

Non-contracted SUD fee schedule

CareOregon Fee Schedule - for Substance Use Disorder Services Provided to Health Share of Oregon Members

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This fee schedule is applicable to noncontracted providers. For more information on billing out-of-network, please review our [Provider Guide to Billing Out-of-Network](#)

If you are a contracted provider, please log into CIM to view your fee schedule.

Code	Modifier	Service	Permissible Staff (as specified by applicable OARs) within an AMH Substance Use Disorder certified/licensed program	Time/units	Base rate	Higher Rate for Out of Facility Services Allowed?	Mode limitations	CareOregon service criteria/tips and guidelines
90849	HF/HG	Multiple-family group psychotherapy	CADC candidate CADC	Per occurrence	\$65	No	Face-to-face with client or family	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90887	HF/HG	Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	CADC CADC candidate LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$91	No	Face-to-face or telephone	If two or more distinct services are provided on the same day, bill one line and 2 or more units - NOT two or more lines, 1 unit each. Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
97810	HF/HG	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Licensed acupuncturist	Per 15 minutes	\$20	No	Face-to-face	
97811	HF/HG	Acupuncture, 1 or more needles; without electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	Licensed acupuncturist	Per 15 minutes	\$10	No	Face-to-face	
97813	HF/HG	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Licensed acupuncturist	Per 15 minutes	\$20	No	Face-to-face	
97814	HF/HG	Acupuncture, 1 or more needles; with electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of the needle(s).	Licensed acupuncturist	Per 15 minutes	\$10	No	Face-to-face	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
98966	HF/HG	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	PA** NP** ND	5-10 minutes	\$44	No	Telephone	
98967	HF/HG	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	PA** NP** ND	11-20 minutes	\$88	No	Telephone	
98968	HF/HG	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	PA** NP** ND	21-30 minutes	\$133	No	Telephone	
99202	HF/HG	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	PA** NP** ND	20 minutes Rounding time: 16-25 minutes	\$89	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99202	HF/HG + AF	See 99202 HF/HG	MD** DO**	See 99202 HF/HG	\$117	See 99202 HF/HG	Face-to-face, telehealth	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
99203	HF/HG	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	PA** NP** ND	30 minutes Rounding time: 26-38 minutes	\$134	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99203	HF/HG + AF	See 99203 HF/HG	MD** DO**	See 99203 HF/HG	\$174	See 99203 HF/HG	See 99203 HF/HG	
99204	HF/HG	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	PA** NP** ND	45 minutes Rounding time: 39-53 minutes	\$201	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99204	HF/HG + AF	See 99204 HF/HG	MD** DO**	See 99204 HF/HG	\$261	See 99204 HF/HG	See 99204 HF/HG	
99205	HF/HG	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	PA** NP** ND	60 minutes Rounding time: 54 + minutes	\$266	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99205	HF/HG + AF	See 99205 HF/HG	MD** DO**	See 99205 HF/HG	\$348	See 99205 HF/HG	See 99205 HF/HG	
99211	HF/HG	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	PA** NP** ND	5 minutes	\$21	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99211	HF/HG + AF	See 99211 HF/HG	MD** DO**	See 99211 HF/HG	\$21	See 99211 HF/HG	See 99211 HF/HG	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
99212	HF/HG	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	PA** NP** ND	10 minutes Rounding time: 8-13 minutes	\$44	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99212	HF/HG + AF	See 99212 HF/HG	MD** DO**	See 99212 HF/HG	\$58	See 99212 HF/HG	See 99212 HF/HG	
99213	HF/HG	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	PA** NP** ND	15 minutes Rounding time: 14-20 minutes	\$74	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99213	HF/HG + AF	See 99213 HF/HG	MD** DO**	See 99213 HF/HG	\$87	See 99213 HF/HG	See 99213 HF/HG	
99214	HF/HG	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	PA** NP** ND	25 minutes Rounding time: 21-33 minutes	\$111	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99214	HF/HG + AF	See 99214 HF/HG	MD** DO**	See 99214 HF/HG	\$144	See 99214 HF/HG	See 99214 HF/HG	
99215	HF/HG	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	PA** NP** ND	40 minutes Rounding time: 34+ minutes	\$177	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-face, telehealth	
99215	HF/HG + AF	See 99215 HF/HG	MD** DO**	See 99215 HF/HG	\$233	See 99215 HF/HG	See 99215 HF/HG	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
99222	HF/HG	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	50 minutes	\$201	No	Face-to-face	Effective 11/1/22
99222	HF/HG + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	50 minutes	\$261	No	Face-to-face	Effective 11/1/22
99223	HF/HG	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	70 minutes	\$266	No	Face-to-face	Effective 11/1/22
99223	HF/HG + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	70 minutes	\$348	No	Face-to-face	Effective 11/1/22
99415	HF/HG	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	PA** NP** ND	60 minutes Rounding time: 30-74 minutes	\$8	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, telehealth	
99416	HF/HG	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to 99415)	PA** NP** ND	30 minutes Rounding time: 15-30 minutes	\$4	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, telehealth	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
99417	HF/HG	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215)	DO** MD** PA** NP** ND	15 minutes	\$35	No (will deny if billed with POS 4, 12, 33, or 99 - use facility/clinic specific codes instead)	Face-to-Face, telehealth	
99421	HF/HG	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	PA** NP** ND	5-10 minutes	\$44	No	Telehealth	
99421	HF/HG + AF	See 99421	MD** DO**	5-10 minutes	\$58	No	Telehealth	
99422	HF/HG	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	PA** NP** ND	11-20 minutes	\$88	No	Telehealth	
99422	HF/HG + AF	See 99422	MD** DO**	11-20 minutes	\$116	No	Telehealth	
99423	HF/HG	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	PA** NP** ND	21 + minutes	\$133	No	Telehealth	
99423	HF/HG + AF	See 99423	MD** DO**	21 + minutes	\$174	No	Telehealth	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
99441	HF/HG	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	PA** NP** ND	5-10 minutes	\$44	No	Telephone	
99441	HF/HG + AF	See 99441 HF/HG	MD** DO**	5-10 minutes	\$58	No	Telephone	
99442	HF/HG	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	PA** NP** ND	11-20 minutes	\$88	No	Telephone	
99442	HF/HG + AF	See 99442 HF/HG	MD** DO**	11-20 minutes	\$116	No	Telephone	
99443	HF/HG	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	PA** NP** ND	21 + minutes	\$133	No	Telephone	
99443	HF/HG + AF	See 99443	MD** DO**	21 + minutes	\$174	No	Telephone	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
G2012	HF/HG	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	Licensed QMHP QMHP Mental health intern (RN- see tips and guidelines)	5-10 minutes	\$23	No	Telehealth	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
G2012	HF/HG + AF	See G2012 HF/HG	DP MD	5-10 minutes	\$58	No	Telehealth	
G2012	HF/HG + AS	See G2012 HF/HG	PMHNP PA ND	5-10 minutes	\$44	No	Telehealth	
G2025	HF/HG	Telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	PA** NP** ND	Per occurrence	\$88	No	Telehealth	
G2025	HF/HG + AF	see G2025	MD** DO**	Per occurrence	\$116	No	Telehealth	
G2067	HG	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	OHA certified opioid treatment program	Per 7 contiguous days	\$212	No	Face-to-face	
G2068	HG	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	OHA certified opioid treatment program	Per 7 contiguous days	\$256	No	Face-to-face	
G2069	HG	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	OHA certified opioid treatment program	Per 7 contiguous days	\$1,821	No	Face-to-face	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
G2070	HG	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	OHA certified opioid treatment program	Per 7 contiguous days	\$4,961	No	Face-to-face	
G2071	HG	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	OHA certified opioid treatment program	Per 7 contiguous days	\$434	No	Face-to-face	
G2072	HG	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	OHA certified opioid treatment program	Per 7 contiguous days	\$5,183	No	Face-to-face	
G2073	HG	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed	OHA certified opioid treatment program	Per 7 contiguous days	\$1,411	No	Face-to-face	
G2074	HG	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed	OHA certified opioid treatment program	Per 7 contiguous days	\$164	No	Face-to-face	
G2076	HG	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 health care 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 requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel	OHA certified opioid treatment program	Per 7 contiguous days	\$182	No	Face-to-face	
G2077	HG	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment; list separately	OHA certified opioid treatment program	Per 7 contiguous days	\$112	No	Face-to-face	
G2078	HG	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	OHA certified opioid treatment program	Per 7 contiguous days	\$38	No	Face-to-face	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
G2079	HG	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	OHA certified opioid treatment program	Per 7 contiguous days	\$79	No	Face-to-face	
G2080	HG	Each additional 30 minutes of counseling in a week of medication assisted treatment; list separately	OHA certified opioid treatment program	Per 7 contiguous days	\$32	No	Face-to-face	
G2086	HG	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	OHA certified opioid treatment program	Per 7 contiguous days	\$395	No	Face-to-Face	
G2087	HG	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	OHA certified opioid treatment program	Per 7 contiguous days	\$352	No	Face-to-face	
G2088	HG	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes; list separately	OHA certified opioid treatment program	Per 7 contiguous days	\$67	No	Face-to-face	
G2215	HG	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	OHA certified opioid treatment program	Per occurrence	\$93	No	Face-to-face	
G9012	HF/HG	Other specified case management service not elsewhere classified	CADC candidate CADC CRM* PSS* PWS*	Per occurrence	\$128	No	Face-to-face or telephone	This code is to be used by residential providers only at time of discharge for transition to lower level of care. Coverage is limited to one unit per person per discharge.
H0001	HF/HG	Alcohol and/or Drug Assessment	CADC candidate CADC	Per occurrence	\$215	No	Face-to-face	Does not require above the line diagnosis.
H0002	HF/HG	Behavioral Health screening to determine eligibility for admission to treatment program(s)	CADC candidate CADC	Per occurrence	\$44	No	Face-to-face	
H0004	HF/HG	Behavioral health counseling and therapy, per 15 minutes	CADC candidate CADC	Per 15 minutes	\$38	No	Face-to-face	
H0005	HF/HG	Alcohol and/or drug services; group counseling by a clinician	CADC candidate CADC	Per occurrence	\$55	No	Face-to-face	

