

<u>MODIFIER</u>	<u>DESCRIPTION</u>
AH	Mental Health Assessment by Licensed Psychologist
ET	Emergency Services
HA	Child/Adolescent Program
HE	Mental Health
HF	Substance Use Disorder
HH	SUD level 3.5 Dual disorder residential (co-occurring enhanced)
HQ	Group Services
HK	Secure Psych Res Rehab (MRO)
TT	SUD level 3.3 Therapeutic community (co-occurring diagnosis capable)
52	Reduced Services
U3	Day Treatment (DT)
U4	Facility Based
U5	Home Based
U6	Therapeutic Group Home
U7	Parent/Child Interaction Therapy (PCIT)
U8	Child–Parent Psychotherapy (CPP)
U9	Functional Family Therapy (FFT)
UA	Therapeutic Leave Day (TLD) home
UB	Medical Leave Day (TLD) Inpatient psych
UC	Medical Leave Day (TLD) Inpatient Med/Surg
HQ	Peer Support Group Services

<u>ACRONYMS</u>	<u>DESCRIPTION</u>
THGH	Therapeutic Group home
PRTF	Psychiatric Residential Treatment Facility

PRACTITIONER

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			SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate
90791		Initial Diagnostic Interview	\$ 231.46	\$ 231.46	\$ 185.18	\$ 185.18	\$ -	\$ -	\$ -	\$ 162.02	\$ 118.40	\$ -	\$ 118.40	\$ 193.49	\$ -
90791	52	Initial Diagnostic Interview Addendum	\$ 115.74	\$ 115.74	\$ 92.59	\$ 92.63	\$ -	\$ -	\$ -	\$ 81.01	\$ 59.20	\$ -	\$ 59.20	\$ 96.74	\$ -
90792		Initial Diagnostic Interview (with med services)	\$ 323.69	\$ 323.69	\$ 258.60	\$ 258.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90832		Individual psychotherapy – 30 minutes	\$ 125.31	\$ 125.31	\$ 100.25	\$ 100.25	\$ -	\$ 87.00	\$ 85.21	\$ 90.94	\$ 98.10	\$ -	\$ 98.10	\$ 104.18	\$ -
90832	HF	Individual psychotherapy – 30 minutes substance use disorder	\$ 125.31	\$ 125.31	\$ 100.25	\$ 100.25	\$ -	\$ 87.00	\$ 85.21	\$ 90.94	\$ 98.10	\$ 80.20	\$ 98.10	\$ 104.18	\$ 83.78
90832	U3/HF	Individual psychotherapy – 30 minutes (Day Treatment–Substance Use Disorder)	\$ 125.31	\$ 125.31	\$ 100.25	\$ 100.25	\$ -	\$ 87.00	\$ 85.21	\$ 90.94	\$ 98.10	\$ 80.20	\$ 98.10	\$ 104.18	\$ 83.78
90832	U4/HF	Individual psychotherapy – 30 minutes (IOP– Facility–Substance Use Disorder)	\$ 125.31	\$ 125.31	\$ 100.25	\$ 100.25	\$ -	\$ 87.00	\$ 85.21	\$ 90.94	\$ 98.10	\$ 80.20	\$ 98.10	\$ 104.18	\$ 83.78
90832	U5/HF	Individual psychotherapy – 30 minutes (IOP– Home based–Substance Use Disorder)	\$ 125.31	\$ 125.31	\$ 100.25	\$ 100.25	\$ -	\$ 87.00	\$ 85.21	\$ 90.94	\$ 98.10	\$ 80.20	\$ 98.10	\$ 104.18	\$ 83.78
90832	U6/HF	Individual psychotherapy – 30 minutes (THGH–Substance Use Disorder)	\$ 125.31	\$ 125.31	\$ 100.25	\$ 100.25	\$ -	\$ 87.00	\$ 85.21	\$ 90.94	\$ 98.10	\$ 80.20	\$ 98.10	\$ 104.18	\$ 83.78
