SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT 12.1.15

Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC	Rural Hospital Psychiatrist*
	Modifier >	HA=Child HB=Adult	AF	SA	HP	AH	AJ	HO	HO	HF	AR
90785	INTERACTIVE COMPLEXITY, ADD ON	0-20	$3.44	$2.75	$2.75	$2.75	$2.41	$2.41	$2.41		
90785	INTERACTIVE COMPLEXITY, ADD ON	21+	$3.44	$2.75	$2.75	$2.75	$2.41	$2.41	$2.41		
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	0-20	$108.39	$86.71	$86.71	$86.71	$75.87	$75.87	$75.87		$124.24
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	21+	$108.39	$75.87	$86.71	$86.71	$75.87	$75.87	$75.87		$122.45
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	0-20	$115.62	$92.50	$92.50						$115.62
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	21+	$108.39	$75.86	$86.71						$122.45
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	0-20	$47.65	$38.12	$38.12	$38.12	$33.36	$33.36	$33.36	$33.36	
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	21+	$47.65	$38.12	$38.12	$38.12	$33.36	$33.36	$33.36	$33.36	
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	$30.24	$24.19	$24.19						$30.24
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT, ADD ON	21+	$43.60	$30.52	$34.88						$49.63
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	0-20	$67.08	$53.66	$53.66	$53.66	$46.96	$46.96	$46.96	$46.96	$77.47
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	21+	$69.76	$55.81	$55.81	$55.81	$48.83	$48.83	$48.83	$48.83	$79.40
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	$49.13	$39.30	$39.30						$49.13
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT, ADD ON	21+	$50.31	$40.25	$40.25						$57.26
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	0-20	$98.78	$79.02	$79.02	$79.02	$69.15	$69.15	$69.15		
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	21+	$76.74	$61.39	$61.39	$61.39	$53.72	$53.72	$53.72		
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON	0-20	$79.31	$63.45	$63.45						$79.31
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT, ADD ON	21+	$57.02	$45.62	$45.62						$64.90
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	0-20	$123.60	$98.88	$98.88	$98.88	$86.52	$86.52	$86.52	$86.52	
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	21+	$125.53	$100.42	$100.42	$100.42	$87.87	$87.87	$87.87	$87.87	$56.18
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	0-20	$61.50	$49.20	$49.20	$49.20	$43.05	$43.05	$43.05	$43.05	
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	21+	$50.21	$40.17	$40.17	$40.17	$35.15	$35.15	$35.15	$35.15	$22.47
90845	MEDICAL PSYCHOANALYSIS	0-20	$58.98								$71.67
90845	MEDICAL PSYCHOANALYSIS	21+	$58.98								$70.64
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	0-20	$62.62	$50.10	$50.10	$50.10	$43.83	$43.83	$43.83	$43.83	$75.63
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	21+	$62.62	$50.10	$50.10	$50.10	$46.79	$46.79	$46.79	$46.79	$74.54
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	0-20	$77.67	$62.14	$62.14	$62.14	$54.37	$54.37	$54.37	$54.37	$92.79
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	21+	$77.67	$62.14	$62.14	$62.14	$54.37	$54.37	$54.37	$54.37	$91.45
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	0-20	$23.23	$18.58	$18.58	$18.58					$26.88
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	21+	$23.23	$18.58	$18.58	$18.58					$26.49
90853	GROUP PSYCHOTHERAPY	0-20	$22.05	$17.64	$17.64	$17.64	$15.44	$15.44	$15.44	$15.44	$25.96
90853	GROUP PSYCHOTHERAPY	21+	$22.05	$17.64	$17.64	$17.64	$15.44	$15.44	$15.44	$15.44	$25.59
90863	PHARMACOLOGIC MANAGEMENT ADD ON	0-20	$38.91	$31.13	$31.13						$43.00
90863	PHARMACOLOGIC MANAGEMENT ADD ON	21+			$52.92						
90870	ELECTROCONVULSIVE THERAPY	0-20	$94.84	$75.87	$75.87						$114.89
90870	ELECTROCONVULSIVE THERAPY	21+	$94.84								$113.24
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	0-20	$50.05								$40.71
90875	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 20-30 MINUTES	21+	$50.05								$40.12
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	0-20	$74.34								$63.36
90876	PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK 45-50 MINUTES	21+	$74.34								$62.45
90880	MEDICAL HYPNOTHERAPY	0-20	$75.96	$60.77	$60.77						$95.58
90880	MEDICAL HYPNOTHERAPY	21+	$75.96	$60.77	$60.77						$94.20
96101	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	0-20	$60.84		$48.67	$48.67					$75.51
96101	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	21+	$60.84		$48.67	$48.67					$74.42
96102	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	0-20	$34.79		$34.79	$34.79					$34.79
96102	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	21+	$34.79		$34.79	$34.79					
96103	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	0-20	$31.63		$31.63	$31.63					$31.63
96103	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	21+	$31.63		$31.63	$31.63					
96105	ASSESSMENT OF APHASIA	0-20	$47.82								$59.32
96105	ASSESSMENT OF APHASIA	21+	$47.82								$58.47
96116	NEUROBEHAVIORAL STATUS EXAMINATION,	0-20	$68.14								$85.33
96116	NEUROBEHAVIORAL STATUS EXAMINATION,	21+	$68.14								$84.10
96118	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	0-20	$76.33		$61.06	$61.06					$99.50
96118	PSYCHOLOGICAL TESTING WITH INTERPRET FACE TO FACE	21+	$76.33		$61.06	$61.06					$98.07
96119	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	0-20	$50.08		$40.06	$40.06					$50.08
96119	PSYCHOLOGICAL TESTING WITH INTERPRET TECHNICIAN	21+	$50.08		$50.08	$50.08					