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
H0006	HF/HG	Alcohol and/or drug services; case management	CADC candidate CADC	Per 15 minutes	\$33	No	Face-to-face or telephone	
H0006	HF/HG + HN	Alcohol and/or drug services; case management	CRM* PSS* PWS*	Per 15 minutes	\$25	No	Face-to-face or telephone	
H0010	HF/HG	Alcohol/Drug services; sub-acute, medically monitored detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$891	No	Face-to-face	
H0011	HF/HG	Alcohol/Drug services; Acute, medically monitored detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$891	No	Face-to-face	
H0012	HF/HG	Alcohol/Drug services; sub-acute, clinically managed detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$189	No	Face-to-face	
H0013	HF/HG	Alcohol/Drug services; Acute, clinically managed detoxification.	AMH Substance Use Disorder program licensure	Per diem	\$189	No	Face-to-face	
H0014	HF/HG	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse	AMH Substance Use Disorder program certification	Per diem	\$74	No	Face-to-face	
H0015	HF/HG	Alcohol and/or drug services; Intensive outpatient	AMH Substance Use Disorder program certification	Per diem	\$113	No	Face-to-face	Three hour minimum; Intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least three hours a day and at least three days a week for adults or two days a week for adolescents according to an individualized service plan. (9-19 hours per week for adults and 6-19 hours per week for adolescents).

