

FEE SCHEDULE Community Behavioral Health and Mental Health Physician Clinic*

Note: MHPC may only bill for services marked with *

Effective: July 1, 2023

Adult or child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Department Program Approval Category	Telemed Y/N
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 46.15	1 per admission to program	Cannot	All program approval types	Y
A/C	H0001	Alcohol and/or Drug Assessment	1 assessment	1 assessment	\$ 250.28	1 assessment every 6 months	Can	Rehab	Y
A/C	H0031*	Mental Health Intake Assessment	1 assessment	1 assessment	\$ 471.38	1 assessment every 6 months	Can	Clinic	Y
A/C	H0031-HH*	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	1 assessment	\$ 542.09	1 assessment every 6 months	Can	Clinic	Y
A/C	90791*	Psychiatric Assessment - Diag Eval	1 assessment	1 assessment	\$ 618.02	4 assessments	Can	Clinic	Y
A/C	96136-HO*	Psychological Testing	30 minutes	1 unit	\$ 73.01	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96137-HO*	Psychological Testing	30 minutes	7 units	\$ 73.01	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96130-HO*	Psychological Testing	60 minutes	1 unit	\$ 146.12	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96131-HO*	Psychological Testing	60 minutes	1 unit	\$ 146.12	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96136-HP*	Neuropsychological Testing	30 minutes	1 unit	\$ 85.79	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	96137-HP*	Neuropsychological Testing	30 minutes	1 unit	\$ 85.79	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	96132-HP*	Neuropsychological Testing	60 minutes	1 unit	\$ 171.54	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	96133-HP*	Neuropsychological Testing	60 minutes	3 units	\$ 171.54	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	90832*	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 70.38	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90834*	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 105.58	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90837*	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 140.77	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90846*	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 148.07	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90846-U7*	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 74.03	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90847*	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 143.85	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90847-U7*	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 71.83	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90849*	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 57.55	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90849-U7*	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 28.76	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90853*	Psychotherapy, Group	60 minutes	60 minutes	\$ 56.31	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	90853-U7*	Psychotherapy, Group	30 minutes	30 minutes	\$ 28.15	Limit any combination of psychotherapy services; 30 hours	Can	Clinic or Rehab	Y
A/C	H2010*	Comprehensive Medication Services	1 visit	1 visit	\$ 156.40	1 visit per month thereafter unless more frequent monitoring is required	Document clinical record with necessity for more frequent monitoring	Clinic or Rehab	Y
A/C	S9484*	Short-term Crisis Intervention Service	1 hour	1 hour	\$ 138.34	Limit any combination of intervention services; 22 hours	Can	Clinic or Rehab	Y
A/C	S9484-U6*	Short-term Crisis Intervention Service	15 minutes	15 minutes	\$ 34.59	Limit any combination of intervention services; 22 hours	Can	Clinic or Rehab	Y
A/C	H2011	Short-term Crisis Stabilization Service	15 minutes	15 minutes	\$ 27.83	22 hours	Can	Clinic or Rehab	Y
A/C	T1016	Case Management	15 minutes	15 minutes	\$ 27.17	180 hours	Can	Rehab	Y
C	H2019	Therapeutic BH Services - Individual	15 minutes	15 minutes	\$ 24.84	Limit any combination of individual to 100 hours	Can	Rehab	N
C	H0038	Peer Support Services - Individual	15 minutes	15 minutes	\$ 23.94	Limit any combination of individual to 100 hours	Can	Rehab	N
C	H2019-HQ	Therapeutic BH Services - Group	15 minutes	15 minutes	\$ 9.93	140 hours	Can	Rehab	N
C	H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	15 minutes	\$ 24.84	Limit any combination of family; 180 hours	Can	Rehab	N
C	H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	15 minutes	\$ 24.84	Limit any combination of family; 180 hours	Can	Rehab	N
C	H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	15 minutes	\$ 23.94	Limit any combination of family; 180 hours	Can	Rehab	N
C	H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	15 minutes	\$ 23.94	Limit any combination of family; 180 hours	Can	Rehab	N
A	H0038	Peer Support Services - Individual	15 minutes	15 minutes	\$ 23.94	240 hours	Can	Rehab	N
C	H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	1 hour	\$ 21.30	180 hours	Can	Day treatment	N

Adult or child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Department Program Approval Category	Telemed Y/N
A/C	T1007	Treatment Plan Review for Methadone Recipient	1 review	N/A	\$ 95.14	1 per admission to program	Cannot	Rehab or Detox or Residential substance use Tx	N
A/C	H0033	Oral Medication Administration, direct observation; on premises	1 day	N/A	\$ 75.37	1 billable service per day; no annual limit	Cannot	Rehab or Detox or Residential substance use Tx	N
A/C	H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	N/A	\$ 87.41	1 billable service per day; no annual limit	Cannot	Rehab or Detox or Residential substance use Tx	N
A/C	H0020	Methadone Administration and/or service	administration episode	N/A	\$ 22.60	As prescribed by a physician	N/A	Rehab or Detox or Residential substance use Tx	N
A/C	H0014	Ambulatory Detoxification	15 minutes	N/A	\$ 38.12	No annual limit	N/A	Detox	N
A/C	H0010	Clinically Managed Detoxification	1 day	N/A	\$ 340.82	1 billable service per day; no annual limit	N/A	Detox	N
A/C	H0011	Medically Managed Detoxification	1 day	N/A	\$ 544.49	1 billable service per day; no annual limit	N/A	Detox	N
A/C	H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	N/A	\$ 494.23	1 per admission to program	Cannot	Rehab or Detox or Residential substance use Tx	N
A/C	H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	N/A	\$ 614.06	1 per admission to program	Cannot	Rehab or Detox or Residential substance use Tx	N
A/C	99408*	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 44.19	No annual limit	N/A	Clinic or Rehab	Y
A/C	H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	N/A	\$ 226.47	1 billable service per day; no annual limit	N/A	Residential substance use Tx	N
A/C	H0047-TF	Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	1 day	N/A	\$ 309.00	1 billable service per day; no annual limit	N/A	Residential substance use Tx	N
A/C	H0047-TG	Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	1 day	N/A	\$ 483.35	1 billable service per day; no annual limit	N/A	Residential substance use Tx	N

Services that are provided via telemedicine require a procedure code modifier "GT" to designate that the service was not performed in person. When applicable, providers should report multiple procedure code modifiers with a single procedure code as appropriate. For example, report both modifier U7 and GT with procedure code 90847 if the family psychotherapy with the patient present was provided for 30 minutes via telemedicine (90847-U7-GT)