90832	U9	Functional family therapy – 30 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 82.49	\$ 70.71	\$ 82.49	\$ 94.28	\$ -	\$ -	\$ 106.06	\$ -
90833		Individual psychotherapy – 30 minutes + E/M code	\$ 90.11	\$ 90.11	\$ 72.09	\$ 72.09	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90833	U4	Individual psychotherapy – 30 minutes (IOP– Facility) + E/M code	\$ 90.30	\$ 90.30	\$ 72.25	\$ 72.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90833	U5	Individual psychotherapy – 30 minutes (IOP– Home based) + E/M code	\$ 90.30	\$ 90.30	\$ 72.25	\$ 72.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90834		Individual psychotherapy – 45 minutes	\$ 187.96	\$ 187.96	\$ 150.37	\$ 150.37	\$ -	\$ 130.50	\$ 127.81	\$ 136.41	\$ 147.15	\$ -	\$ 147.15	\$ 156.28	\$ -
90834	HF	Individual psychotherapy – 45 minutes (Substance Use Disorder)	\$ 187.96	\$ 187.96	\$ 150.37	\$ 150.37	\$ -	\$ 130.50	\$ 127.81	\$ 136.41	\$ 147.15	\$ 120.29	\$ 147.15	\$ 156.28	\$ 125.67
90834	U3/HF	Individual psychotherapy – 45 minutes (Day Treatment–Substance Use Disorder)	\$ 187.96	\$ 187.96	\$ 150.37	\$ 150.37	\$ -	\$ 130.50	\$ 127.81	\$ 136.41	\$ 147.15	\$ 120.29	\$ 147.15	\$ 156.28	\$ 125.67
90834	U4/HF	Individual psychotherapy – 45 minutes (IOP– Facility–Substance Use Disorder)	\$ 187.96	\$ 187.96	\$ 150.37	\$ 150.37	\$ -	\$ 130.50	\$ 127.81	\$ 136.41	\$ 147.15	\$ 120.29	\$ 147.15	\$ 156.28	\$ 125.67
90834	U5/HF	Individual psychotherapy – 45 minutes (IOP– Home based–Substance Use Disorder)	\$ 187.96	\$ 187.96	\$ 150.37	\$ 150.37	\$ -	\$ 130.50	\$ 127.81	\$ 136.41	\$ 147.15	\$ 120.29	\$ 147.15	\$ 156.28	\$ 125.67
90834	U6/HF	Individual psychotherapy – 45 minutes (THGH–Substance Use Disorder)	\$ 187.96	\$ 187.96	\$ 150.37	\$ 150.37	\$ -	\$ 130.50	\$ 127.81	\$ 136.41	\$ 147.15	\$ 120.29	\$ 147.15	\$ 156.28	\$ 125.67
90834	U9	Functional family therapy -- 45 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 123.75	\$ 106.08	\$ 123.75	\$ 141.43	\$ -	\$ -	\$ 159.10	\$ -
90836		Individual psychotherapy – 45 minutes + E/M code	\$ 108.00	\$ 108.00	\$ 86.40	\$ 99.14	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90836	U4	Individual psychotherapy – 45 minutes (IOP– Facility) + E/M code	\$ 108.36	\$ 108.36	\$ 86.69	\$ 100.72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90836	U5	Individual psychotherapy – 45 minutes (IOP– Home based) + E/M code (Substance Use Disorder)	\$ 108.36	\$ 108.36	\$ 86.69	\$ 100.72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90837		Individual psychotherapy – 60 minutes	\$ 250.61	\$ 250.61	\$ 200.49	\$ 200.49	\$ -	\$ 174.00	\$ 170.42	\$ 181.87	\$ 196.19	\$ -	\$ 196.19	\$ 208.37	\$ -