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
H0016	HF/HG	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	CMA LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$96	No	Face-to-face	<p>Cannot be used for administration of Buprenorphine or Naltrexone (Vivitrol) only but can be used once daily for onsite induction (or re-induction) of Buprenorphine or Naltrexone (Vivitrol). The use of the code would include all coordination with the LMP, monitoring the patient onsite while titrating medication, administration of Buprenorphine or Naltrexone (Vivitrol) during the induction, and daily screening requirements (e.g. administration of COWS).</p> <p>Can be billed the same day as E/M codes for the same member. Can not be billed same day as H0033 unless H0033 is being used for medication administration unrelated to the member's induction.</p> <p>Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.</p> <p>Contracted rate effective 10/1/21</p>
H0018	HB	Adult behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	AMH Substance Use Disorder program licensure	Per diem	\$319	No	Face-to-face	
H0018	HB	Adult behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem Specialty Programs (e.g., parenting)	AMH Substance Use Disorder program licensure	Per diem		No	Face-to-face	
H0018	HB & HH	Adult A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$319	No	Face-to-face	Both modifiers are required to generate correct rate.

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
H0018	HB & HT	A&D Medically Monitored Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$325	No	Face-to-face	Both modifiers are required to generate correct rate.
H0018	UA	Adolescent behavioral health; short-term residential (nonhospital <= 30 days), without room and board, per diem	AMH Substance Use Disorder program licensure	Per diem	\$416	No	Face-to-face	
H0018	UA & HH	Youth A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$416	No	Face-to-face	Both modifiers are required to generate correct rate.
H0019	HB	Adult behavioral health; long-term residential (nonmedical, nonacute care longer than 30 days), without room and board, per diem	AMH Substance Use Disorder program licensure	Per diem	\$319	No	Face-to-face	Age 18 and above.
H0019	HB	Adult behavioral health; long-term residential (nonmedical, nonacute care longer than 30 days), without room and board, per diem Specialty Programs (e.g., parenting)	AMH Substance Use Disorder program licensure	Per diem		No	Face-to-face	Age 18 and above.
H0019	HB & HH	Adult A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$319	No	Face-to-face	Both modifiers are required to generate correct rate.
H0019	HB & HT	A&D Medically Monitored Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$325	No	Face-to-face	Both modifiers are required to generate correct rate.
H0019	UA	Adolescent behavioral health; long-term residential (nonmedical, nonacute care longer than 30 days), without room and board, per diem	AMH Substance Use Disorder program licensure	Per diem	\$416	No	Face-to-face	Age 17 and below.
H0019	UA & HH	Youth A&D Dual Diagnosis Residential Treatment	AMH Substance Use Disorder program licensure	Per diem	\$416	No	Face-to-face	Both modifiers are required to generate correct rate.
H0020	HG	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$13	No	Face-to-face	Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H0022	HF/HG	Alcohol and/or drug intervention service (planned facilitation)	CADC candidate CADC	Per 15 minutes	\$16	No	Face-to-face or telephone	Does not require above the line diagnosis
H0023	HF/HG	Behavioral health outreach service (planned approach to reach a targeted population)	CADC candidate CADC	Per occurrence	\$59	No	Face-to-face or telephone	Does not require above the line diagnosis

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Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
H0033	HF/HG	Oral Medication Administration, direct observation	CMA LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$14	No	Face-to-face	Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H0034	HF/HG	Medication Training and Support	CADC candidate CADC	Per 15 minutes	\$24	No	Face-to-face or telephone	
H0038	HG/HF	Self-help/peer services, Individual	CRM* PSS* PWS*	Per 15 minutes	\$25	No	Face-to-face or telephone	
H0038	HG/HF + HQ	Self-help/peer services, Group	CRM* PSS* PWS*	Per occurrence	\$25	No	Face-to-face	Requires SUD specific modifier as well as HQ modifier.
H0048	HF/HG	Alcohol and/or drug testing; Collection and handling only, specimens other than blood	CRM* CADC candidate CADC LMP** PSS* PWS* (RN and LPN - See tips and guidelines)	Per occurrence	\$23	No	Face-to-face	When using this code, provider is responsible for paying the lab work directly. Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H0050	HF/HG	Alcohol and/or drug services, brief intervention	CADC candidate CADC	Per 15 minutes	\$46	No	Face-to-face	Does not require above the line diagnosis
H2010	HF/HG	Comprehensive Medication Services	LMP** (RN and LPN - See tips and guidelines)	Per 15 minutes	\$33	No	Face-to-face	Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H2011	HF/HG	Crisis intervention services	CADC candidate CADC	Per 15 minutes	\$39	No	Face-to-face or telephone	
H2014	HF/HG	Skill training and development	CADC candidate CADC CRM* PSS* PWS*	Per 15 minutes	\$25	No	Face-to-face or telephone	
H2014	HF/HG + V1	Supported Employment	See H2014 HF/HG	See H2014 HF/HG	See H2014 HF/HG	See H2014 HF/HG	See H2014 HF/HG	
H2014	HF/HG + V2	Supported Housing	See H2014 HF/HG	See H2014 HF/HG	See H2014 HF/HG	See H2014 HF/HG	See H2014 HF/HG	
H2032	HF/HG	Activity therapy	CADC candidate CADC	Per 15 minutes	\$25	No	Face-to-face	

