11 (APRN=SA and PA=U1 only)	-	-	-	-
99202	Office or other outpatient visit for the evaluation and management of a new patient, low to moderate severity <i>(Requiring these 3 components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making)</i>	Event	\$53.29	\$45.30 (APRN=SA and PA=U1 only)	-	-	-	-
99203	Office or other outpatient visit for the evaluation and management of a new patient, moderate severity <i>(Requiring these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity)</i>	Event	\$75.77	\$64.40 (APRN=SA and PA=U1 only)	-	-	-	-
99204	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity <i>(Requiring these 3 key components: A comprehensive history; A</i>	Event	\$116.53	\$99.05 (APRN=SA and PA=U1 only)	-	-	-	-

Narcotic Treatment Programs (BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2020, Revised 7/1/2020)								
Code	Description	Unit of Service	<u>Modifiers:</u> Psychiatrist= AF; MD/DO= AM	<u>Modifiers:</u> APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	<u>Modifiers:</u> Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	<u>Modifiers:</u> Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	<u>Modifier:</u> CADC= U6	<u>Modifiers: Other</u> Non-Bachelors-level: PSS= U7
	<i>comprehensive examination; Medical decision making of moderate complexity)</i>				-	-	-	-
99205	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity (Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)	Event	\$147.53	\$125.40 (APRN=SA only and PA=U1 only)	-	-	-	-
99213	Office or other outpatient visit for the evaluation and management of an established patient, low to moderate severity (Requiring at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused evaluation; Medical decision making of low complexity)	Event	\$52.72	\$44.81 (APRN=SA and PA=U1 only)	-	-	-	-
99214	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity)	Event	\$76.75	\$65.24 (APRN=SA and PA=U1 only)	-	-	-	-

Narcotic Treatment Programs (BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2020, Revised 7/1/2020)								
Code	Description	Unit of Service	Modifiers: Psychiatrist= AF; MD/DO= AM	Modifiers: APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	Modifiers: Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	Modifiers: Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	Modifier: CADC= U6	Modifiers: Other Non-Bachelors-level: PSS= U7
99215	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)	Event	\$103.37	\$87.86 (APRN or PA only)	-	-	-	-
H0020	Methadone MAT Bundle, weekly ONLY BILLABLE BY A NTP; Requires HF modifier	Weekly	\$105.00					-
H0016	Buprenorphine or Methadone Induction ONLY BILLABLE BY A NTP; Requires HF modifier	Event, Limit of 4 events per year per client	\$200.00	\$200.00 (APRN or PA only)	-	-	-	-
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes	-	-	-	-	-	\$8.61
H0038 (with HQ modifier)	Peer Support Services, group, per 15 minutes Must use HQ modifier to designate group service. Limit group size to 8 clients maximum per group, Limit of 8 units per group.	15 Minutes	-	-	-	-	-	\$3.56

Narcotic Treatment Programs (BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP.

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 7/1/2019, Revised 7/1/2020)									
Code	Description	Unit of Service	Modifiers: Psychiatrist= AF; MD/DO= AM	Modifiers: APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	Modifiers: Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	Modifiers: Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	Modifier: CADC= U6	Modifiers: Other Non-Bachelors-level: PSS= U7	
H0047	Buprenorphine MAT Bundle, weekly ONLY BILLABLE BY A NTP; <i>Requires HF modifier</i>	Weekly	\$115.00						
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event	\$86.13	\$73.20	\$68.90	\$60.28	\$43.06	-	
T2023	Targeted Case Management for Individuals with Substance Use Disorders; <i>Requires HF modifier</i>	1 Month	\$334.00						

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, 80307, 90785, 90832, 90833, 90834, 90836, 90837, 99354, 99355, 90838, 90839, 90840, 90853, and H0015.