

REV. JANUARY 1, 2021
HCPCS /CPT UPDATE

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

MEDICAID SERVICES
471-000-532

HCPCS /CPT UPDATE

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

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

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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 17 & 18).

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

A-1: Amendment to the July 1, 2020 Fee Schedule: NE SPA 20-0017 Per Interim Director's instructions - The Halfway House new rate is effective 9/1/2020
September Update: NE SPA 20-0016-A/LB1008 Appropriations.

A-2 This Amendment is to Incorporate SUD services that became effective 1.1.2020 (See Interim MHSA Fee Schedule effective 1/1/2020 - SPAs 20-0002 & 20-0003) Amendment 2 is effective 7/1/2020

Amendment to the September Fee Schedule: This Amendment is to Incorporate SUD Services that became effective 1.1.2020 (See Interim MHSA Fee Schedule effective 1/1/2020 - SPAs 20-0002 & 20-0003)

Jan Fee Schedule Update: HCPCs Updates - NE SPA 21-003 & SUD-OTP-MMIW 2021 Rates

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)
SK	High Risk Population
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
HO	Master level provider
HQ	Group
ACRONYM	THGH- Therapeutic Group home
	PRTF- Psychiatric Residential Treatment Facility

CPT Code	Modifier	Description	1	2	22	29	36	37	39	57	58	64	67	78
			MD	DO	PA	APRN	LMHP	PLMHP	LIMHP	PHD Provisional	PLADC	Special Licensed PHD	PhD/PsYd	LADC
90791		Initial Diagnostic Interview	\$ 193.95	\$ 193.95	\$ 155.17	\$ 155.17			\$ 135.76	\$ 99.22	\$	99.22	\$ 162.13	
H0031	HO	Initial Diagnostic LIMHP (providing service to NON MC recipients only)							\$ 128.78					
90792		Initial Diagnostic Interview (with med services)	\$ 271.23	\$ 271.23	\$ 216.69	\$ 216.69								
90832		Individual psychotherapy - 30 min.	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 72.90	\$ 71.40	\$ 76.20	\$ 82.20	\$	82.20	\$ 87.30	
90832	HF	Individual psychotherapy - 30 min. substance use disorder	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 72.90	\$ 71.40	\$ 76.20	\$ 82.20	\$ 67.20	\$ 82.20	\$ 87.30	\$ 70.20
90832	U3/HF	Individual psychotherapy - 30 min. (Day Treatment)	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 72.90	\$ 71.40	\$ 76.20	\$ 82.20	\$ 67.20	\$ 82.20	\$ 87.30	\$ 70.20
90832	U4/HF	Individual psychotherapy -30 min. (IOP- Facility)	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 72.90	\$ 71.40	\$ 76.20	\$ 82.20	\$ 67.20	\$ 82.20	\$ 87.30	\$ 70.20
90832	U5/HF	Individual psychotherapy - 30 min. (IOP- Home based)	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 72.90	\$ 71.40	\$ 76.20	\$ 82.20	\$ 67.20	\$ 82.20	\$ 87.30	\$ 70.20
90832	U6/HF	Individual psychotherapy - 30 min. (THGH)	\$ 105.00	\$ 105.00	\$ 84.00	\$ 84.00	\$ 72.90	\$ 71.40	\$ 76.20	\$ 82.20	\$ 67.20	\$ 82.20	\$ 87.30	\$ 70.20
90833		Individual psychotherapy - 30 min. + E/M code	\$ 75.51	\$ 75.51	\$ 60.41	\$ 60.41								
90833	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code	\$ 75.67	\$ 75.67	\$ 60.54	\$ 60.54								
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	\$ 75.67	\$ 75.67	\$ 60.54	\$ 60.54								
90834		Individual psychotherapy - 45 min.	\$ 157.50	\$ 157.50	\$ 126.00	\$ 126.00	\$ 109.35	\$ 107.10	\$ 114.30	\$ 123.30	\$	123.30	\$ 130.95	
90834	HF	Individual psychotherapy - 45 min. substance use disorder	\$ 157.50	\$ 157.50	\$ 126.00	\$ 126.00	\$ 109.35	\$ 107.10	\$ 114.30	\$ 123.30	\$ 100.80	\$ 123.30	\$ 130.95	\$ 105.30
90834	U3/HF	Individual psychotherapy - 45 min. (Day Treatment)	\$ 157.50	\$ 157.50	\$ 126.00	\$ 126.00	\$ 109.35	\$ 107.10	\$ 114.30	\$ 123.30	\$ 100.80	\$ 123.30	\$ 130.95	\$ 105.30