Non-Contracted SUD Fee Schedule

Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
Q3014	HF/HG	Telehealth originating site facility fee	All	Per occurrence	\$21	No	Face-to-face	Facility provides in-person assistance accessing telehealth services.
T1006	HF/HG	Alcohol and/or substance abuse services; Family/couple counseling	CADC candidate CADC	Per occurrence	\$130	No	Face-to-face	
T1007	HF/HG	Alcohol and/or substance abuse services, treatment plan development and/or modification	CADC candidate CADC	Per occurrence	\$96	No	Face-to-face	
T1016	HF/HG	Case management	CADC candidate CADC	Per 15 minutes	\$33	No	Face-to-face or telephone	
T1016	HF/HG + HN	Case management	CRM* PSS* PWS*	Per 15 minutes	\$30	No	Face-to-face or telephone	
T1502	HF/HG	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	LMP** (RN and LPN - See tips and guidelines)	Per occurrence	\$8	No	Face-to-face	Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
J2315	HF/HG	Naltrexone (Vivitrol) medication cost	LMP** (RN and LPN - See tips and guidelines)	1mg/unit	Cost reimbursement to \$2,0000	No	Face-to-face	Services delivered by an RN or LPN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
J0571	HF/HG	Buprenorphine (Subutex), oral, 1 mg.	AMH Substance Use Disorder program certification	Per mg.	\$2	No	Face-to-face	The tablet is available in 2 mg and 8 mg dose strengths; billed in 1 mg increments.
J0572	HF/HG	Buprenorphine/Naloxone (Suboxone), oral, <= 3mg.	AMH Substance Use Disorder program certification	Per tablet	\$5	No	Face-to-face	
J0572	HF/HG + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, <= 3mg.	AMH Substance Use Disorder program certification	Per film	\$5	No	Face-to-face	Non-formulary requires preapproved "Non-Formulary Medication Assisted Treatment (MAT)" authorization type. Use of this code requires either HF or HG modifier and the KO modifier.
J0573	HF/HG	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	AMH Substance Use Disorder program certification	Per tablet or film	\$9	No	Face-to-face	

Non-Contracted SUD Fee Schedule

Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
J0574	HF/HG	Buprenorphine/Naloxone (Suboxone), oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	AMH Substance Use Disorder program certification	Per tablet	\$7	No	Face-to-face	
J0574	HF/HG + KO	Buprenorphine/Naloxone (Suboxone), oral, sublingual strips, < = 10mg.	AMH Substance Use Disorder program certification	Per film	\$7	No	Face-to-face	Non-formulary - requires preapproved "Non-Formulary Medication Assisted Treatment (MAT)" authorization type. Use of this code requires either HF or HG modifier and the KO modifier.
J0575	HF/HG	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	AMH Substance Use Disorder program certification	Per tablet or film	\$17	No	Face-to-face	
Q9991	HF/HG	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	AMH Substance Use Disorder program certification	Per occurrence	\$1,843	No	Face-to-face	
Q9992	HF/HG	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	AMH Substance Use Disorder program certification	Per occurrence	\$1,843	No	Face-to-face	
The following codes are available for use when CareOregon is the secondary payer								
90791	HF/HG	Psychiatric Diagnostic Evaluation	CADC candidate CADC	Per occurrence	\$140	No	Face-to-face	Does not require above the line diagnosis.
90832	HF/HG	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 30 minutes face-to-face with the patient.	CADC candidate CADC	30 minutes Rounding time: 16-37 minutes	\$66	No	Face-to-face	
90834	HF/HG	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 45 minutes face-to-face with the patient.	CADC candidate CADC	45 minutes Rounding time: 38 - 52 minutes	\$99	No	Face-to-face	
90837	HF/HG	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, approximately 60 minutes face-to-face with the patient.	CADC candidate CADC	60 minutes Rounding time: 53+ minutes	\$130	No	Face-to-face	
90846	HF/HG	Family psychotherapy (without the patient present)	CADC candidate CADC	Per occurrence	\$130	No	Face-to-face	

Non-Contracted SUD Fee Schedule

Code	Modifier	Service	Permissible Staff	Time/units	Base rate	Higher rate?	Mode limitations	Service criteria/tips and guidelines
90847	HF/HG	Family psychotherapy (with patient present)	CADC candidate CADC	Per occurrence	\$130	No	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90853	HF/HG	Group psychotherapy (other than a multiple-family group)	CADC candidate CADC	Per occurrence	\$40	No	Face-to-face	Limited to three occurrences per day. If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
99354	HF/HG	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to eligible codes).	CADC candidate CADC	60 minutes Rounding time: 30-74 minutes	\$93	No	Face-to-face	99354 can be used in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483
99355	HF/HG	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to 99354).	CADC candidate CADC	30 minutes Rounding time: 15-30 minutes	\$69	No	Face-to-face	
99356	HF/HG	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)	CADC candidate CADC	60 minutes Rounding time: 30-74 minutes	\$65	No out of facility rate	Face-to-face	99356 can be used in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310
99357	HF/HG	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to 99356)	CADC candidate CADC	30 minutes Rounding time: 15-30 minutes	\$66	No out of facility rate	Face-to-face	
99358	HF/HG	Prolonged evaluation and management service before and/or after direct patient care; first hour	CADC candidate CADC	60 minutes Rounding time: 30-74 minutes	\$93	No	Non-face-to-face	
99359	HF/HG	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes	CADC candidate CADC	30 minutes Rounding time: 15-30 minutes	\$69	No	Non-face-to-face	