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT 12.1.15

Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC	Rural Hospital Psychiatrist*
	Modifier >	HA=Child HB=Adult	AF	SA	HP	AH	AJ	HO	HO	HF	AR
96120	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	0-20	$46.15		$36.92	$36.92					$46.15
96120	PSYCHOLOGICAL TESTING WITH INTERPRET COMPUTER	21+	$46.15		$46.15	$46.15					
96150	ASSESS HLTH/BEHAVE, INIT	0-20	$13.10	$10.48	$10.48	$10.48					$24.91
96150	ASSESS HLTH/BEHAVE, INIT	21+	$16.37		$13.10	$13.10					$24.55
96151	ASSESS HLTH/BEHAVE, SUBSEQ	0-20	$12.67	$10.14	$10.14	$10.14					$24.21
96151	ASSESS HLTH/BEHAVE, SUBSEQ	21+	$15.84		$12.67	$12.67					$23.86
96152	INTERVENE HLTH/BEHAVE, INDIV	0-20	$12.06		$9.65	$9.65					$23.19
96152	INTERVENE HLTH/BEHAVE, INDIV	21+	$15.08		$12.06	$12.06					$22.86
96153	INTERVENE HLTH/BEHAVE, GROUP	0-20	$2.89		$2.31	$2.31					$5.15
96153	INTERVENE HLTH/BEHAVE, GROUP	21+	$3.61		$2.89	$2.89					$5.08
96154	INTERV HLTH/BEHAV, FAM W/PT	0-20	$11.85		$9.48	$9.48					$22.53
96154	INTERV HLTH/BEHAV, FAM W/PT	21+	$14.80		$11.84	$11.84					$22.21
96155	INTERV HLTH/BEHAV FAM NO PT	0-20	$12.76		$10.21	$10.21					$21.86
96155	INTERV HLTH/BEHAV FAM NO PT	21+	$15.96		$12.77	$12.77					$21.55
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	0-20	$21.68	$17.34	$17.34						
96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	21+	$21.68	$16.26	$16.26						
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	0-20	$25.36	$20.29	$20.29						$33.00
99201	NEW PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	21+	$25.36	$20.29	$20.29						$32.52
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)	0-20	$44.08	$35.26	$35.26						$33.00
99202	NEW PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (20 Min)	21+	$44.08	$35.26	$35.26						$32.52
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)	0-20	$64.08	$51.26	$51.26						$38.00
99203	NEW PATIENT OFFICE OUTPATIENT - DETAILED (30 Min)	21+	$64.08	$51.26	$51.26						$37.45
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)	0-20	$99.52	$79.62	$79.62						$57.00
99204	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE MODERATE COMPLEXITY (45 Min)	21+	$99.52	$79.62	$79.62						$56.18
99205	NEW PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)	0-20	$125.53	$100.42	$100.42						$57.00
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (60 Min)	21+	$125.53	$100.42	$100.42						$56.18
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)	0-20	$12.73	$10.18	$10.18						$33.00
99211	ESTABLISHED PATIENT OFFICE OUTPATIENT - MINIMAL PROBLEMS (5 Min)	21+	$21.64	$21.64	$17.31						$55.28
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	0-20	$27.29	$21.83	$21.83						$33.00