90837	HF	Individual psychotherapy – 60 minutes (Substance Use Disorder)	\$ 250.61	\$ 250.61	\$ 200.49	\$ 200.49	\$ -	\$ 174.00	\$ 170.42	\$ 181.87	\$ 196.19	\$ 160.39	\$ 196.19	\$ 208.37	\$ 167.55
90837	U3/HF	Individual psychotherapy – 60 minutes Day Treatment (Substance Use Disorder)	\$ 250.61	\$ 250.61	\$ 200.49	\$ 200.49	\$ -	\$ 174.00	\$ 170.42	\$ 181.87	\$ 196.19	\$ 160.39	\$ 196.19	\$ 208.37	\$ 167.55
90837	U4/HF	Individual psychotherapy – 60 minutes IOP– Facility (Substance Use Disorder)	\$ 250.61	\$ 250.61	\$ 200.49	\$ 200.49	\$ -	\$ 174.00	\$ 170.42	\$ 181.87	\$ 196.19	\$ 160.39	\$ 196.19	\$ 208.37	\$ 167.55
90837	U5/HF	Individual psychotherapy – 60 minutes IOP– Home based (Substance Use Disorder)	\$ 250.61	\$ 250.61	\$ 200.49	\$ 200.49	\$ -	\$ 174.00	\$ 170.42	\$ 181.87	\$ 196.19	\$ 160.39	\$ 196.19	\$ 208.37	\$ 167.55
90837	U6/HF	Individual psychotherapy -- 60 minutes (THGH) (Substance Use Disorder)	\$ 250.61	\$ 250.61	\$ 200.49	\$ 200.49	\$ -	\$ 174.00	\$ 170.42	\$ 181.87	\$ 196.19	\$ 160.39	\$ 196.19	\$ 208.37	\$ 167.55
90837	U9	Functional family therapy -- 60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164.99	\$ 141.42	\$ 164.99	\$ 188.56	\$ -	\$ -	\$ 212.13	\$ -
90838		Individual psychotherapy -- 60 minutes + E/M code	\$ 155.22	\$ 155.22	\$ 139.70	\$ 139.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90838	U4	Individual psychotherapy – 60 minutes (IOP– Facility) + E/M code	\$ 154.39	\$ 154.39	\$ 135.85	\$ 135.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90838	U5	Individual psychotherapy – 60 minutes (IOP– Home based) + E/M code	\$ 154.39	\$ 154.39	\$ 135.85	\$ 135.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90839		Individual psychotherapy – Crisis (1st hour)	\$ 171.87	\$ 171.87	\$ 137.49	\$ 137.49	\$ -	\$ 118.60	\$ 113.43	\$ 118.60	\$ 135.78	\$ 112.39	\$ 135.78	\$ 142.66	\$ 113.43
90840		Individual psychotherapy – Crisis (additional 30 min./ added to 90839)	\$ 70.08	\$ 70.08	\$ 56.06	\$ 56.06	\$ -	\$ 50.46	\$ 48.35	\$ 55.36	\$ 55.36	\$ 48.35	\$ 55.36	\$ 58.16	\$ 48.35
90846		Family psychotherapy (w/o client present) – office	\$ 159.49	\$ 159.49	\$ 127.59	\$ 127.59	\$ -	\$ 114.92	\$ 112.58	\$ 114.92	\$ 124.30	\$ -	\$ 124.30	\$ 129.00	\$ -
90846	HF	Family psychotherapy (w/o client present) – office (Substance Use Disorder)	\$ 159.49	\$ 159.49	\$ 127.59	\$ 127.59	\$ -	\$ 114.92	\$ 112.58	\$ 114.92	\$ 124.30	\$ 107.82	\$ 124.30	\$ 129.00	\$ 112.31
90846	U3/HF	Family psychotherapy (w/o client present) – Day Treatment (Substance Use Disorder)	\$ 159.49	\$ 159.49	\$ 127.59	\$ 127.59	\$ -	\$ 114.92	\$ 112.58	\$ 114.92	\$ 124.30	\$ 107.82	\$ 124.30	\$ 129.00	\$ 112.58