PLACE OF SERVICE CODES				MODIFIERS
02	Telehealth	49	Independent Clinic	GT - Via interactive simultaneous audio and telecommunications systems
03	School	50	Federally Qualified Health Center	H9 - Court Ordered (court ordered diversion)
04	Homeless Shelter	51	Inpatient Psychiatric Facility	HT - Multidisciplinary Team Service
11	Office	52	Psychiatric Hospital Partial Hospitalization	KO - Non-formulary MAT medication
12	Home	53	Community Mental Health Center	HQ - Group Service
15	Mobile Unit	54	Intermediate Care Facility/Individuals with Intellectual Disabilities	SERVICES PROVIDED WITHIN:
20	Urgent Care Facility	55	Residential Substance Abuse Treatment Center	HB - Adult SUD Residential Program
21	Inpatient Hospital	56	Psychiatric Residential Treatment Center	HF - AMH Certified Chemical Dependency Facility
22	Outpatient Hospital	57	Non-residential Substance Abuse Treatment Facility	HG - AMH Certified Opioid Treatment Program
23	Emergency Room-Hospital	58	Non-residential Opioid Treatment Facility	HH- Integrated Mental Health/Substance Abuse Program
31	Skilled Nursing Facility	61	Comprehensive Inpatient Rehabilitation Center	UA - Adolescent SUD Residential Program
32	Nursing Facility	62	Comprehensive Outpatient Rehabilitation Center	
33	Custodial Care Facility	71	State or Local Public Health Center	
34	Hospice	99	Other Place of Service	

MODIFIER NOTE: HF & HG Modifiers determine rate if other modifiers are present

NCCI NOTE: The following modifiers are valid NCCI modifiers where relevant: XP/XE (XE is for FQHC providers), 25 and 59.

TPL NOTE: The following codes do not require Medicare to be billed first - all H-codes, all T-codes, all J-codes, 90849, 90853, 90887, 97810, 97811, 97813, 97814,

MEDICAID ENROLLMENT/DMAP NOTE: All clinicians providing SUD services must be enrolled in Oregon Medicaid as an A/D Provider Type in order to be reimbursed for SUD services rendered.

*CRM / PSS - Staff members providing services under this credential must meet requirements for both Certified Recovery Monitor (per ACCBO) and Peer Support Specialist per applicable OARs and must be certified as a Traditional Health Worker through the State of Oregon.

**In order to provide substance use disorder treatment, treatment staff holding a health or allied provider license issued by the Oregon Medical Board, Board of Psychologist Examiners, Board of Licensed Social Workers, Board of Licensed Professional Counselors and Therapists, or Oregon State Board of Nursing shall possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment. It is the responsibility of the providing agency to obtain and maintain documentation of this additional training. (OAR 309-019-0125 (7)(d))

DMAP NOTE RE: RN / LPN: Per DMAP, RNs and LPNs who also hold a relevant behavioral health credential (QMHA, QMHP, CADC, LPC, LCSW or other behavioral health (BH) credential) can be enrolled in Oregon Medicaid as a Mental Health Provider (Type 33) or Alcohol & Drug Provider (Type 03) and should appear as the rendering provider on claims for services provided under their BH credential. For RNs and LPNs without a BH DMAP enrollment, all BH services performed must be done so under the supervision and direction of a licensed clinician. In this circumstance, the licensed clinician is responsible for the services being rendered and thus must appear on the claim as the rendering provider.

MH fee schedule

CareOregon Fee Schedule A - for Mental Health Services Provided to Health Share of Oregon Members

