

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC Chapter 20: Psychiatric Services for Individual Age 21 and Older; Chapter 32 Mental Health and Substance Abuse Treatment Services for Children and Adolescents; and Chapter 35 Rehabilitative Psychiatric Services.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Note: *Multi Systemic therapy / per 15 minutes (H2033): **Provider type 77** is used to enroll both the Multi Systemic Therapy (MST) team, and the Day Treatment Providers. **The H2033 is only code billable by an MST team** (pages 14 & 16).*

Modifier	Description
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)
HK	Secure Psych Res Rehab (MRO)
TT	SUD level 3.3 Therapeutic community (co-occurring diagnosis capable)
SC	Medically Necessary Service/sup
SK	High Risk Population
52	Reduced Services
U2	Professional Resource Family Care (PRFC)
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	Therapeutic Leave Day (TLD) Inpatient psych
UC	Therapeutic Leave Day (TLD) Inpatient Med/Surg
HO	Master level provider
HN	Bachelors level provider
HM	Less than bachelor level provider
22	Increase in Service
TG	High level of care

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CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	36 LMHP	37 PLMHP	39 LIMHP	57 PhD PROV	58 PLADC	64 Spec PhD	67 PhD/PsyD	78 LADC
90791		Initial Diagnostic Interview	\$179.32	\$179.32	\$143.46	\$143.46			\$125.52	\$91.73		\$91.73	\$149.90	
90792		Initial Diagnostic Interview (with med services)	\$250.77	\$250.77	\$200.34	\$200.34								
90832		Individual psychotherapy - 30 min.	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	
90832	HF	Individual psychotherapy - 30 min. substance use disorder	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U2/HF	Individual psychotherapy - 30 min. (PRFC)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U3/HF	Individual psychotherapy - 30 min. (Day Treatment)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U4/HF	Individual psychotherapy -30 min. (IOP- Facility)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U5/HF	Individual psychotherapy - 30 min. (IOP- Home based)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U6/HF	Individual psychotherapy - 30 min. (ThGh)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90833		Individual psychotherapy - 30 min. + E/M code	\$69.81	\$69.81	\$55.85	\$55.85								
90833	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code	\$69.96	\$69.96	\$55.97	\$55.97								

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90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	\$69.96	\$69.96	\$55.97	\$55.97								
90834		Individual psychotherapy - 45 min.	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$85.11	\$85.11		\$85.11	\$91.74	
90834	HF	Individual psychotherapy - 45 min. substance use disorder	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$85.11	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U2/HF	Individual psychotherapy - 45 min. (PRFC)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U3/HF	Individual psychotherapy - 45 min. (Day Treatment)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U4/HF	Individual psychotherapy -45 min. (IOP- Facility)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U5/HF	Individual psychotherapy - 45 min. (IOP- Home based)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90834	U6/HF	Individual psychotherapy - 45 min. (ThGh)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$68.98	\$85.11	\$91.74	\$71.85
90836		Individual psychotherapy - 45 min. + E/M code	\$83.67	\$83.67	\$66.94	\$76.81								
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code	\$83.95	\$83.95	\$67.16	\$78.03								
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code	\$83.95	\$83.95	\$67.16	\$78.03								
90837		Individual psychotherapy - 60 min.	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26		\$125.26	\$133.50	

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90837	HF	Individual psychotherapy - 60 min. substance use disorder	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U2/HF	Individual psychotherapy - 60 min. (PRFC)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U3/HF	Individual psychotherapy - 60 min. (Day Treatment)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U4/HF	Individual psychotherapy - 60 min. (IOP- Facility)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U5/HF	Individual psychotherapy - 60 min. (IOP- Home based)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90837	U6/HF	Individual psychotherapy - 60 min. (ThGh)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$125.26	\$102.84	\$125.26	\$133.50	\$107.13
90838		Individual psychotherapy - 60 min. + E/M code	\$120.25	\$120.25	\$108.23	\$108.23								
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code	\$119.61	\$119.61	\$105.25	\$105.25								
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code	\$119.61	\$119.61	\$105.25	\$105.25								
90839		Individual psychotherapy - Crisis (1st hour)	\$133.15	\$133.15	\$106.52	\$106.52	\$91.88	\$87.88	\$91.88	\$105.19	\$87.07	\$105.19	\$110.52	\$87.88
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$54.29	\$54.29	\$43.43	\$43.43	\$39.09	\$37.46	\$42.89	\$42.89	\$37.46	\$42.89	\$45.06	\$37.46
90846		Family psychotherapy (w/o client present) - office	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30		\$96.30	\$99.94	