90834	U4/HF	Individual psychotherapy -45 min. (IOP- Facility)	\$ 157.50	\$ 157.50	\$ 126.00	\$ 126.00	\$ 109.35	\$ 107.10	\$ 114.30	\$ 123.30	\$ 100.80	\$ 123.30	\$ 130.95	\$ 105.30
90834	U5/HF	Individual psychotherapy - 45 min. (IOP- Home based)	\$ 157.50	\$ 157.50	\$ 126.00	\$ 126.00	\$ 109.35	\$ 107.10	\$ 114.30	\$ 123.30	\$ 100.80	\$ 123.30	\$ 130.95	\$ 105.30
90834	U6/HF	Individual psychotherapy - 45 min. (THGH)	\$ 157.50	\$ 157.50	\$ 126.00	\$ 126.00	\$ 109.35	\$ 107.10	\$ 114.30	\$ 123.30	\$ 100.80	\$ 123.30	\$ 130.95	\$ 105.30
90836		Individual psychotherapy - 45 min. + E/M code	\$ 90.50	\$ 90.50	\$ 72.40	\$ 83.08								
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code	\$ 90.80	\$ 90.80	\$ 72.64	\$ 84.40								
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code	\$ 90.80	\$ 90.80	\$ 72.64	\$ 84.40								
90837		Individual psychotherapy - 60 min.	\$ 210.00	\$ 210.00	\$ 168.00	\$ 168.00	\$ 145.80	\$ 142.80	\$ 152.40	\$ 164.40	\$	164.40	\$ 174.60	
90837	HF	Individual psychotherapy - 60 min. substance use disorder	\$ 210.00	\$ 210.00	\$ 168.00	\$ 168.00	\$ 145.80	\$ 142.80	\$ 152.40	\$ 164.40	\$ 134.40	\$ 164.40	\$ 174.60	\$ 140.40
90837	U3/HF	Individual psychotherapy 60min. Day Treatment	\$ 210.00	\$ 210.00	\$ 168.00	\$ 168.00	\$ 145.80	\$ 142.80	\$ 152.40	\$ 164.40	\$ 134.40	\$ 164.40	\$ 174.60	\$ 140.40
90837	U4/HF	Individual psychotherapy 60 min. IOP- Facility	\$ 210.00	\$ 210.00	\$ 168.00	\$ 168.00	\$ 145.80	\$ 142.80	\$ 152.40	\$ 164.40	\$ 134.40	\$ 164.40	\$ 174.60	\$ 140.40
90837	U5/HF	Individual psychotherapy 60 min. IOP- Home based	\$ 210.00	\$ 210.00	\$ 168.00	\$ 168.00	\$ 145.80	\$ 142.80	\$ 152.40	\$ 164.40	\$ 134.40	\$ 164.40	\$ 174.60	\$ 140.40
90837	U6/HF	Individual psychotherapy 60 min. (THGH)	\$ 210.00	\$ 210.00	\$ 168.00	\$ 168.00	\$ 145.80	\$ 142.80	\$ 152.40	\$ 164.40	\$ 134.40	\$ 164.40	\$ 174.60	\$ 140.40
90838		Individual psychotherapy 60 min. + E/M code	\$ 130.06	\$ 130.06	\$ 117.06	\$ 117.06								
90838	U4	Individual psychotherapy 60 min. (IOP- Facility) + E/M code	\$ 129.37	\$ 129.37	\$ 113.84	\$ 113.84								
90838	U5	Individual psychotherapy 60 min. (IOP- Home based) + E/M code	\$ 129.37	\$ 129.37	\$ 113.84	\$ 113.84								
90839		Individual psychotherapy - Crisis (1st hour)	\$ 144.02	\$ 144.02	\$ 115.21	\$ 115.21	\$ 99.38	\$ 95.05	\$ 99.38	\$ 113.77	\$ 94.17	\$ 113.77	\$ 119.54	\$ 95.05
90840		Individual psychotherapy - Crisis (additional 30 min./ added to 90839)	\$ 58.72	\$ 58.72	\$ 46.97	\$ 46.97	\$ 42.28	\$ 40.52	\$ 46.39	\$ 46.39	\$ 40.52	\$ 46.39	\$ 48.74	\$ 40.52
90846		Family psychotherapy (w/o client present) - office	\$ 133.64	\$ 133.64	\$ 106.92	\$ 106.92	\$ 96.29	\$ 94.34	\$ 96.29	\$ 104.16	\$	104.16	\$ 108.10	
90846	HF	Family psychotherapy (w/o client present) - office. substance use disorder	\$ 133.64	\$ 133.64	\$ 106.92	\$ 106.92	\$ 96.29	\$ 94.34	\$ 96.29	\$ 104.16	\$ 90.35	\$ 104.16	\$ 108.10	\$ 94.11
90846	U3/HF	Family psychotherapy (w/o client present) - Day Treatment	\$ 133.64	\$ 133.64	\$ 106.92	\$ 106.92	\$ 96.29	\$ 94.34	\$ 96.29	\$ 104.16	\$ 90.35	\$ 104.16	\$ 108.10	\$ 94.34
90846	U4/HF	Family psychotherapy (w/o client present) - IOP - Facility based	\$ 133.64	\$ 133.64	\$ 106.92	\$ 106.92	\$ 96.29	\$ 94.34	\$ 96.29	\$ 104.16	\$ 90.35	\$ 104.16	\$ 108.10	\$ 94.11
90846	U5/HF	Family psychotherapy (w/o client present) - IOP - Home based	\$ 133.64	\$ 133.64	\$ 106.92	\$ 106.92	\$ 96.29	\$ 94.34	\$ 96.29	\$ 104.16	\$ 90.35	\$ 104.16	\$ 108.10	\$ 94.11
90846	HA/HF	Family psychotherapy (w/o client present) Home based	\$ 134.13	\$ 134.13	\$ 107.31	\$ 107.31	\$ 97.80	\$ 95.42	\$ 97.80	\$ 105.56	\$ 90.35	\$ 105.56	\$ 108.21	\$ 95.42
90846	U6/HF	Family psychotherapy (w/o client present) - (THGH)	\$ 133.64	\$ 133.64	\$ 106.92	\$ 106.92	\$ 96.29	\$ 94.34	\$ 96.29	\$ 104.16	\$ 90.35	\$ 104.16	\$ 108.10	\$ 94.11