Code	Modifier	Service	Permissible staff^	Time/units	In-facility Base Rate Per Unit	Higher Rate for Out of Facility Services Allowed?	Out of Facility Base Rate Per Unit for POS 12, 16 and 99 Only	Mode Limitations	Service Criteria/Tips and Guidelines
00104		Anesthesia for ECT	N/A	Per occurrence	\$84	No	\$84	Face-to-face	
0362T		ABA - Behavior identification supporting assessment administered by physician or other QHP with the assistance of two or more technicians	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$50	No	\$50	Face-to-face	
0373T		ABA - Adaptive behavior treatment with protocol modification administered by physician or QHP with the assistance of two or more technicians	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$50	No	\$50	Face-to-face	
90785		Interactive complexity (List separately in addition to the code for primary procedure)	LMP	Same as service provided	\$14	No	\$14	Face-to-face	
90791		Psychiatric Diagnostic Evaluation	Licensed QMHP QMHP	Per occurrence	\$159	Yes	\$207	Face-to-face	Does not require above the line diagnosis.
90792		Psychiatric Diagnostic Evaluation with Medical Services	PMHNP PA ND	Per occurrence	\$266	Yes	\$346	Face-to-face	Does not require above the line diagnosis.
90792	AF	See 90792	DO MD	Per occurrence	\$348	Yes	\$453	Face-to-face	See 90792
90832		Psychotherapy, 30 minutes with patient	Licensed QMHP QMHP	30 minutes Rounding time: 16-37 minutes	\$96	Yes	\$125	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90833		Psychotherapy, 30 minutes with patient when performed with an E/M service (List separately in addition to the code for primary procedure)	PMHNP PA ND DO MD	30 minutes	\$154	Yes	\$201	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
90834		Psychotherapy, 45 minutes with patient	Licensed QMHP QMHP	45 minutes Rounding time: 38 - 52 minutes	\$143	Yes	\$186	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90836		Psychotherapy, 45 minutes with patient when performed with an E/M service (List separately in addition to the code for primary procedure)	PMHNP PA ND DO MD	45 minutes Rounding time: 38 - 52 minutes	\$231	Yes	\$301	Face-to-face	
90837		Psychotherapy, 60 minutes with patient	Licensed QMHP QMHP	60 minutes Rounding time: 53+ minutes	\$173	Yes	\$225	Face-to-face	
90838		Psychotherapy, 60 minutes with patient when performed with an E/M service (List separately in addition to the code for primary procedure)	PMHNP PA ND DO MD	60 minutes Rounding time: 53+ minutes	\$306	Yes	\$398	Face-to-face	
90839		Psychotherapy for crisis, first 60 minutes	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD	60 minutes Rounding time: 30 to 74 minutes	\$162	Yes	\$211	Face-to-face	
90840		Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD	Per occurrence	\$130	Yes	\$169	Face-to-face	
90846		Family psychotherapy (without the patient present)	QMHP Licensed QMHP Mental health intern	Per occurrence	\$164	Yes	\$214	Face-to-face or telephone	# If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90847		Family psychotherapy (with patient present)	QMHP Licensed QMHP Mental health intern	Per occurrence	\$193	Yes	\$251	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
90849		Multiple-family group psychotherapy	QMHP Licensed QMHP Mental health intern	Per occurrence	\$65	Yes	\$85	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90849	22	Multiple-family group psychotherapy: Incredible Years	QMHP Mental health intern Licensed QMHP QMHA	Per occurrence	\$115	No	\$115	Face-to-face	# Code restricted to Incredible Years parenting sessions.
90853		Group psychotherapy (other than of a multiple-family group)	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD	Per occurrence	\$55	Yes	\$72	Face-to-face	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant.
90853	22	Group psychotherapy: Family Sexual Abuse Treatment	QMHP Licensed QMHP Mental health intern	Per occurrence	\$115	No	\$115	Face-to-face	# Family Sexual Abuse Treatment group only. May be used for both parent only and children only groups.
90867		Initial Therapeutic repetitive Transcranial Magnetic Stimulation (TMS) treatment	DO MD PMHNP	Per occurrence	\$390	Yes	\$507	Face-to-face	
90868		Therapeutic repetitive TMS treatment; subsequent delivery and management	DO MD PMHNP	Per occurrence	\$227	Yes	\$296	Face-to-face	
90869		Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression)	LMP LPC LMFT LCSW Psychologist QMHP QMHA	Per occurrence	\$85	No	No out of facility	Face-to-face	
90870		Electroconvulsive therapy - Facility	DO MD	Per occurrence	\$683	No	\$683	Face-to-face	Covers all relevant facility charges
90870		Electroconvulsive therapy - Professional fees	DO MD	Per occurrence	\$352	No	\$352	Face-to-face	Covers all relevant professional fees