99212	ESTABLISHED PATIENT OFFICE OUTPATIENT - PROBLEM FOCUSED (10 Min)	21+	$46.39	$37.11	$37.11						$55.28
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)	0-20	$42.80	$34.24	$34.24						$38.00
99213	ESTABLISHED PATIENT OFFICE OUTPATIENT - EXPANDED PROBLEM FOCUSED (15 Min)	21+	$72.76	$58.21	$58.21						$63.67
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)	0-20	$64.57	$51.66	$51.66						$57.00
99214	ESTABLISHED PATIENT OFFICE OUTPATIENT - DETAILED (25 Min)	21+	$109.77	$87.82	$87.82						$95.51
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)	0-20	$93.37	$74.70	$74.70						$57.00
99215	ESTABLISHED PATIENT OFFICE OUTPATIENT - COMPREHENSIVE HIGH COMPLEXITY (40 Min)	21+	$158.73	$126.98	$126.98						$95.51
99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	0-20	$44.91	$35.93	$35.93						$53.79
99218	HOSPITAL OBSERVATION CARE - LOW COMPLEXITY (30 Min)	21+	$44.91	$35.93	$35.93						$53.02
99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	0-20	$74.41	$59.53	$59.53						$88.99
99219	HOSPITAL OBSERVATION CARE - MODERATE COMPLEXITY (50 Min)	21+	$74.41	$59.53	$59.53						$87.71
99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	0-20	$104.35	$83.48	$83.48						$125.35
99220	HOSPITAL OBSERVATION CARE - HIGH COMPLEXITY (70 Min)	21+	$104.35	$83.48	$83.48						$123.54
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	0-20	$64.43	$51.54	$51.54						$74.01
99221	INITIAL HOSPITAL INPATIENT CARE, LOW COMPLEXITY (30 Min)	21+	$64.43	$51.54							$72.94
99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	0-20	$87.95	$70.36	$70.36						$103.40
99222	INITIAL HOSPITAL INPATIENT CARE, MODERATE COMPLEXITY (50 Min)	21+	$87.95	$70.36							$101.91
99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	0-20	$129.38	$103.50	$103.50						$150.95
99223	INITIAL HOSPITAL INPATIENT CARE, HIGH COMPLEXITY (70 Min)	21+	$129.38	$103.50							$148.78
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	0-20	$26.60	$21.28	$21.28						$30.92
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, LOW (15 Min)	21+	$26.60	$21.28	$21.28						$30.47
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	0-20	$47.84	$38.27	$38.27						$55.33
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, MODERATE (25 Min)	21+	$47.84	$38.27	$38.27						$54.53
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)	0-20	$68.56	$54.85	$54.85						$79.15
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, HIGH (35 Min)	21+	$68.56	$54.85	$54.85						$78.01
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	0-20	$91.00	$72.80	$72.80						$108.23
99234	HOSPITAL OBSERVATION OR INPATIENT CARE - LOW (40 Min)	21+	$91.00	$72.80	$72.80						$106.67

