

REV. JULY 1, 2019-A  
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 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 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.

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
<b>ACRONYMS</b>	THGH- Therapeutic Group home
	PRTF- Psychiatric Residential Treatment Facility



96136		Psychological testing administration by a physician or other qualified provider - first 30 minutes													\$105.92								\$105.92			
96137		Psychological testing administration by a physician or other qualified provider - each additional 30 minutes													\$49.43									\$49.43		
96138		Psychological test administration scoring by techs – first 30 minutes													\$105.92								\$105.92			
96139		Psychological test administration scoring by techs – each additional 30 minutes													\$49.43								\$49.43			
96372		Therapeutic Injection	\$10.74	\$10.74	\$10.74	\$10.74																				
S9123		In-home psychiatric nursing (per hour)																								
99211		Established patient Evaluation/Management - office or outpatient visit	\$33.47	\$33.47	\$29.85	\$29.85																				
99212		Established patient Evaluation/Management -office or outpatient visit (focused)	\$50.24	\$50.24	\$42.80	\$42.80																				
99213		Established patient Evaluation/Management -office or outpatient visit (low complexity )	\$67.03	\$67.03	\$56.72	\$56.72																				
99214		Established patient Evaluation/Management -office or outpatient visit (moderate complexity)	\$92.35	\$92.35	\$78.25	\$78.25																				
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$92.73	\$92.73	\$78.61	\$78.61																				
99221		Initial inpatient hospital care -per day Evaluation/Management (low complexity)	\$53.30	\$53.30	\$45.30	\$45.30																				
99222		Initial inpatient hospital care -per day Evaluation/Management (moderate complexity)	\$82.56	\$82.56	\$69.42	\$69.42																				
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$100.87	\$100.87	\$86.28	\$86.28																				
99231		Subsequent inpatient hospital care -per day Evaluation/Management (focused)	\$32.94	\$32.94	\$27.82	\$27.82																				
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$49.12	\$49.12	\$41.95	\$41.95																				
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$58.84	\$58.84	\$49.46	\$49.46																				
99241		Office Consultation outpatient (focused)	\$51.68	\$51.68	\$44.00	\$44.00																				
99242		Office Consultation outpatient (expanded)	\$59.44	\$59.44	\$50.74	\$50.74																				
99243		Office Consultation outpatient (detailed)	\$97.56	\$97.56	\$82.56	\$82.56																				
99244		Office Consultation outpatient (comprehensive moderate complexity)	\$107.45	\$107.45	\$90.74	\$90.74																				
99245		Office Consultation outpatient (comprehensive - high complexity)	\$106.94	\$106.94	\$90.74	\$90.74																				
99251		Inpatient Consultation (focused)	\$54.88	\$54.88	\$46.56	\$46.56																				
99252		Inpatient Consultation (expanded)	\$68.31	\$68.31	\$58.33	\$58.33																				
99253		Inpatient Consultation (detailed)	\$98.07	\$98.07	\$83.37	\$83.37																				
99254		Inpatient Consultation (comprehensive moderate complexity)	\$115.13	\$115.13	\$98.50	\$98.50																				
99255		Inpatient Consultation (comprehensive - high complexity )	\$131.33	\$131.33	\$110.86	\$110.86																				
99304		Nursing facility consultation, low complexity (25 minutes)	\$99.11	\$99.11	\$84.25	\$84.25																				
99305		Nursing facility consultation, moderate complexity (35 minutes)	\$141.19	\$141.19	\$120.02	\$120.02																				
99306		Nursing facility consultation, high complexity (45 minutes)	\$180.33	\$180.33	\$153.28	\$153.28																				
99307		Evaluation Management Nursing Facility 10 min.	\$32.56	\$32.56	\$27.60	\$27.60																				
99308		Evaluation Management Nursing Facility 15 min.	\$51.06	\$51.06	\$43.70	\$43.70																				
99309		Evaluation Management Nursing Facility 25 min.	\$69.88	\$69.88	\$59.80	\$59.80																				
99310		Evaluation Management	\$94.82	\$94.82	\$80.37	\$80.37																				
H1011		Family Assessment	\$82.77	\$82.77	\$82.77	\$82.77	\$82.77	\$82.77	\$82.77	\$82.77	\$82.77												\$76.88		\$76.88	
H0001		Substance Use Assessment	\$246.33	\$246.33	\$205.29	\$205.29	\$205.29	\$197.07	\$205.29	\$234.87	\$188.42												\$240.18		\$246.33	\$196.27
H0001	52	Substance Use Assessment - Addendum	\$73.44	\$73.44	\$73.44	\$73.44	\$73.44	\$70.51	\$73.44	\$71.97	\$67.39												\$71.97		\$73.44	\$70.20

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	35 CTA	36 LMHP	37 PLMHP	39 LIMHP	57 PHD Provisional	58 PLADC	64 Special Licensed PhD	67 PhD/PsyD	78 LADC	
H0031	AH	Annual Supervision Assessment by Psychologist													\$128.49	
H0031	52	Annual Supervision Assessment by LIMHP								\$95.02						
H0036		Community Treatment Aide (CTA) (Per 15 min.)					\$12.46		\$12.46							





Description	Code	Modifier	13	47	44
			Prof Clinic	Sub use Treatment Center	Community Support
SUD level 3.2D - Social detoxification (per diem)	H0012			\$190.99	
SUD level 2.1 - Adult Intensive Outpatient (per hour)	H0015		\$30.26	\$30.26	
SUD level 3.5 Short-term residential Co-occurring diagnosis capable per diem	H0018	HF		\$206.34	
SUD level 3.5 Dual-disorder residential (Co-occurring diagnosis enhanced per diem	H0018	HH		\$235.44	
SUD level 3.3 - Intermediate residential (Co-occurring diagnosis capable)per diem	H0019			\$169.73	
SUD level 3.3 Therapeutic community (Co-occurring diagnosis capable) per diem	H0019	TT		\$152.69	
SUD level 1 Community - Support	H2015	HF	\$22.73		\$22.73
SUD level 3.1 Halfway house	H2034			\$70.16	



Code	Description	35	35	35	57	67
		RBT	BCaBA	BCBA	PHD Provisional	PhD/PsyD
97151	Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute.			\$42.37	\$42.37	\$42.37
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.	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25
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	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25
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	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25
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			\$28.25	\$28.25	\$28.25
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			\$42.37	\$42.37	\$42.37
97158	Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional F2F with Multiple patients. Each 15 minutes			\$42.37	\$42.37	\$42.37

Code	Modifier	Description	34
			Peer Support
H0038	HE	Peer Support Services for Mental Health Per 15 minute increments	\$11.96
H0038	HF	Peer Support Services for Substance Use Disorder / 15 minute increments	\$11.96
H0038	HE/HQ	Peer Support Services for Mental Health Per 15 minute increments	\$8.23
H0038	HF/HQ	Peer Support Services for Substance Use Disorder / 15 minute increments	\$8.23
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