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions	QMHP Mental health intern Licensed QMHP OT PMHNP PA ND DO MD (RN - See tips and guidelines)	Per occurrence	\$75	Yes	\$98	Face-to-face or telephone	If two distinct services are provided on the same day, bill two lines with one unit each and required NCCI modifiers when relevant. Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
90882	HN	See 90882	QMHA	Per occurrence	\$75	Yes	\$98	Face-to-face or telephone	See 90882
90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	QMHP Mental health intern Licensed QMHP OT PMHNP PA ND DO MD (RN - See tips and guidelines)	Per occurrence	\$91	Yes	\$119	Face-to-face or telephone	If 2 or more distinct services are provided on the same day, bill one line and 2 or more units - NOT 2 or more lines, 1 unit each. May be used for check-ins with parents about child behavior unless family counseling is more appropriate. Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
96130		Psychological testing evaluation services, first hour	Psychologist	60 minutes	\$124	No	\$124	Face-to-face	
96131		Psychological testing evaluation services, each additional hour	Psychologist	60 minutes	\$110	No	\$110	Face-to-face	
96136		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Psychologist	30 minutes	\$55	No	\$55	Face-to-face	
96137		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes	Psychologist	30 minutes	\$55	No	\$55	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
97151		Behavior identification assessment and plan of care, physician /QHP each 15 minutes	BCBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$35	No	\$35	Face-to-face	
97152		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, each 15 minutes	BCBA BCaBA BAI Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$19	No	\$19	Face-to-face	
97153		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	BCBA BCaBA BAI Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$14	No	\$14	Face-to-face	
97154		Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients, each 15 minutes	BCBA BCaBA BAI Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$12	No	\$12	Face-to-face	
97155		Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	BCBA BCaBA Physician Psychologist legislatively approved licensed healthcare professional	15 minutes	\$30	No	\$30	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
97156		Family adaptive behavior treatment guidance, administered by physician/QHP (with or without the patient present), face-to-face with guardian/caregiver, each 15 minutes	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$30	No	\$30	Face-to-face	
97157		Multiple-family group adaptive behavior treatment guidance, administered by physician/QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	BCBA Physician Psychologist Legislatively-approved licensed healthcare professional	15 minutes	\$10	No	\$10	Face-to-face	
97158		ABA - Group adaptive behavior treatment with protocol modification administered by physician or other QHP	Physician Psychologist Licensed Behavior Analyst BCBA	15 minutes	\$10	No	\$10	Face-to-face	
98966		Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	PMHNP PA ND	5-10 minutes	\$44	No	No out of facility	Telephone	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
98967		Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	PMHNP PA ND	11-20 minutes	\$88	No	No out of facility	Telephone	
98968		Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	PMHNP PA ND	21-30 minutes	\$133	No	No out of facility	Telephone	
99202		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	20 minutes Rounding time: 16-25 minutes	\$89	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$89	Face-to-face	New description effective 1/1/2021
99202	AF	See 99202	DO MD	See 99202	\$117	See 99202	\$117	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99203		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	30 minutes Rounding time: 26-38 minutes	\$134	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$134	Face-to-face	New description effective 1/1/2021
99203	AF	See 99203	DO MD	See 99203	\$174	See 99203	\$174	Face-to-face	
99204		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	45 minutes Rounding time 39-53 minutes	\$201	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$201	Face-to-face	New description effective 1/1/2021
99204	AF	See 99204	DO MD	See 99204	\$261	See 99204	\$261	Face-to-face	
99205		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	60 minutes Rounding time: 54 + minutes	\$266	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$266	Face-to-face	New description effective 1/1/2021
99205	AF	See 99205	DO MD	See 99205	\$348	See 99205	\$348	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99212		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	10 minutes Rounding time: 8-13 minutes	\$44	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$44	Face-to-face	New description effective 1/1/2021
99212	AF	See 99212	DO MD	See 99212	\$58	See 99212	\$58	Face-to-face	
99213		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	15 minutes Rounding time: 14-20 minutes	\$74	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$74	Face-to-face	New description effective 1/1/2021
99213	AF	See 99213	DO MD	See 99213	\$87	See 99213	\$87	Face-to-face	
99214		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	25 minutes Rounding time: 21-33 minutes	\$111	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$111	Face-to-face	New description effective 1/1/2021
99214	AF	See 99214	DO MD	See 99214	\$144	See 99214	\$144	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99215		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	PMHNP PA ND	40 minutes Rounding time: 34+ minutes	\$177	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$177	Face-to-face	New description effective 1/1/2021
99215	AF	See 99215	DO MD	See 99215	\$233	See 99215	\$233	Face-to-face	
99222	HF/HG	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	50 minutes	\$201	No	No out of facility rate	Face-to-face	Effective 11/1/22
99222	HF/HG + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	50 minutes	\$261	No	No out of facility rate	Face-to-face	Effective 11/1/22
99223	HF/HG	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	PA** NP** ND	70 minutes	\$266	No	No out of facility rate	Face-to-face	Effective 11/1/22
99223	HF/HG + AF	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 1) A comprehensive history 2) A comprehensive examination; and 3) Medical decision making of moderate complexity	MD** DO**	70 minutes	\$348	No	No out of facility rate	Face-to-face	Effective 11/1/22
99251	AF	Initial Inpatient Consult - 20 minute duration	DO MD	20 minutes Rounding time: 16-25 minutes	\$108	No	No out of facility rate	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99252	AF	Initial Inpatient Consult - 40 minute duration	DO MD	40 minutes Rounding time: 36-45 minutes	\$216	No	No out of facility rate	Face-to-face	
99253	AF	Initial Inpatient Consult - 55 minute duration	DO MD	55 minutes Rounding time: 51-30 minutes	\$325	No	No out of facility rate	Face-to-face	
99324		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Medical decision making of straight-forward complexity OR 20 minute duration	PMHNP PA ND	20 minutes Rounding time: 16 to 25 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$116	Face-to-face	
99324	AF	See 99324	DO MD	See 99324	No in facility rate	See 99324	\$151	Face-to-face	