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CPT 12.1.15

Code	Description	Age	Psychiatrist	APRN/CNS/PA	Medical Psychologist	Psychologist	LCSW	LPC	LMFT	LAC	Rural Hospital Psychiatrist*
	Modifier >	HA=Child HB=Adult	AF	SA	HP	AH	AJ	HO	HO	HF	AR
99235	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)	0-20	$119.53	$95.62	$95.62						$148.44
99235	HOSPITAL OBSERVATION OR INPATIENT CARE - MODERATE (50 Min)	21+	$119.53	$95.62	$95.62						$146.30
99236	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)	0-20	$148.52	$118.82	$118.82						$179.05
99236	HOSPITAL OBSERVATION OR INPATIENT CARE - HIGH (55 Min)	21+	$148.52	$118.82	$118.82						$176.47
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)	0-20	$47.25	$37.80	$37.80						$56.33
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (<30 Min)	21+	$47.25	$37.80	$37.80						$55.52
99239	HOSPITAL DISCHARGE DAY (>30 Min)	0-20	$68.71	$54.97	$54.97						$81.64
99239	HOSPITAL DISCHARGE DAY (>30 Min)	21+	$68.71	$54.97	$54.97						$80.46
99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	0-20	$14.58	$11.66	$11.66						$16.96
99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	21+	$14.58	$11.66	$11.66						$16.72
99282	EMERGENCY DEPARTMENT VISIT, LOW	0-20	$28.40	$22.72	$22.72						$32.71
99282	EMERGENCY DEPARTMENT VISIT, LOW	21+	$28.40	$22.72	$22.72						$32.24
99283	EMERGENCY DEPARTMENT VISIT, MODERATE	0-20	$44.18	$35.34	$35.34						$53.15
99283	EMERGENCY DEPARTMENT VISIT, MODERATE	21+	$44.18	$35.34	$35.34						$52.38
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	0-20	$82.58	$66.06	$66.06						$97.01
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	21+	$82.58	$66.06	$66.06						$95.61
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED	0-20	$122.93	$98.34	$98.34						$145.35
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM EXPANDED	21+	$122.93	$98.34	$98.34						$143.26
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	0-20	$47.65	$38.12	$38.12						
99408	ALCOHOL AND/OR DRUG SCREENING AND BRIEF INTERVENTION (15-30 Min)	21+	$47.65	$38.12	$38.12						
99201 TH	NEW PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	10-59	$27.04								
99202 TH	NEW PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (20 Min)	10-59	$47.01								
99203 TH	NEW PATIENT - DETAILED (PRENATAL/POST PARTUM) (30 Min)	10-59	$68.35								
99204 TH	NEW PATIENT - COMPREHENSIVE MODERATE COMPLEXITY (PRENATAL/POST PARTUM) (45 Min)	10-59	$106.15								
99205 TH	NEW PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (60 Min)	10-59	$134.33								
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM) (5 Min)	10-20	$13.78								
99211 TH	ESTABLISHED PATIENT - MINIMAL PROBLEMS (PRENATAL/POST PARTUM) (5 Min)	21-59	$23.43								
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	10-20	$27.29								
99212 TH	ESTABLISHED PATIENT - PROBLEM FOCUSED (PRENATAL/POST PARTUM) (10 Min)	21-59	$46.39								
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15 Min)	10-20	$45.65								
99213 TH	ESTABLISHED PATIENT - EXPANDED PROBLEM FOCUSED (PRENATAL/POST PARTUM) (15 Min)	21-59	$77.61								
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (25 Min)	10-20	$67.88								
99214 TH	ESTABLISHED PATIENT - DETAILED (PRENATAL/POST PARTUM) (25 Min)	21-59	$115.40								
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40 Min)	10-20	$93.37								
99215 TH	ESTABLISHED PATIENT - COMPREHENSIVE HIGH COMPLEXITY (PRENATAL/POST PARTUM) (40 Min)	21-59	$158.73								
H0049	ALCOHOL AND/OR DRUG SCREENING	0-20	$14.78	$11.82	$11.82						
H0049	ALCOHOL AND/OR DRUG SCREENING	21+	$14.78								
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	0-20	$34.50	$27.60	$27.60						
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF (Per 15 Min)	21+	$34.50								

*LMHPs providing services in a Rural Hospital may also receive a higher rate of pay in accordance with the applicable MD rate.