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			SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate
98966		Telephone assessment and management service provided by an enrolled behavioral health provider to an established client, parent or guardian. 5–10 Minutes	\$ 14.02	\$ 14.02	\$ 14.02	\$ 14.02	\$ -	\$ 14.02	\$ 14.02	\$ 14.02	\$ 14.02	\$ 14.02	\$ 14.02	\$ 14.02	\$ 14.02
98967		Telephone assessment and management service provided by an enrolled behavioral health provider to an established client, parent or guardian. 11–20 Minutes	\$ 24.67	\$ 24.67	\$ 24.67	\$ 24.67	\$ -	\$ 24.67	\$ 24.67	\$ 24.67	\$ 24.67	\$ 24.67	\$ 24.67	\$ 24.67	\$ 24.67
98968		Telephone assessment and management service provided by an enrolled behavioral health provider to an established client, parent or guardian. 21–30 Minutes	\$ 38.69	\$ 38.69	\$ 38.69	\$ 38.69	\$ -	\$ 38.69	\$ 38.69	\$ 38.69	\$ 38.69	\$ 38.69	\$ 38.69	\$ 38.69	\$ 38.69
99211		Established patient Evaluation/Management – office or outpatient visit	\$ 41.54	\$ 41.54	\$ 37.05	\$ 37.05	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99212		Established patient Evaluation/Management – office or outpatient visit (focused)	\$ 62.36	\$ 62.36	\$ 53.12	\$ 53.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99213		Established patient Evaluation/Management – office or outpatient visit (low complexity)	\$ 83.19	\$ 83.19	\$ 70.40	\$ 70.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99214		Established patient Evaluation/Management – office or outpatient visit (moderate complexity)	\$ 114.62	\$ 114.62	\$ 97.12	\$ 97.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99215		Established patient Evaluation/Management – office or outpatient visit (high complexity)	\$ 115.09	\$ 115.09	\$ 97.57	\$ 97.57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99221		Initial inpatient hospital care – per day Evaluation/Management (low complexity)	\$ 66.15	\$ 66.15	\$ 56.23	\$ 56.23	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99222		Initial inpatient hospital care – per day Evaluation/Management (moderate complexity)	\$ 102.46	\$ 102.46	\$ 86.16	\$ 86.16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99223		Initial inpatient hospital care – per day Evaluation/Management (high complexity)	\$ 125.19	\$ 125.19	\$ 107.08	\$ 107.08	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99231		Subsequent inpatient hospital care – per day Evaluation/Management (focused)	\$ 40.88	\$ 40.88	\$ 34.53	\$ 34.53	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99232		Subsequent inpatient hospital care – per day Evaluation/Management (expanded)	\$ 60.96	\$ 60.96	\$ 52.07	\$ 52.07	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99233		Subsequent inpatient hospital care – per day Evaluation/Management (detailed)	\$ 73.03	\$ 73.03	\$ 61.39	\$ 61.39	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99238		Hospital discharge day management – 30 minutes or less	\$ 54.00	\$ 54.00	\$ 45.90	\$ 45.90	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99239		Hospital discharge day management – more than 30 minutes	\$ 70.86	\$ 70.86	\$ 60.23	\$ 60.23	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99241		Office Consultation outpatient (focused)	\$ 64.14	\$ 64.14	\$ 54.61	\$ 54.61	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99242		Office Consultation outpatient (expanded)	\$ 73.77	\$ 73.77	\$ 62.98	\$ 62.98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99243		Office Consultation outpatient (detailed)	\$ 121.09	\$ 121.09	\$ 102.46	\$ 102.46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99244		Office Consultation outpatient (comprehensive moderate complexity)	\$ 133.36	\$ 133.36	\$ 112.62	\$ 112.62	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99245		Office Consultation outpatient (comprehensive – high complexity)	\$ 132.73	\$ 132.73	\$ 112.62	\$ 112.62	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99251		Inpatient Consultation (focused)	\$ 68.11	\$ 68.11	\$ 57.79	\$ 57.79	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99252		Inpatient Consultation (expanded)	\$ 84.78	\$ 84.78	\$ 72.40	\$ 72.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99253		Inpatient Consultation (detailed)	\$ 121.72	\$ 121.72	\$ 103.47	\$ 103.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99254		Inpatient Consultation (comprehensive moderate complexity)	\$ 142.89	\$ 142.89	\$ 122.25	\$ 122.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99255		Inpatient Consultation (comprehensive – high complexity)	\$ 163.00	\$ 163.00	\$ 137.60	\$ 137.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99304		Nursing facility consultation, low complexity (25 minutes)	\$ 123.01	\$ 123.01	\$ 104.57	\$ 104.57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99305		Nursing facility consultation, moderate complexity (35 minutes)	\$ 175.24	\$ 175.24	\$ 148.96	\$ 148.96	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99306		Nursing facility consultation, high complexity (45 minutes)	\$ 223.81	\$ 223.81	\$ 190.24	\$ 190.24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99307		Evaluation Management Nursing Facility 10 minutes	\$ 40.41	\$ 40.41	\$ 34.26	\$ 34.26	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99308		Evaluation Management Nursing Facility 15 minutes	\$ 63.38	\$ 63.38	\$ 54.24	\$ 54.24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99309		Evaluation Management Nursing Facility 25 minutes	\$ 86.73	\$ 86.73	\$ 74.22	\$ 74.22	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99310		Evaluation Management Nursing Facility Comprehensive/High Complexity	\$ 117.68	\$ 117.68	\$ 99.75	\$ 99.75	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0001		Substance Use Assessment	\$ 315.58	\$ 315.58	\$ 262.98	\$ 262.98	\$ -	\$ 262.98	\$ 252.46	\$ 262.98	\$ 300.89	\$ 241.38	\$ 307.68	\$ 315.58	\$ 251.44
H0001	52	Substance Use Assessment – Addendum	\$ 91.15	\$ 91.15	\$ 91.15	\$ 91.15	\$ -	\$ 91.15	\$ 87.51	\$ 91.15	\$ 89.32	\$ 83.64	\$ 89.32	\$ 91.15	\$ 87.13
H0031		Initial Diagnostic Interview LIMHP (providing service to NON MC recipients only)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 153.68	\$ -	\$ -	\$ -	\$ -	\$ -

