

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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CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	36 LMHP	37 PLMHP	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview	\$179.32	\$179.32	\$143.46	\$143.46					\$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	\$54.80	\$61.92		\$61.92	\$64.76	\$53.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	\$53.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	\$53.59
90832	U4	Individual psychotherapy - 30 min. (IOP- Facility)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	\$53.59
90832	U5	Individual psychotherapy - 30 min. (IOP- Home based)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	\$53.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$54.80	\$61.92		\$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									
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	\$69.96	\$69.96	\$55.97	\$55.97									

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90834		Individual psychotherapy - 45 min.	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$85.11	\$85.11		\$85.11	\$91.74	\$71.85
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$75.16	\$85.11		\$85.11	\$91.74	\$71.85
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$75.16	\$85.11		\$85.11	\$91.74	\$71.85
90834	U4	Individual psychotherapy - 45 min. (IOP- Facility)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$75.16	\$85.11		\$85.11	\$91.74	\$71.85
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$75.16	\$85.11		\$85.11	\$91.74	\$71.85
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$109.43	\$109.43	\$87.54	\$87.54	\$75.16	\$73.46	\$75.16	\$75.16	\$85.11		\$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	\$112.08	\$125.26		\$125.26	\$133.50	\$107.13
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$112.08	\$125.26		\$125.26	\$133.50	\$107.13
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$112.08	\$125.26		\$125.26	\$133.50	\$107.13
90837	U4	Individual psychotherapy - 60 min. (IOP- Facility)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$112.08	\$125.26		\$125.26	\$133.50	\$107.13

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90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$112.08	\$125.26		\$125.26	\$133.50	\$107.13
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$161.52	\$161.52	\$129.22	\$129.22	\$112.08	\$107.13	\$112.08	\$112.08	\$125.26		\$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	\$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	\$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	\$87.22	\$89.03	\$96.30		\$96.30	\$99.94	\$87.01
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$89.03	\$96.30		\$96.30	\$99.94	\$87.01
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$89.03	\$96.30		\$96.30	\$99.94	\$87.22
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$89.03	\$96.30		\$96.30	\$99.94	\$87.01

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90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$89.03	\$96.30		\$96.30	\$99.94	\$87.01
90846	HA	Family psychotherapy (w/o client present) Home based	\$124.01	\$124.01	\$99.21	\$99.21	\$90.42	\$88.22	\$88.22	\$90.42	\$97.60		\$97.60	100.05	\$88.22
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$123.56	\$123.56	\$98.85	\$98.85	\$89.03	\$87.22	\$89.03	\$89.03	\$96.30		\$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	\$87.01
90847	ET	Family psychotherapy (with client present) - Crisis	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22		\$90.85	\$101.75		\$101.75	\$107.20	\$87.01
90847	HA	Family psychotherapy (with client present) - Home based	\$132.64	\$132.64	\$107.20	\$107.20	\$94.48	\$89.03	\$89.03	\$94.48	\$105.39		\$105.39	\$110.84	
90847	U2	Family psychotherapy (with client present) - PRFC	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$90.85	\$87.22	\$90.85	\$101.75		\$101.75	\$107.20	\$87.01
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$90.85	\$101.75		\$101.75	\$107.20	\$87.01
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$90.85	\$101.75		\$101.75	\$107.20	\$87.01
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$90.85	\$101.75		\$101.75	\$107.20	\$87.01
90847	U6	Family psychotherapy (with client present) - ThGh	\$130.82	\$130.82	\$104.66	\$104.66	\$90.85	\$87.22	\$90.85	\$90.85	\$101.75		\$101.75	\$107.20	\$87.01

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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	\$26.07
90853	U2	Group psychotherapy - PRFC	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.40	\$27.05	\$27.05	\$31.29		\$31.29	\$32.92	\$26.07
90853	U3	Group psychotherapy - Day Treatment	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$27.05	\$31.29		\$31.29	\$32.92	\$26.07
90853	U4	Group psychotherapy - IOP - Facility based	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.07	\$27.05	\$27.05	\$31.29		\$31.29	\$32.92	\$26.07
90853	U6	Group psychotherapy - ThGh	\$39.44	\$39.44	\$31.61	\$31.61	\$27.05	\$26.40	\$27.05	\$27.05	\$31.29		\$31.29	\$32.92	\$26.07
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	\$17.35
90887	U5	In-home Conf. regarding client treatment	\$29.57	\$29.57	\$24.27	\$24.27	\$18.10	\$17.65		\$18.10	\$17.65		\$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									

