

FEE SCHEDULE Community Behavioral Health and Mental Health Physician Clinic*

Effective: (Effective date of regulations - 12/23/2022)

Version date: September 28, 2022

Note: MHPC may only bill for services marked with *

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	\$ 44.50	1 per admission to program	Cannot	All program Approval Types	Y
A/C	H0001	Alcohol and/or Drug Assessment	1 assessment	1 assessment	\$ 241.35	1 assessment every 6 months	Can	Rehab	Y
A/C	H0031*	Mental Health Intake Assessment	1 assessment	1 assessment	\$ 454.56	1 assessment every 6 months	Can	Clinic	Y
A/C	H0031-HH*	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	1 assessment	\$ 522.75	1 assessment every 6 months	Can	Clinic	Y
A/C	90791*	Psychiatric Assessment - Diag Eval	1 assessment	1 assessment	\$ 595.97	4 assessments	Can	Clinic	Y
A/C	96136-HO*	Psychological Testing	30 minutes	1 unit	\$ 70.40	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96137-HO*	Psychological Testing	30 minutes	7 units	\$ 70.40	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96130-HO*	Psychological Testing	60 minutes	1 unit	\$ 140.91	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96131-HO*	Psychological Testing	60 minutes	1 unit	\$ 140.91	Limit any combination of psychological testing is 6 hours	Can	Clinic	Y
A/C	96136-HP*	Neuropsychological Testing	30 minutes	1 unit	\$ 82.73	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	96137-HP*	Neuropsychological Testing	30 minutes	1 unit	\$ 82.73	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	96132-HP*	Neuropsychological Testing	60 minutes	1 unit	\$ 165.42	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	96133-HP*	Neuropsychological Testing	60 minutes	3 units	\$ 165.42	Limit any combination of neuropsychological testing is 12 hours	Can	Clinic	Y
A/C	90832*	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 67.87	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90834*	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 101.81	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90837*	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 135.75	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90846*	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 142.79	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90846-U7*	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 71.39	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90847*	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 138.72	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90847-U7*	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 69.27	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90849*	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 55.49	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90849-U7*	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 27.73	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90853*	Psychotherapy, Group	60 minutes	60 minutes	\$ 54.30	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	90853-U7*	Psychotherapy, Group	30 minutes	30 minutes	\$ 27.15	Limit any combination of psychotherapy services; 30 hours	Can	Clinic	Y
A/C	H2010*	Comprehensive Medication Services	1 visit	1 visit	\$ 150.82	1 visit per month thereafter unless more frequent monitoring is required	Document Clinical Record with necessity for more frequent monitoring	Clinic	Y
A/C	S9484*	Short-term Crisis Intervention Service	1 hour	1 hour	\$ 133.41	Limit any combination of intervention services; 22 hours	Can	Clinic	Y

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A/C	S9484-U6*	Short-term Crisis Intervention Service	15 minutes	15 minutes	\$ 33.35	Limit any combination of intervention services; 22 hours	Can	Clinic	Y
A/C	H2011	Short-term Crisis Stabilization Service	15 minutes	15 minutes	\$ 26.84	22 hours	Can	Clinic or Rehab	Y
A/C	T1016	Case Management	15 minutes	15 minutes	\$ 26.20	180 hours	Can	Rehab	Y
C	H2019	Therapeutic BH Services - Individual	15 minutes	15 minutes	\$ 23.95	Limit any combination of individual to 100 hours	Can	Rehab	N
C	H0038	Peer Support Services - Individual	15 minutes	15 minutes	\$ 23.09	Limit any combination of individual to 100 hours	Can	Rehab	N
C	H2019-HQ	Therapeutic BH Services - Group	15 minutes	15 minutes	\$ 9.58	140 hours	Can	Rehab	N
C	H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	15 minutes	\$ 23.95	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	\$ 23.95	Limit any combination of family; 180 hours	Can	Rehab	N
C	H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	15 minutes	\$ 23.09	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	\$ 23.09	Limit any combination of family; 180 hours	Can	Rehab	N
A	H0038	Peer Support Services - Individual	15 minutes	15 minutes	\$ 23.09	240 hours	Can	Rehab	N
C	H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	1 hour	\$ 20.54	180 hours	Can	Day Treatment	N
A/C	T1007	Treatment Plan Review for Methadone Recipient	1 review	1 review	\$ 91.74	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	\$ 72.68	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	\$ 84.29	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	\$ 21.80	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	\$ 36.76	No annual limit	N/A	Detox	N
A/C	H0010	Clinically Managed Detoxification	1 day	N/A	\$ 328.66	1 billable service per day; no annual limit	N/A	Detox	N
A/C	H0011	Medically Managed Detoxification	1 day	N/A	\$ 525.06	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	\$ 476.60	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	\$ 592.15	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	\$ 42.61	No annual limit	N/A	Clinic/Rehab	Y
A/C	H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	N/A	\$ 218.39	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	\$ 297.97	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	\$ 466.11	1 billable service per day; no annual limit	N/A	Residential Substance Use Tx	N