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90846	HF	Family psychotherapy (w/o client present) - office. substance use disorder	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	U2/HF	Family psychotherapy (w/o client present) - PRFC	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	U3/HF	Family psychotherapy (w/o client present) - Day Treatment	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.22
90846	U4/HF	Family psychotherapy (w/o client present) - IOP - Facility based	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	U5/HF	Family psychotherapy (w/o client present) - IOP - Home based	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90846	HA/HF	Family psychotherapy (w/O client present) Home based	\$124.01	\$124.01	\$99.21	\$99.21	\$90.42	\$88.22	\$90.42	\$97.60	\$83.53	\$97.60	100.05	\$88.22
90846	U6/HF	Family psychotherapy (w/o client present) - ThGh	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$96.30	\$83.53	\$96.30	\$99.94	\$87.01
90847		Family psychotherapy (with client present)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	
90847	HF	Family psychotherapy (with client present). substance use disorder	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	ET/HF	Family psychotherapy (with client present) - Crisis	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01

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90847	HA/HF	Family psychotherapy (with client present) - Home based	\$132.64	\$132.64	\$107.20	\$107.20	\$94.48	\$89.03	\$94.48	\$105.39	\$83.53	\$105.39	\$110.84	\$87.01
90847	U2/HF	Family psychotherapy (with client present) - PRFC	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$90.85	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U3/HF	Family psychotherapy (with client present) - Day Treatment	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U4/HF	Family psychotherapy (with client present) - IOP - Facility based	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U5/HF	Family psychotherapy (with client present) - IOP - Home based	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U6/HF	Family psychotherapy (with client present) - ThGh	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75	\$83.53	\$101.75	\$107.20	\$87.01
90847	U7	Parent Child Interaction Therapy (PCIT)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	
90847	U8	Child-Parent Psychotherapy (CPP)	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	
90853		Group psychotherapy	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29		\$31.29	\$32.92	
90853	HF	Group psychotherapy	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90853	U2/HF	Group psychotherapy - PRFC	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.40	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90853	U3/HF	Group psychotherapy - Day Treatment	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90853	U4/HF	Group psychotherapy - IOP - Facility based	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07

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90853	U6/HF	Group psychotherapy - ThGh	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.40	\$27.05	\$31.29	\$25.03	\$31.29	\$32.92	\$26.07
90832	U9	Functional family therapy 30 min					\$63.91	\$54.78	\$63.91	\$73.04			\$82.17	
90834	U9	Functional family therapy 45 min					\$95.87	\$82.18	\$95.87	\$109.57			\$123.26	
90837	U9	Functional family therapy 60 min					\$127.82	\$109.56	\$127.82	\$146.08			\$164.34	
90846	U9	Functional family therapy without client present					\$102.52	\$87.88	\$102.52	\$117.17			\$131.81	
90847	U9	Functional family therapy with client present					\$106.10	\$90.94	\$106.10	\$121.26			\$136.41	
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$60.05	\$60.05										
90887		Conference regarding client treatment	\$29.57	\$29.57	\$23.83	\$23.83	\$18.10	\$17.65	\$18.10	\$17.65		\$17.65	\$24.27	
90887	HF	Conference regarding client treatment by substance use provider	\$29.57	\$29.57	\$23.83	\$23.83	\$18.10	\$17.65	\$18.10	\$17.65	\$16.66	\$17.65	\$24.27	\$17.35
90887	U5/HF	In-home Conf. regarding client treatment	\$29.57	\$29.57	\$24.27	\$24.27	\$18.10	\$17.65	\$18.10	\$17.65	\$16.66	\$17.65	\$24.27	\$17.35
96101		Psychological Testing - 1 hour								\$94.27			\$96.39	
96101	52	Psychological Testing - 1/2 hour								\$46.61			\$48.20	
96372		Therapeutic Injection	\$10.33	\$10.33	\$10.33	\$10.33								
S9123		In-home psychiatric nursing (per hour)				\$36.74								

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99211		Established patient Evaluation/Management - office or outpatient visit	\$32.18	\$32.18	\$28.70	\$28.70								
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$48.31	\$48.31	\$41.15	\$41.15								
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)	\$64.45	\$64.45	\$54.54	\$ 54.54								
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	\$88.80	\$88.80	\$75.24	\$75.24								
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$89.16	\$89.16	\$75.59	\$75.29								
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)	\$51.25	\$51.25	\$43.56	\$43.56								
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)	\$79.38	\$79.38	\$66.75	\$66.75								
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$96.99	\$96.99	\$82.96	\$82.96								