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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									

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99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$96.99	\$96.99	\$82.96	\$82.96									
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									

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99251		Inpatient Consultation (focused)	\$52.77	\$52.77	\$44.77	\$44.77									
99252		Inpatient Consultation (expanded)	\$65.68	\$65.68	\$ 56.09	\$56.09									
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									
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									
H0001		Substance Use Assessment	\$236.86	\$236.86	\$197.39	\$197.39	\$197.39			\$197.39	\$225.84		\$230.94	\$236.86	\$188.72
H0001	52	Substance Use Assessment - Addendum	\$70.62	\$70.62	\$70.62	\$70.62	\$70.62			\$70.62	\$69.20		\$69.20	\$70.62	\$67.50
H0031	AH	Annual Supervision Assessment by Psychologist												\$123.55	
H0031	HO	Initial Diagnostic Interview by LIMHP								\$119.06					

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H0031	52	Annual Supervision Assessment by LIMHP								\$91.37					
H0036		Community Treatment Aide (CTA) (per 15 min.)						\$11.98							
H1011		Family Assessment	\$75.59	\$75.59	\$75.59	\$75.59	\$75.59	\$75.59	\$73.92	\$75.59	\$73.92		\$73.92	\$73.92	
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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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
90846	U3	Family psychotherapy (w/o client present) - Day Treatment											\$89.03				
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$118.14														
96372		Therapeutic Injection	\$10.13	\$10.13	\$10.13					\$10.13	\$10.13	\$10.13					
H0036		Community Treatment Aide (CTA) (per 15 min.)		\$11.98	\$11.98												
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 - minimum 6 units (per hour rate)	\$45.41										\$45.41				
H2012	52	Partial Hospitalization - maximum 3 units (per hour rate)	\$45.07										\$45.07				
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)	\$425.99														
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)	\$425.99														
H2013	UB	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Psych (per diem)	\$425.99														

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H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$425.99														
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)		\$7.59	\$7.59												
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		
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		

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H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)											\$11.74				
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														
T1014		Telehealth transmission (per minute)	\$0.14	\$014	\$0.14												
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

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)														\$59.67	
T1027	UC	Professional Resource Family Care (PRFC) - therapuetic leave day (per diem)														\$59.67	
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
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) - Community Based - Non-Specialty: TLD:Home (per diem)															\$316.93

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CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF	
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	\$36.18															
S9485		Crisis Intervention Mental Health Services, per Diem	\$363.31											\$363.31				
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	SATC	
SUD level 3.2D - Social detoxification	H0012												\$183.64	
SUD level 2.1 - Adult Intensive Outpatient	H0015												\$29.10	
SUD level 3.5 - Short-term residential (Co-occurring diagnosis capable)	H0018	HF											\$198.40	
SUD level 3.5 - Dual-disorder residential (Co-occurring diagnosis enhanced)	H0018	HH											\$226.38	
SUD level 3.3 - Intermediate residential (Co-occurring diagnosis capable)	H0019												\$163.20	
SUD level 3.3 - Therapeutic community (Co-occurring diagnosis capable)	H0019	TT											\$146.82	
Sexual Offending Risk Assessment (age 20 & under)	H2000	SK	\$592.36	\$592.36	\$577.16		\$569.75		\$592.36	\$584.76	\$592.36	\$592.36		
Sexual offending risk assessment addendum (age 20 and under)	H2000	HA	\$295.06	\$295.06	\$287.49		\$283.81		\$295.06	\$286.86	\$290.59	\$290.59		
Nursing facility consultation, low complexity (25 minutes)	99304		\$95.30									\$81.01		

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Nursing facility consultation, moderate complexity (35 minutes)	99305		\$135.76									\$115.40		
Nursing facility consultation, high complexity (45 minutes)	99306		\$173.39									\$147.38		
SUD level 1 - Community Support	H2015	HF												\$21.86 Provider Type 44
SUD level 3.1 Halfway house	H2034													\$67.46
In-home psychiatric nursing	S9123													\$36.74
Adult Intensive outpatient (IOP)	S9480													\$108.05 Provider type 10,12,13
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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