SPECIALIZED BEHAVIORAL HEALTH SERVICES - HCPC 12.1.15

Code	Description	Modifier*	Unit	Age - HA=Child HB=Adult	Master's Level (HO)	Bachelor's Level (HN)	Less than Bachelor's (HM)	Other Per Diem
H0001	ALCOHOL AND/OR DRUG ASSESSMENT		Visit	0+	$65.27	$65.27	$43.44	
H0004	ALCOHOL AND/OR DRUG SERVICES - INDIVIDUAL	HF	Visit	0+	$42.38	$42.38	$34.25	
H0005	ALCOHOL AND/OR DRUG SERVICES - GROUP (PER PERSON)		Visit	0+	$9.23	$9.23	$6.52	
H0005	ALCOHOL AND/OR DRUG SERVICES - FAMILY (PER FAMILY MEMBER)	HR, HS	Visit	0+	$21.53	$21.53	$15.23	
H0011	ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX III.7D**	TG	Day	21+				$290.00
H0011	ALCOHOL AND/OR DRUG SERVICES - ACUTE DETOX III.7D ROOM AND BOARD**	SE	Day	21+				$43.50
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX III.2D		Day	0-20				$72.15
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX III.2D**		Day	21+				$72.15
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX III.2D ROOM AND BOARD	HW or HU or HY	Day	0-20				$44.06
H0012	ALCOHOL AND/OR DRUG SERVICES - SUBACUTE DETOX III.2D ROOM AND BOARD**	SE	Day	21+				$17.85
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT II.1 INDIVIDUAL		15 min	0+	$16.17	$16.17	$11.44	
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT II.1 GROUP	HQ	15 min	0-20	$2.31	$2.31	$1.64	
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT II.1 GROUP	HQ	15 min	21+	$12.00	$12.00	$8.00	
H0018	THERAPEUTIC GROUP HOME PER DIEM		Day	0-20				$154.06
H0018	THERAPEUTIC GROUP HOME PER DIEM - CO-OCCURRING	HH	Day	0-20				$154.06
H0018	THERAPEUTIC GROUP HOME PER DIEM - SEXUAL OFFENDERS	HK	Day	0-20				$154.06
H0018	THERAPEUTIC GROUP HOME PER DIEM - ROOM AND BOARD	HW or HU or HY	Day	0-20				$89.26
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - III.3**	HF	Day	21+				$83.50
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - III.3 ROOM AND BOARD**	SE, HF	Day	21+				$21.50
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL OFFICE		15 min	0+	$18.06	$14.87	$14.87	
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY	U8	15 min	0+	$20.28	$16.85	$16.85	
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS	HK	15 min	0+	$37.03	$30.61		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	HE	15 min	0+	$38.55	$31.70		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL OFFICE	TG	15 min	0+	$19.00	$15.60	$15.60	
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	0+	$21.30	$17.70	$17.70	
H0039	ASSERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM		Day	18-20	$151.11	$112.63	$86.04	
H0039	ASSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM	AM	Day	18-20				$373.88
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	U1	Month	21+				$1,100.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	U2	Month	21+				$900.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	U3	Month	21+				$750.00
H0039	ASSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS		Month	21+				$1,100.00
H0045	CRISIS STABILIZATION – INDIVIDUAL	HA	Day	0-20				$180.00
H2011	CRISIS INTERVENTION FOLLOW UP		15 min	0-20	$31.69	$31.69	$23.17	
H2011	CRISIS INTERVENTION FOLLOW UP		15 min	21+	$31.69	$31.69	$23.17	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF		Day	0-20				$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED)	TG	Day	0-20				$335.49
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF (SPECIALIZED ASAM III.7)	TG, HF	Day	0-20				$335.49
H2017	PSYCHOSOCIAL REHABILITATION INDIVIDUAL OFFICE		15 min	0+	$10.99	$10.99	$10.99	
H2017	PSYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY	U8	15 min	0+	$12.67	$12.67	$12.67	
H2017	PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL OFFICE	TG	15 min	0+	$10.99	$10.99	$10.99	
H2017	PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY	TG, U8	15 min	0+	$12.67	$12.67	$12.67	
H2017	PSYCHOSOCIAL REHABILITATION GROUP OFFICE		15 min	0-20	$2.20	$2.20	$2.20	
H2017	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8	15 min	0-20	$2.53	$2.53	$2.53	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG	15 min	0-20	$2.20	$2.20	$2.20	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	TG, U8	15 min	0-20	$2.53	$2.53	$2.53	
H2017	PSYCHOSOCIAL REHABILITATION GROUP OFFICE		15 min	21+	$1.37	$1.37	$1.37	
H2017	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	U8	15 min	21+	$1.59	$1.59	$1.59	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP OFFICE	TG	15 min	21+	$1.37	$1.37	$1.37	
H2017	PSYCHOSOCIAL REHABILITATION PSH GROUP COMMUNITY	TG, U8	15 min	21+	$1.59	$1.59	$1.59	
H2033	MULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION		15 min	0-20	$36.01	$30.23		
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE III.1		Day	0-20				$60.15
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE III.1 ROOM AND BOARD	HW or HU or HY	Day	0-20				$72.93
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE III.1**		Day	21+				$70.30
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE III.1 ROOM AND BOARD**	SE	Day	21+				$14.70
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - III.5		Day	0+				$212.47
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - III.5 ROOM AND BOARD	HW or HU or HY	Day	0-20				$85.91
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - III.5 ROOM AND BOARD**	SE	Day	21+				$31.62
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - III.7**	TG	Day	21+				$290.00
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM - III.7 ROOM AND BOARD**	SE, TG	Day	21+				$56.26
S9485	CRISIS INTERVENTION PER DIEM		Day	0-20	$353.65	$353.65	$278.05	
S9485	CRISIS INTERVENTION PER DIEM		Day	21+	$353.65	$353.65	$278.05	