90847		Family psychotherapy (with client present)	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$	110.05	\$ 115.95	
90847	HF	Family psychotherapy (with client present). substance use disorder	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$ 90.35	\$ 110.05	\$ 115.95	\$ 94.11
90847	ET/HF	Family psychotherapy (with client present) - Crisis	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$ 90.35	\$ 110.05	\$ 115.95	\$ 94.11
90847	HA/HF	Family psychotherapy (with client present) - Home based	\$ 143.46	\$ 143.46	\$ 115.95	\$ 115.95	\$ 102.19	\$ 96.29	\$ 102.19	\$ 113.99	\$ 90.35	\$ 113.99	\$ 119.88	\$ 94.11
90847	U3/HF	Family psychotherapy (with client present) - Day Treatment	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$ 90.35	\$ 110.05	\$ 115.95	\$ 94.11
90847	U4/HF	Family psychotherapy (with client present) - IOP - Facility based	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$ 90.35	\$ 110.05	\$ 115.95	\$ 94.11
90847	U5/HF	Family psychotherapy (with client present) - IOP - Home based	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$ 90.35	\$ 110.05	\$ 115.95	\$ 94.11
90847	U6/HF	Family psychotherapy (with client present) - (THGH)	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$ 90.35	\$ 110.05	\$ 115.95	\$ 94.11
90847	U7	Parent Child Interaction Therapy (PCIT)	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$	110.05	\$ 115.95	
90847	U8	Child-Parent Psychotherapy (CPP)	\$ 141.49	\$ 141.49	\$ 113.20	\$ 113.20	\$ 98.26	\$ 94.34	\$ 98.26	\$ 110.05	\$	110.05	\$ 115.95	
90853		Group psychotherapy	\$ 42.66	\$ 42.66	\$ 34.19	\$ 34.19	\$ 29.26	\$ 28.20	\$ 29.26	\$ 33.84	\$	33.84	\$ 35.61	
90853	HF	Group psychotherapy	\$ 42.66	\$ 42.66	\$ 34.19	\$ 34.19	\$ 29.26	\$ 28.20	\$ 29.26	\$ 33.84	\$ 27.07	\$ 33.84	\$ 35.61	\$ 28.20
90853	U3/HF	Group psychotherapy Day Treatment	\$ 42.66	\$ 42.66	\$ 34.19	\$ 34.19	\$ 29.26	\$ 28.20	\$ 29.26	\$ 33.84	\$ 27.07	\$ 33.84	\$ 35.61	\$ 28.20
90853	U4/HF	Group psychotherapy IOP - Facility based	\$ 42.66	\$ 42.66	\$ 34.19	\$ 34.19	\$ 29.26	\$ 28.20	\$ 29.26	\$ 33.84	\$ 27.07	\$ 33.84	\$ 35.61	\$ 28.20
90853	U6/HF	Group psychotherapy (THGH)	\$ 42.66	\$ 42.66	\$ 34.19	\$ 34.19	\$ 29.26	\$ 28.55	\$ 29.26	\$ 33.84	\$ 27.07	\$ 33.84	\$ 35.61	\$ 28.20
90832	U9	Functional family therapy 30 min					\$ 69.13	\$ 59.25	\$ 69.13	\$ 79.00			\$ 88.88	
90834	U9	Functional family therapy 45 min					\$ 103.69	\$ 88.89	\$ 103.69	\$ 118.51			\$ 133.32	
90837	U9	Functional family therapy 60 min					\$ 138.25	\$ 118.50	\$ 138.25	\$ 158.00			\$ 177.75	
90846	U9	Functional family therapy without client present					\$ 110.89	\$ 95.05	\$ 110.89	\$ 126.73			\$ 142.57	
90847	U9	Functional family therapy with client present					\$ 114.76	\$ 98.36	\$ 114.76	\$ 131.15			\$ 147.54	
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$ 64.95	\$ 64.95										
90887		Conference regarding client treatment	\$ 31.98	\$ 31.98	\$ 25.77	\$ 25.77	\$ 19.58	\$ 19.09	\$ 19.58	\$ 19.09	\$	19.09	\$ 26.25	
90887	HF	Conference regarding client treatment by substance use provider	\$ 31.98	\$ 31.98	\$ 25.77	\$ 25.77	\$ 19.58	\$ 19.09	\$ 19.58	\$ 19.09	\$ 18.02	\$ 19.09	\$ 26.25	\$ 18.77
90887	U5/HF	In-home conf. regarding client treatment	\$ 31.98	\$ 31.98	\$ 26.25	\$ 26.25	\$ 19.58	\$ 19.09	\$ 19.58	\$ 19.09	\$ 18.02	\$ 19.09	\$ 26.25	\$ 18.77
96116		Neurobehavioral status exam, interpret and report - first 60 minutes											\$ 199.71	
96121		Additional 60 minutes /96116											\$ 110.14	
96130		Psychological Testing - first hour by a physician or other qualified provider								\$ 199.76			\$ 199.76	
96131		Psychological testing - each additional hour by a physician or other qualified provider								\$ 110.16			\$ 110.16	