PRACTITIONER

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			SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate
H0031	AH	Annual Supervision Assessment by Psychologist	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 159.47	\$ -
H0031	52	Annual Supervision Assessment by LIMHP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 117.94	\$ -	\$ -	\$ -	\$ -	\$ -
H0036		Community Treatment Aide (CTA) Per 15 minutes.	\$ -	\$ -	\$ -	\$ -	\$ 15.47	\$ -	\$ 15.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0038	HE	Peer Support Services for Mental Health Per 15 minutes increments	\$ -	\$ -	\$ -	\$ -	\$ 14.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0038	HF	Peer Support Services for Substance Use Disorder Per 15 minutes increments	\$ -	\$ -	\$ -	\$ -	\$ 14.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0038	HE/HQ	Peer Support Services for Mental Health Per 15 minutes increments	\$ -	\$ -	\$ -	\$ -	\$ 10.21	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0038	HF/HQ	Peer Support Services for Substance Use Disorder Per 15 minutes increments	\$ -	\$ -	\$ -	\$ -	\$ 10.21	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H1011		Family Assessment	\$ 102.73	\$ 102.73	\$ 102.73	\$ 102.73	\$ -	\$ 102.73	\$ 102.73	\$ 102.73	\$ 102.73	\$ -	\$ 95.41	\$ 95.41	\$ -
H2000		Risk assessment for youth who sexually harm (age 20 & under)	\$ 764.61	\$ 764.61	\$ 764.61	\$ 764.61	\$ -	\$ 754.80	\$ 735.43	\$ 764.61	\$ 744.99	\$ -	\$ -	\$ 764.61	\$ -
H2000	HA	Risk assessment for youth who sexually harm addendum (age 20 & under)	\$ 380.86	\$ 380.86	\$ 375.09	\$ 375.09	\$ -	\$ 370.27	\$ 366.34	\$ 380.86	\$ 371.09	\$ -	\$ -	\$ 380.86	\$ -
S9123		In-home psychiatric nursing (per hour)	\$ -	\$ -	\$ -	\$ 47.42	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Reference : Nebraska Medicaid Fee Schedule for Physicians July 1, 2022 471-000-518

99281		Emergency Department Visit. E&M. Problem Focused History & Exam Straightforward Medical Decision Making	\$ 27.52	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27.52	\$ -
99282		Emergency Department Visit. E&M Expanded Problem Focused History and Exam. Low Complexity Medical Decision Making.	\$ 44.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44.40	\$ -
99283		Emergency Department Visit. E&M Expanded Problem Focused History and Exam. Moderate Complexity Medical Decision Making.	\$ 73.26	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73.26	\$ -
99284		Emergency Department Visit. E&M. Detailed History and Exam. Moderate Complexity Medical Decision Making.	\$ 111.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111.00	\$ -
99285		Emergency Department Visit. E&M. Comprehensive History and Exam. High Complexity Medical Decision Making.	\$ 164.28	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164.28	\$ -