*Note: Add Age and Degree Level Modifiers as applicable which are indicated in columns E-H. If service is provided by an LMHP, code accordingly

COMMONLY USED MODIFIERS FOR BILLING		
AF	PSYCHIATRIST	Used to bill for services provided by a Psychiatrist
AH	CLINICAL PSYCHOLOGIST	Used to bill for services provided by a Psychologist
AJ	CLINICAL SOCIAL WORKER	Used to bill for services provided by a LCSW
AM	PHYSICIAN, TEAM MEMBER SERVICE	Used to bill Physician's rate for ACT - H0039
SA	APRN, CNS, PHYSICIANS ASSISTANT	Used to bill for services provided by an APRN, CNS or PA
GC	RESIDENT	Used to bill for services provided by a Resident
HA	CHILD/ADOLESCENT PROGRAM	Used to bill for a service provided to a child or adolescent to distinguish rate
HB	ADULT PROGRAM	Used to bill for a service provided to an adult to distinguish rate
HE	MENTAL HEALTH PROGRAM	Used to bill CPST - Functional Family Therapy - H0036
HF	SUBSTANCE USE PROGRAM	Used to bill ASAM III.3 - H0019
HF	SUBSTANCE USE PROGRAM	Used to bill for Alcohol and/or Drug Services Individual provided by an unlicensed provider - H0004
HH	INTEGRATED MENTAL HEALTH/SUBSTANCE USE PROGRAM	Used to bill TGH - Co-occurring - H0018
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill CPST - Homebuilders - H0036
HK	SPECIALIZED MENTAL HEALTH PROGRAMS FOR HIGH RISK POPULATIONS	Used to bill TGH - Sexual Offenders - H0018
HM	LESS THAN BACHELORS DEGREE LEVEL	Used to bill for clinician with less than a Bachelors degree
HN	BACHELORS DEGREE LEVEL	Used to bill for clinician with a Bachelors degree
HO	MASTERS DEGREE LEVEL	Used to bill for clinician with a Masters degree
HP	DOCTORAL DEGREE LEVEL/MEDICAL PSYCHOLOGIST	Used to bill for services provided by a Medical Psychologist, effective 7/1/16
HQ	GROUP SETTING	Used to bill for services provided in a group setting
HR	FAMILY/COUPLE WITH CLIENT PRESENT	Used to bill family therapy specifically - H0005
HS	FAMILY/COUPLE WITHOUT CLIENT PRESENT	Used to bill family therapy specifically - H0005
HU	FUNDED BY CHILD WELFARE AGENCY	Used to bill for room and board for residential treatment for youth
HW	FUNDED BY STATE MENTAL HEALTH AGENCY	Used to bill for room and board for residential treatment for youth
HY	FUNDED BY JUVENILE JUSTICE AGENCY	Used to bill for room and board for residential treatment for youth
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES	Used to bill for room and board for residential treatment for adults
TD	REGISTERED NURSE	Used to bill for services provided by a Registered Nurse
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill for ASAM III.7 - H2036
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill Specialized PRTF - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill III.7D - H0011
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used with 'HF' modifier to bill PRTF providing ASAM III.7 - H2013
TG	COMPLEX HIGH TECH LEVEL OF CARE	Used to bill CPST and PSR under Permanent Supportive Housing (PSH) - H0036, H2017
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM	Used to bill for services provided prenatally or postpartum (Age 10-59)
TS	FOLLOW UP SERVICES	Used to bill for services provided subsequent to initial service billed
U8	SERVICES PROVIDED IN NATURAL ENVIRONMENT	Used to bill for services provided in the community - H0036, H2017

SPECIALIZED BEHAVIORAL HEALTH SERVICES - PROVIDER SPECIFIC RATES (Effective 12.1.15, unless noted otherwise)