CPT Code	Modifier	Description	1	2	22	29	36	37	39	57	58	64	67	78
			MD	DO	PA	APRN	LMHP	PLMHP	LIMHP	PHD Provisional	PLADC	Special Licensed PhD	PhD/PsyD	LADC
96132		Neuropsychological testing evaluation - first 60 minutes												\$ 199.71
96133		Additional 60 minutes /96132												\$ 110.14
96136		Psychological or Neuropsychological test administration and scoring - first 30 minutes								\$ 110.16				\$ 110.16
96137		Additional 30 minutes /96136								\$ 51.41				\$ 51.41
96138		Psychological test administration scoring by techs -- first 30 minutes								\$ 110.16		\$ 110.16		\$ 110.16
96139		Psychological test administration scoring by techs -- each additional 30 minutes								\$ 51.41		\$ 51.41		\$ 51.41
96372		Therapeutic Injection	\$ 11.17	\$ 11.17	\$ 11.17	\$ 11.17								
98966		Telephone assessment and management service provided by an enrolled behavioral health provider to an established client, par	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75	\$11.75
98967		Telephone assessment and management service provided by an enrolled behavioral health provider to an established client, par	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67	\$20.67
98968		Telephone assessment and management service provided by an enrolled behavioral health provider to an established client, par	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42
S9123		In-home psychiatric nursing (per hour)							\$ 39.74					
99211		Established patient Evaluation/Management - office or outpatient visit	\$ 34.81	\$ 34.81	\$ 31.04	\$ 31.04								
99212		Established patient Evaluation/Management -office or outpatient visit (focused)	\$ 52.25	\$ 52.25	\$ 44.51	\$ 44.51								
99213		Established patient Evaluation/Management -office or outpatient visit (low complexity)	\$ 69.71	\$ 69.71	\$ 58.99	\$ 58.99								
99214		Established patient Evaluation/Management -office or outpatient visit (moderate complexity)	\$ 96.05	\$ 96.05	\$ 81.38	\$ 81.38								
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$ 96.44	\$ 96.44	\$ 81.76	\$ 81.76								
99221		Initial inpatient hospital care -per day Evaluation/Management (low complexity)	\$ 55.43	\$ 55.43	\$ 47.11	\$ 47.11								
99222		Initial inpatient hospital care -per day Evaluation/Management (moderate complexity)	\$ 85.86	\$ 85.86	\$ 72.20	\$ 72.20								
99223		Initial inpatient hospital care -per day Evaluation/Management (high complexity)	\$ 104.90	\$ 104.90	\$ 89.73	\$ 89.73								
99231		Subsequent inpatient hospital care -per day Evaluation/Management (focused)	\$ 34.25	\$ 34.25	\$ 28.93	\$ 28.93								
99232		Subsequent inpatient hospital care -per day Evaluation/Management (expanded)	\$ 51.08	\$ 51.08	\$ 43.63	\$ 43.63								
99233		Subsequent inpatient hospital care -per day Evaluation/Management (detailed)	\$ 61.20	\$ 61.20	\$ 51.44	\$ 51.44								
99241		Office Consultation outpatient (focused)	\$ 53.74	\$ 53.74	\$ 45.76	\$ 45.76								
99242		Office Consultation outpatient (expanded)	\$ 61.81	\$ 61.81	\$ 52.77	\$ 52.77								
99243		Office Consultation outpatient (detailed)	\$ 101.46	\$ 101.46	\$ 85.86	\$ 85.86								
99244		Office Consultation outpatient (comprehensive moderate complexity)	\$ 111.75	\$ 111.75	\$ 94.37	\$ 94.37								
99245		Office Consultation outpatient (comprehensive - high complexity)	\$ 111.22	\$ 111.22	\$ 94.37	\$ 94.37								
99251		Inpatient Consultation (focused)	\$ 57.08	\$ 57.08	\$ 48.42	\$ 48.42								
99252		Inpatient Consultation (expanded)	\$ 71.04	\$ 71.04	\$ 60.67	\$ 60.67								
99253		Inpatient Consultation (detailed)	\$ 101.99	\$ 101.99	\$ 86.70	\$ 86.70								
99254		Inpatient Consultation (comprehensive moderate complexity)	\$ 119.73	\$ 119.73	\$ 102.44	\$ 102.44								
99255		Inpatient Consultation (comprehensive - high complexity)	\$ 136.58	\$ 136.58	\$ 115.30	\$ 115.30								
99304		Nursing facility consultation, low complexity (25 minutes)	\$ 103.08	\$ 103.08	\$ 87.62	\$ 87.62								
99305		Nursing facility consultation, moderate complexity (35 minutes)	\$ 146.84	\$ 146.84	\$ 124.82	\$ 124.82								
99306		Nursing facility consultation, high complexity (45 minutes)	\$ 187.54	\$ 187.54	\$ 159.41	\$ 159.41								
99307		Evaluation Management Nursing Facility 10 min.	\$ 33.86	\$ 33.86	\$ 28.71	\$ 28.71								
99308		Evaluation Management Nursing Facility 15 min.	\$ 53.11	\$ 53.11	\$ 45.45	\$ 45.45								
99309		Evaluation Management Nursing Facility 25 min.	\$ 72.67	\$ 72.67	\$ 62.19	\$ 62.19								
99310		Evaluation Management	\$ 98.61	\$ 98.61	\$ 83.59	\$ 83.59								
H1011		Family Assessment	\$ 86.08	\$ 86.08	\$ 86.08	\$ 86.08	\$ 86.08	\$ 86.08	\$ 86.08	\$ 86.08		\$ 79.95	\$ 79.95	
H0001		Substance Use Assessment	\$ 264.44	\$ 264.44	\$ 220.36	\$ 220.36	\$ 220.36	\$ 211.55	\$ 220.36	\$ 252.13	\$ 202.26	\$ 257.82	\$ 264.44	\$ 210.69
H0001	52	Substance Use Assessment - Addendum	\$ 76.38	\$ 76.38	\$ 76.38	\$ 76.38	\$ 76.38	\$ 73.33	\$ 76.38	\$ 74.85	\$ 70.09	\$ 74.85	\$ 76.38	\$ 73.01