SERVICE LOCATION

Code	Modifier	Description	10	12	13	41	44	45	46	47	48	51	77	79	81	87
			Hospital	Hospital Clinic	Professional Clinic	Assertive Community Treatment	Community Support	Day Rehabilitation	Residential Rehabilitation	Substance Abuse Treatment Center	Adult Substance Abuse	Opioid Treatment Program	Day Treatment Provider & MST	Treatment Crisis Intervention (TCI)	Therapeutic Group Home (THGH)	Psychiatric Residential Treatment Facility (PRTF)
			SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate
H0019	HE	Residential Rehabilitation Services – (MRO) – (per diem) (Mental Health)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 153.33	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0040		Assertive Community Treatment Program (ACT) – (MRO) (per diem)	\$ -	\$ -	\$ -	\$ 61.33	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) – (MRO) (per diem)	\$ -	\$ -	\$ -	\$ 57.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2012	52	Partial Hospitalization (and Day treatment for Adults only) maximum 3 units (per hour rate)	\$ 58.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 58.18	\$ -	\$ -	\$ -
H2012	HF	Day Treatment (PHP) (Substance Use Disorder)	\$ 55.81	\$ -	\$ 55.81	\$ -	\$ -	\$ -	\$ 55.81	\$ 55.81	\$ 55.81	\$ -	\$ 55.81	\$ -	\$ -	\$ -
H2012		Partial Hospitalization (and Day treatment for Adults only) minimum 6 units (per hour rate)	\$ 58.61	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 58.61	\$ -	\$ -	\$ -
H2013		PRTF Hospital-Based (per diem)	\$ 549.86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2013	UA	PRTF Hospital-Based: Home	\$ 274.94	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2013	UB	PRTF Hospital-Based: Psych inpatient	\$ 274.94	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2013	UC	PRTF Hospital-Based: Med/Surg In Patient	\$ 274.94	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2014		Intensive Outpatient (IOP) – Direct Care Staff (Rate per 15 min.)	\$ -	\$ 9.80	\$ 9.80	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2015	HE	Community Support Services (MRO) per 15 min (Mental Health)	\$ -	\$ -	\$ -	\$ -	\$ 28.64	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2017		Day Rehabilitation Services – (MRO) – minimum 12 units – per 15 min	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3.29	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2018		Day Rehabilitation Services – full day – (MRO) – (per diem)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 78.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2018	HK	Secure Residential Rehabilitation Services – (MRO) – (per diem)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 465.02	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2020		Therapeutic Group Home (THGH) (per diem)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 219.29	\$ -
H2027		Day Treatment – Direct Care Staff / per 15 min unit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15.15	\$ -	\$ -	\$ -
H2033		Multi Systemic Therapy - per 15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49.41	\$ -	\$ -	\$ -
Q3014		Originating site fee	\$ 25.82	\$ 25.82	\$ 25.82	\$ -	\$ -	\$ -	\$ -	\$ 25.82	\$ 25.82	\$ -	\$ 25.82	\$ 25.82	\$ 25.82	\$ 25.82
S9480		Adult Intensive outpatient Mental Health (IOP) (per diem.)	\$ -	\$ 139.47	\$ 139.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
S9484		Crisis Intervention Mental Health Services (per hour) (Tiered rate)	\$ 46.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46.70	\$ -	\$ -
S9485		Crisis Intervention Mental Health Services (per diem)	\$ 468.95	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 468.95	\$ -	\$ -
T1014		Telehealth transmission (per minute)	\$ 0.10	\$ 0.10	\$ 0.10	\$ -	\$ -	\$ -	\$ -	\$ 0.10	\$ 0.10	\$ -	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10
T2033		PRTF Specialty (per day)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 435.25
T2033	UA	PRTF Specialty: (TLD) Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 217.63
T2033	UB	PRTF Specialty: (TLD) Psych in patient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 217.63
T2033	UC	PRTF Specialty: (TLD) Med/Surg In Patient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 217.63
T2048		PRTF Community Based Non-Specialty	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 409.09
T2048	UA	PRTF Community Based Non-Specialty: (TLD) Home	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 204.55
T2048	UB	PRTF Community Based Non-Specialty: (TLD) Psych inpatient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 204.55
T2048	UC	PRTF Community Based Non-Specialty: (TLD) Med/Surg Inpatient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 204.55

Reference : <https://www.cms.gov/files/document/otp-billing-and-payment-fact-sheet.pdf>; <https://www.cms.gov/files/document/cy-2022-locality-key.pdf>; <https://www.cms.gov/files/document/cy-2022-locality-adjusted-rates.pdf>

G2067		Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 202.48	\$ -	\$ -	\$ -	\$ -
G2068		Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 243.89	\$ -	\$ -	\$ -	\$ -
G2069		Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,866.36	\$ -	\$ -	\$ -	\$ -
G2070		Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,341.01	\$ -	\$ -	\$ -	\$ -
G2071		Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 409.66	\$ -	\$ -	\$ -	\$ -
G2072		Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,551.07	\$ -	\$ -	\$ -	\$ -