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99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)	\$31.67	\$31.67	\$26.75	\$26.75								
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$47.23	\$47.23	\$40.34	\$40.34								
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$56.58	\$56.58	\$47.56	\$47.56								
99241		Office Consultation outpatient (focused)	\$49.69	\$49.69	\$42.31	\$42.31								
99242		Office Consultation outpatient (expanded)	\$57.15	\$57.15	\$48.79	\$48.79								
99243		Office Consultation outpatient (detailed)	\$93.81	\$93.81	\$79.38	\$79.38								
99244		Office Consultation outpatient (comprehensive - moderate complexity)	\$103.32	\$103.32	\$87.25	\$87.25								
99245		Office Consultation outpatient (comprehensive - high complexity)	\$102.83	\$102.83	\$87.25	\$87.25								
99251		Inpatient Consultation (focused)	\$52.77	\$52.77	\$44.77	\$44.77								
99252		Inpatient Consultation (expanded)	\$65.68	\$65.68	\$ 56.09	\$56.09								

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99253		Inpatient Consultation (detailed)	\$94.30	\$94.30	\$80.16	\$80.16								
99254		Inpatient Consultation (comprehensive - moderate complexity)	\$110.70	\$110.70	\$94.71	\$94.71								
99255		Inpatient Consultation (comprehensive - high complexity)	\$126.28	\$126.28	\$106.60	\$106.60								
99304		Nursing facility consultation, low complexity (25 minutes)	\$95.30	\$95.30	\$81.01	\$81.01								
99305		Nursing facility consultation, moderate complexity (35 minutes)	\$135.76	\$135.76	\$115.40	\$115.40								
99306		Nursing facility consultation, high complexity (45 minutes)	\$173.39	\$173.39	\$147.38	\$147.38								
99307		Evaluation Management Nursing Facility 10 min.	\$31.31	\$31.31	\$26.54	\$26.54								
99308		Evaluation Management Nursing Facility 15 min.	\$49.10	\$49.10	\$42.02	\$42.02								
99309		Evaluation Management Nursing Facility 25 min.	\$67.19	\$67.19	\$57.50	\$57.50								
99310		Evaluation Management Nursing Facility 35 min.	\$91.17	\$91.17	\$77.28	\$77.28								
H1011		Family Assessment	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59	\$79.59		\$73.92	\$73.92	
H0001		Substance Use Assessment	\$236.86	\$236.86	\$197.39	\$197.39	\$197.39	\$189.49	\$197.39	\$225.84	\$181.17	\$230.94	\$236.86	\$188.72

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H0001	52	Substance Use Assessment - Addendum	\$70.62	\$70.62	\$70.62	\$70.62	\$70.62	\$67.80	\$70.62	\$69.20	\$64.80	\$69.20	\$70.62	\$67.50
H0031	AH	Annual Supervision Assessment by Psychologist											\$123.55	

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
H2033		Multi Systemic therapy / per 15 minutes										\$38.28				
T1014		Telehealth transmission (per minute	\$0.08	\$0.08	\$0.08						\$0.08	\$0.08	\$0.08	\$0.08		\$0.08
Q3014		Originating site fee	\$20.00	\$20.00	\$20.00						\$20.00	\$20.00	\$20.00	\$20.00		\$20.00
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$118.14													
96372		Therapeutic Injection	\$10.13	\$10.13	\$10.13				\$10.13	\$10.13	\$10.13					
H0040		Assertive Community Treatment Program (ACT) - (MRO) (per diem)					\$47.51									
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)					\$44.70									
H2012		Partial Hospitalization (and Day treatment for Adults only) minimum 6 units (per hour rate)	\$45.41									\$45.41				
H2012	52	Partial Hospitalization (and Day treatment for	\$45.07									\$45.07				

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
		Adults only) maximum 3 units (per hour rate)														
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)		\$7.59	\$7.59											
S9480		Adult Intensive outpatient Mental Health (IOP) (per diem.)		\$108.05	\$108.05											
H2015	HE	Community Support Services - mental health - (MRO) (rate per 15 min.)						\$22.19								
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)							\$2.43							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)							\$58.07							
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)								\$360.26						
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)								\$118.79						
H2020		Therapeutic Group Home (ThGH) (per diem)												\$169.89		

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
H2020	UA	Therapeutic Group Home (ThGH): TLD: Home (per diem)												\$169.89		
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD-Psych (per diem)												\$169.89		
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD-Med/Surg (per diem)												\$169.89		
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)										\$11.74				
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)													\$59.67	
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)													\$59.67	
T1027	UB	Professional Resource Family Care (PRFC) - therapeutic leave day psych (per diem)													\$59.67	
T1027	UC	Professional Resource Family Care (PRFC) - therapeutic leave day (per diem)													\$59.67	

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)	\$425.99													
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$425.99													
H2013	UB	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Psych (per diem)	\$425.99													
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$425.99													
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)														\$337.20
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)														\$337.20
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)														\$337.20