CPT Code	Modifier	Description	1	2	22	29	34	36	37	39	57	58	64	67	78	
			MD	DO	PA	APRN	CTA	LMHP	PLMHP	LIMHP	PHD Provisional	PLADC	Special Licensed PhD	PhD/PsyD	LADC	
H0031	AH	Annual Supervision Assessment by Psychologist													\$ 133.63	
H0031	52	Annual Supervision Assessment by LIMHP								\$ 98.83						
H0036		Community Treatment Aide (CTA) (Per 15 min.)					\$ 12.96		\$ 12.96							

Description	Code	Modifier	13	47/48	44
			Prof Clinic	Sub use Treatment Center	Community Support
SUD level 3.2D - Social detoxification (per diem)	H0012			\$ 198.63	
SUD level 2.1 - Adult Intensive Outpatient (per hour)	H0015		\$ 31.47	\$ 31.47	
SUD level 3.5 Short-term residential Co-occurring diagnosis capable per diem	H0018	HF		\$ 214.59	
SUD level 3.5 Dual-disorder residential (Co-occurring diagnosis enhanced per diem	H0018	HH		\$ 244.85	
SUD level 3.3 - Intermediate residential (Co-occurring diagnosis capable)per diem	H0019			\$ 176.52	
SUD level 3.3 Therapeutic community (Co-occurring diagnosis capable) per diem	H0019	TT		\$ 158.80	
SUD level 1 Community - Support	H2015	HF	\$ 23.64		\$ 23.64
SUD level 3.1 Halfway house	H2034			\$ 117.5900	