SERVICE LOCATION

Code	Modifier	Description	10	12	13	41	44	45	46	47	48	51	77	79	81	87
			Hospital	Hospital Clinic	Professional Clinic	Assertive Community Treatment	Community Support	Day Rehabilitation	Residential Rehabilitation	Substance Abuse Treatment Center	Adult Substance Abuse	Opioid Treatment Program	Day Treatment Provider & MST	Treatment Crisis Intervention (TCI)	Therapeutic Group Home (THGH)	Psychiatric Residential Treatment Facility (PRTF)
			SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate
G2073		Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,435.53	\$ -	\$ -	\$ -	\$ -
G2074		Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 155.03	\$ -	\$ -	\$ -	\$ -
G2075		Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	RNE	\$ -	\$ -	\$ -	\$ -
G2076		Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172.04	\$ -	\$ -	\$ -	\$ -
G2077		Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment ; list separately in addition to code for primary procedure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 105.72	\$ -	\$ -	\$ -	\$ -
G2078		Take-home supply of methadone; up to 7 additional day supply; list separately in addition to code for primary procedure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37.38	\$ -	\$ -	\$ -	\$ -
G2079		Take-home supply of buprenorphine (oral); up to 7 additional day supply; list separately in addition to code for primary procedure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 78.79	\$ -	\$ -	\$ -	\$ -
G2080		Each additional 30 minutes of counseling in a week of medication assisted treatment; List separately in addition to code for primary procedure.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29.66	\$ -	\$ -	\$ -	\$ -
G1028		Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 mL nasal spray	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 127.39	\$ -	\$ -	\$ -	\$ -
G2215		Take-home supply of nasal naloxone; list separately in addition to code for primary procedure.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 91.86	\$ -	\$ -	\$ -	\$ -
G2216		Take-home supply of injectable naloxone; list separately in addition to code for primary procedure.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	RNE	\$ -	\$ -	\$ -	\$ -

Applied Behavior Analysis (ABA) Services

Code	Modifier	Description	1 MD	2 DO	57 PHD Provisional	67 PhD/PsyD	83 BCBA	84 BCaBA	85 RBT
			SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate	SFY2023 Rate
97151		Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute.	\$ 52.59	\$ 52.59	\$ 52.59	\$ 52.59	\$ 52.59	\$ -	\$ -
97152		Behavior identification supporting assessment administered by one tech under the direction of a Dr. or other qualified health care professional, F2F, one patient each 15 minute.	\$ -	\$ -	\$ 35.06	\$ 35.06	\$ -	\$ 35.06	\$ 35.06
97153		Adaptive behavior treatment by protocol, administered by tech under the direction of a Dr. or other qualified healthcare professional, F2F, one member each 15	\$ -	\$ -	\$ 35.06	\$ 35.06	\$ 35.05	\$ 35.06	\$ 35.06
97154		Group adaptive behavior treatment by protocol, administered by Tech under the directions of a Dr. or other qualified healthcare professional, F2F with two or more patients, each 15 minutes	\$ -	\$ -	\$ 35.06	\$ 35.06	\$ 35.06	\$ 35.06	\$ 35.06
97155		Adaptive behavior treatment by protocol, administered by Dr or other qualified healthcare professional, which may include simultaneous direction of a tech, F2F one patient, each 15 minutes	\$ 35.06	\$ 35.06	\$ 35.06	\$ 35.06	\$ 35.06	\$ -	\$ -
97156		Family adaptive behavior treatment guidance, administered by Dr. or other qualified healthcare professional, (with or without patient present), F2F with guardian or caregiver each 15 minute	\$ 52.59	\$ 52.59	\$ 52.59	\$ 52.59	\$ 52.59	\$ -	\$ -
97158		Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional F2F with Multiple patients. Each 15 minutes	\$ 52.59	\$ 52.59	\$ 52.59	\$ 52.59	\$ 52.59	\$ -	\$ -

* Please note 35=BCBA, BCaBA & RBT transitioning to the following 83=BCBA 84=BCaBA 85=RBT

MEDICATION

Code	Modifier	Description	Medication
J0400		Injection – Aripiprazole 0.25 mg (Abilify)	See injectable fee schedule
J1630		Injection – Haloperidol – up to 5mg (Haldol)	See injectable fee schedule
J1631		Injection – Haloperidol Decanoate per 50mg (Haldol Decanoate)	See injectable fee schedule
J2680		Injection – Fluphenazine Decanoate – up to 25mg (Prolixin Decanoate)	See injectable fee schedule
S0166		Injection – Olanzapine 2.5mg (Zyprexa)	See injectable fee schedule
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice	See injectable fee schedule
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice	See injectable fee schedule
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice	See injectable fee schedule