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)														\$337.20
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)														\$316.93
T2048	UA	Psychiatric Residential Treatment Facility (PRTF) – Comm.Based - Non-Specialty: TLD:Home (per diem)														\$316.93
T2048	UB	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)														\$316.93
T2048	UC	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Med/Surg (per diem)														\$316.93
S9484		Crisis Intervention Mental Health Services, per Hour (Tiered rate)	\$36.18										\$36.18			
S9485		Crisis Intervention Mental Health Services, per Diem	\$363.31										\$363.31			

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Treatment Center	77 Day Treat & MST	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
X9990		Acute Inpatient – Mental Health Managed Care	\$747.87													

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Description	Code	modifier	MD/DO	PhD	Prov. PhD	PLADC	PLMHP	LADC	LIMHP	LMHP	RN	APRN/PA	Sub. Use Treatment Center
Risk assessment for youth who sexually harm (age 20 & under)	H2000	SK	\$592.36	\$592.36	\$577.16		\$569.75		\$592.36	\$584.76	\$592.36	\$592.36	
Risk assessment for youth who sexually harm addendum (age 20 and under)	H2000	HA	\$295.06	\$295.06	\$287.49		\$283.81		\$295.06	\$286.86	\$290.59	\$290.59	
Hospital discharge day management, 30 min or less	99238		\$41.83									\$35.56	
Hospital discharge day management, more than 30 minutes	99239		\$54.89									\$46.66	
Sub-Acute Inpatient Psychiatric Hospitalization	0190 (rev code)	\$596.19											

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Description	Code	modifier	13 Prof Clinic	47 Sub use Treatment Center	44 Community Support
SUD level 3.2D - Social detoxification (per diem)	H0012			\$183.64	
SUD level 2.1 - Adult Intensive Outpatient (per hour)	H0015		\$29.10	\$29.10	
SUD level 3.5 Short-term residential Co-occurring diagnosis capable per diem	H0018	HF		\$198.40	
SUD level 3.5 Dual-disorder residential (Co-occurring diagnosis enhanced per diem	H0018	HH		\$226.38	
SUD level 3.3 - Intermediate residential (Co-occurring diagnosis capable)per diem	H0019			\$163.20	
SUD level 3.3 Therapeutic community (Co-occurring diagnosis capable) per diem	H0019	TT		\$146.82	
SUD level 1 - Community Support	H2015	HF	\$21.86		\$21.86
SUD level 3.1 Halfway house	H2034			\$67.46	

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Code	modifier	Description	RBT 35	BCaBA 35	BCBA 35	PLMHP/ BCBA 37	LMHP/ BCBA36	LIMHP/ BCBA 39	PHD Prov 57	PhD/PsyD 64
G0409		Functional Behavior Assess (LIMHP must be certified in Applied Behavioral Analysis) per 15 mins			\$23.21			\$23.21	\$25.49	\$26.83
H2019	52	30 minutes individual ABA therapy (LIMHP, LMHP and PLMHP must be certified in Applied Behavioral Analysis)			\$54.80	\$50.50	\$52.61	\$54.80	\$61.92	\$64.76
H2019		45 minutes individual ABA therapy (LIMHP, LMHP and PLMHP must be certified in Applied Behavioral Analysis)			\$75.16	\$69.18	\$72.06	\$75.16	\$85.11	\$91.74
H2019	22	60 minutes individual ABA therapy (LIMHP, LMHP and PLMHP must be certified in Applied Behavioral Analysis)			\$112.08	\$103.29	\$107.60	\$112.08	\$125.26	\$133.50
H2037	52	30 minutes family ABA therapy (LIMHP, LMHP and PLMHP must be certified in Applied Behavioral Analysis)			\$45.42	\$41.86	\$43.60	\$45.42	\$50.87	\$53.60
H2037		45 minutes family ABA therapy (LIMHP, LMHP and PLMHP must be certified in Applied Behavioral Analysis)			\$68.13	\$62.79	\$65.40	\$68.13	\$76.31	\$80.40

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Code	modifier	Description	RBT 35	BCaBA 35	BCBA 35	PLMHP/ BCBA 37	LMHP/ BCBA 36	LIMHP /BCBA 39	PHD Prov 57	PhD/PsyD 64
H2037	22	60 minutes family ABA therapy (LIMHP, LMHP and PLMHP must be certified in Applied Behavioral Analysis)			\$90.85	\$83.73	\$87.22	\$90.85	\$101.75	\$107.20
G0177		Group ABA therapy (LIMHP, LMHP, and PLMHP must be certified in Applied Behavioral Analysis)			\$27.05	\$24.93	\$25.97	\$27.05	\$31.29	\$32.92
H0036	HN	Direct Intervention services (per 15 min)		\$11.98						
H0036	HO	Direct Intervention services (per 15 min)			\$12.46					
H0036	HM	Direct Intervention services (per 15 min)	10.78							
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							

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