LPC Medicaid Covered Services eff. 8/27/21

| Adult or Child A=Adult C=Child | Procedure Code / Modifier | Service Description | Duration | Service Limit &Service Authorization Unit of Measure | Uni | t Payment | (| Can or Cannot be extended with Service Authorization | Telemed Y/N |
|-----------------------------------|------------------------------|--|-------------------------|--|-----|-----------|--|--|----------------|
| A/C | T1023 | Behavioral Health Screen | 1 screening | N/A | \$ | 42.83 | 1 per admission to program | Cannot | Yes |
| A/C | H0031 | Mental Health Intake Assessment | 1 Assessment | 1 Assessment | \$ | 437.50 | 1 assessment every 6 months | Can | Yes |
| A/C | H0031-HH | Integrated Mental Health & Substance Use Intake Assessment | 1 Assessment | 1 Assessment | \$ | 503.13 | 1 assessment every 6 months | Can | Yes |
| A/C | 90832 | Psychotherapy, Individual | 16-37 minutes | 30 minutes | \$ | 65.32 | Limit for All Psychotherapy (Individual, Group, Family, Multi- Family Group) Services COMBINED Any combination of psychotherapy services; 10 hours/SFY | Can | Yes |
| A/C | 90834 | Psychotherapy, Individual | 38-52 minutes | 60 minutes | \$ | 97.99 | | | Yes |
| A/C | 90837 | Psychotherapy, Individual | 53-60 | 60 minutes | \$ | 130.65 | | | Yes |
| A/C | 90846 | Psychotherapy, Family (w/o patient present) | 60 minutes | 60 minutes | \$ | 137.43 | | | Yes |
| A/C | 90846-U7 | Psychotherapy, Family (w/o patient present) | 30 minutes | 30 minutes | \$ | 68.71 | | | Yes |
| A/C | 90847 | Psychotherapy, Family (with patient present) | 60 minutes | 60 minutes | \$ | 133.51 | | | Yes |
| A/C | 90847-U7 | Psychotherapy, Family (with patient present) | 30 minutes | 30 minutes | \$ | 66.67 | | | Yes |
| A/C | 90849 | Psychotherapy, Multi-family group | 60 minutes | 60 minutes | \$ | 53.41 | | | Yes |
| A/C | 90849-U7 | Psychotherapy, Multi-family group | 30 minutes | 30 minutes | \$ | 26.69 | | | Yes |
| A/C | 90853 | Psychotherapy, Group | 60 minutes | 60 minutes | \$ | 52.26 | | | Yes |
| A/C | 90853-U7 | Psychotherapy, Group | 30 minutes | 30 minutes | \$ | 26.13 | | | Yes |
| A/C | 99408 | Screening, Brief Intervention, and Referral for Treatment (SBIRT) | 15 to 30 minute episode | N/A | \$ | 41.01 | no annual limit | N/A | Yes |

Services that are provided via telemedicine require a procedure code modifier "GT" to desingate that the service was not performed in person. When applicable, providers should report mulitiple 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)