Code	Description	35	35	35	57	67
		RBT	BCaBA	BCBA	PHD Prov	PhD/PsyD
97151	Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute.			\$ 44.06	\$ 44.06	\$ 44.06
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.	\$ 29.38	\$ 29.38	\$ 29.38	\$ 29.38	\$ 29.38
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	\$ 29.38	\$ 29.38	\$ 29.38	\$ 29.38	\$ 29.38
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	\$ 29.38	\$ 29.38	\$ 29.38	\$ 29.38	\$ 29.38
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			\$ 29.38	\$ 29.38	\$ 29.38
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			\$ 44.06	\$ 44.06	\$ 44.06
97158	Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional F2F with Multiple patients. Each 15 minutes			\$ 44.06	\$ 44.06	\$ 44.06

Code	Modifier	Description	34
			Peer Support
H0038	HE	Peer Support Services for Mental Health Per 15 minute increments	\$ 12.44
H0038	HF	Peer Support Services for Substance Use Disorder / 15 minute increments	\$ 12.44
H0038	HE/HQ	Peer Support Services for Mental Health Per 15 minute increments	\$ 8.56
H0038	HF/HQ	Peer Support Services for Substance Use Disorder / 15 minute increments	\$ 8.56
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

Code	Description	13	47
		Prof. Clinic	Sub. Use Treatment Specialty 89
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed	\$ 199.08	
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	\$ 242.78	
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	\$ 1,806.66	
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	\$ 4,930.10	
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	\$ 401.24	
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	\$ 5,135.83	
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	\$ 1,396.65	
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed	\$ 151.04	
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	\$ 168.50	
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	\$ 103.55	
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	\$ 81.08	
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment; List separately in addition to code for primary procedure.	\$ 29.05	
G2215	Take-home supply of nasal naloxone; list separately in addition to code for primary procedure.	\$91.97	
G2216	Take-home supply of injectable naloxone; list separately in addition to code for primary procedure.	RNE	
	MMIW		
H0010	Medically Monitored Residential Withdrawal Management (ASAM Level 3.7-WM)		453.56