Code	Description	Provider Name	Modifier	Unit	Rate
N/A	INPATIENT PSYCHIATRIC TREATMENT PER DIEM	Northlake Behavioral Health Services		Day	$581.11
N/A	INPATIENT PSYCHIATRIC TREATMENT PER DIEM; ADULT ONLY	Brentwood Hospital		Day	$548.06
N/A	INPATIENT PSYCHIATRIC TREATMENT PER DIEM; CHILD ONLY	Children's Hospital - New Orleans DPP		Day	$669.64
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST	Addiction Recovery	AF	Visit	$150.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION BY PSYCHIATRIST	Addiction Counseling and Educational Resources, Inc.	AF	Visit	$150.00
H0014	ALCOHOL AND/OR DRUG SERVICES - AMBULATORY DETOXIFICATION II.D	Addiction Counseling and Educational Resources, Inc.		Day	$225.00
H0015	ALCOHOL AND/OR DRUG SERVICES - INTENSIVE OUTPATIENT II.1 INDIVIDUAL	Addiction Counseling and Educational Resources, Inc.	HM	15 min.	$25.00
		Addiction Counseling and Educational Resources, Inc.	HN or HO	15 min.	$25.00
H2017	PSYCHOSOCIAL REHABILITATION GROUP OFFICE	VOA North Louisiana	HB,HQ	15 min.	$2.10
	PSYCHOSOCIAL REHABILITATION GROUP COMMUNITY	VOA North Louisiana	HB,HQ	15 min.	$2.10
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	VOA North Louisiana	HB,U1	Month	$900.00
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	VOA North Louisiana	HB,U2	Month	$600.00
	PSYCHOSOCIAL REHABILITATION - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	VOA North Louisiana	HB,U3	Month	$300.00
	PSYCHOSOCIAL REHABILITATION - SUBSEQUENT MONTHS	VOA North Louisiana	HB	Month	$900.00
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/16	Louisiana Methodist Children's Home - Greater New Orleans		Day	$395.71
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/16	Louisiana Methodist Children's Home - Ruston		Day	$360.90
	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM - PRTF - Effective 7/1/16	Louisiana Methodist Children's Home - Sulphur		Day	$411.95
H0019	BEHAVIORAL HEALTH LONG TERM RESIDENTIAL - III.3*	Resources for Human Development - Family House	HB, HF	Day	$156.15
H2034	ALCOHOL AND/OR DRUG SERVICES - HALFWAY HOUSE III.1*	Resources for Human Development - Family House	HB, HF	Day	$111.15
H0045	CRISIS STABILIZATION – INDIVIDUAL	Resources for Human Development - Metro Crisis Continuum	HB	Day	$390.50

Modifier	Description
U1	1st - 10th calendar day of the month
U2	11th - 20th calendar day of the month
U3	21st - 31st calendar day of the month

*Note: Specified services are not State Plan services when provided to adults between the ages of 21-64 in an Institute of Mental Disease (IMD). Services were historically covered under LBHP at the rates listed.

SPECIALIZED BEHAVIORAL HEALTH SERVICES - CSoC 12.1.15				
Code	Description	Modifier	Unit	Rate
S5110	PARENT SUPPORT AND TRAINING – INDIVIDUAL		15 min.	$12.91
S5110	PARENT SUPPORT AND TRAINING – GROUP	HQ	15 min.	$3.23
H0038	YOUTH SUPPORT AND TRAINING – INDIVDUAL		15 min.	$12.91
H0038	YOUTH SUPPORT AND TRAINING – GROUP*	HQ	15 min.	$3.23
H2014	INDEPENDENT LIVING/SKILLS TRAINING – INDIVIDUAL		15 min.	$7.80
S5150	SHORT TERM RESPITE CARE – INDIVIDUAL		15 min.	$3.90
99367	CASE CONFERENCE - PARTICIPATION BY PHYSICIAN	HA	Visit of 30 min. or more	$9.86
99368	CASE CONFERENCE - PARTICIPATION BY NON PHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	HA	Visit of 30 min. or more	$9.86

*FSO will use this code for attendance at CFT meetings for CSoC members. Family Support Organization workers attending child and family team meetings for the purposes of developing a treatment plan may bill for their participation time when the client/guardian is in attendance at the meeting and the development of the treatment plan is required for Medicaid.