99325		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem focused history; - An expanded problem focused examination; and - Medical decision making of low complexity OR 30 minute duration	PMHNP PA ND	30 minutes Rounding time: 26-38 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$174	Face-to-face	
99325	AF	See 99325	DO MD	See 99325	No in facility rate	See 99325	\$126	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99326		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 45 minute duration	PMHNP PA ND	45 minutes Rounding time: 39 - 53 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$261	Face-to-face	
99326	AF	See 99326	DO MD	See 99326	No in facility rate	See 99326	\$339	Face-to-face	
99327		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity OR 60 minute duration	PMHNP PA ND	60 minutes Rounding time: 54-68 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$348	Face-to-face	
99327	AF	See 99327	DO MD	See 99327	No in facility rate	See 99327	\$453	Face-to-face	
99328		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity OR 75 minute duration	PMHNP PA ND	75 minutes Rounding time: 69+ minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$434	Face-to-face	
99328	AF	See 99328	DO MD	See 99328	No in facility rate	See 99328	\$568	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99334		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem-focused history; - A problem-focused examination; and - Medical decision making of straight-forward complexity OR 15 minute duration	PMHNP PA ND	15 minutes Rounding time: 14-20 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$87	Face-to-face	
99334	AF	See 99334	DO MD	See 99334	No in facility rate	See 99334	\$113	Face-to-face	
99335		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 25 minute duration	PMHNP PA ND	25 minutes Rounding time: 21-33 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$144	Face-to-face	
99335	AF	See 99335	DO MD	See 99335	No in facility rate	See 99335	\$188	Face-to-face	
99336		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 40 minute duration	PMHNP PA ND	40 minutes Rounding time: 34-49 minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$232	Face-to-face	
99336	AF	See 99336	DO MD	See 99336	No in facility rate	See 99336	\$299	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99337		Domiciliary, Rest Home or Custodial Care Services visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate to high complexity OR 60 minute duration	PMHNP PA ND	60 minutes Rounding time: 50+ minutes	No in facility rate	Yes (Place of Service "33" and "4" only)	\$348	Face-to-face	
99337	AF	See 99337	DO MD	See 99337	No in facility rate	See 99337	\$453	Face-to-face	
99341		Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A problem focused history; - A problem focused examination; and - Medical decision making of straight-forward complexity OR 20 minute duration	PMHNP PA ND	20 minutes Rounding time: 16 to 25 minutes	No in facility rate	Yes	\$116	Face-to-face	
99341	AF	See 99341	DO MD	See 99341	No in facility rate	See 99341	\$151	Face-to-face	
99342		Home visit for the evaluation and management of a new patient, which requires these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 30 minute duration	PMHNP PA ND	30 minutes Rounding time: 26-38 minutes	No in facility rate	Yes	\$174	Face-to-face	
99342	AF	See 99342	DO MD	See 99342	No in facility rate	See 99342	\$226	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99343		Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 45 minute duration	PMHNP PA ND	45 minutes Rounding time: 39-53 minutes	No in facility rate	Yes	\$261	Face-to-face	
99343	AF	See 99343	DO MD	See 99343	No in facility rate	See 99343	\$339	Face-to-face	
99344		Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate complexity OR 60 minute duration	PMHNP PA ND	60 minutes Rounding time: 54-68 minutes	No in facility rate	Yes	\$348	Face-to-face	
99344	AF	See 99344	DO MD	See 99344	No in facility rate	See 99344	\$453	Face-to-face	
99345		Home visit for the evaluation and management of a new patient, which requires these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of high complexity OR 75 minute duration	PMHNP PA ND	75 minutes Rounding time: 69+ minutes	No in facility rate	Yes	\$434	Face-to-face	
99345	AF	See 99345	DO MD	See 99345	No in facility rate	See 99345	\$565	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99347		Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A problem-focused history; - A problem-focused examination; and - Medical decision making of straight-forward complexity OR 15 minute duration	PMHNP PA ND	15 minutes Rounding time: 14-20 minutes	No in facility rate	Yes	\$87	Face-to-face	
99347	AF	See 99347	DO MD	See 99347	No in facility rate	See 99347	\$113	Face-to-face	
99348		Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - An expanded problem-focused history; - An expanded problem-focused examination; and - Medical decision making of low complexity OR 25 minute duration	PMHNP PA ND	25 minutes Rounding time: 21-33 minutes	No in facility rate	Yes	\$144	Face-to-face	
99348	AF	See 99348	DO MD	See 99348	No in facility rate	See 99348	\$188	Face-to-face	
99349		Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A detailed history; - A detailed examination; and - Medical decision making of moderate complexity OR 40 minute duration	PMHNP PA ND	40 minutes Rounding time: 34-49 minutes	No in facility rate	Yes	\$232	Face-to-face	
99349	AF	See 99349	DO MD	See 99349	No in facility rate	See 99349	\$299	Face-to-face	
99350		Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - A comprehensive history; - A comprehensive examination; and - Medical decision making of moderate to high complexity OR 60 minute duration	PMHNP PA ND	60 minutes Rounding time: 50+ minutes	No in facility rate	Yes	\$348	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99350	AF	See 99350	DO MD	See 99350	No in facility rate	See 99350	\$453	Face-to-face	
99354		Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to eligible codes).	DO MD ND PA PMHNP QMHP	60 minutes Rounding time: 30-74 minutes	\$92	No	\$92	Face-to-face	99354 can be used in conjunction with 90837, 90847, 99241-99245, 99324-99337, 99341-99350, 99483
99355		Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to 99354).	DO MD ND PA PMHNP QMHP	30 minutes Rounding time: 15-30 minutes	\$69	No	\$69	Face-to-face	
99356		Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)	DO MD ND PA PMHNP	60 minutes Rounding time: 30-74 minutes	\$65	No	No out of facility rate	Face-to-face	99356 can be used in conjunction with 90837, 90847, 99218-99220, 99221-99223, 99224-99226, 99231-99233, 99234-99236, 99251-99255, 99304-99310
99357		Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to 99356)	DO MD ND PA PMHNP	30 minutes Rounding time: 15-30 minutes	\$66	No	No out of facility rate	Face-to-face	
99358		Prolonged evaluation and management service before and/or after direct patient care; first hour	DO MD ND PA PMHNP	60 minutes Rounding time: 30-74 minutes	\$92	No	\$92	Non-face-to-face	
99359		Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes	DO MD ND PA PMHNP	30 minutes Rounding time: 15-30 minutes	\$69	No	\$69	Non-face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99366		Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	30 minutes	\$35	No	\$35	Face-to-face	
99368		Medical team conference with nonphysician health care professionals, 30 minutes or more	BCBA BCaBA Physician Psychologist Legislatively-approved licensed healthcare professional	30 minutes	\$28	No	\$28	Face-to-face	
99407		Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	QMHA QMHP Mental health intern Licensed QMHP CADC	Per occurrence	\$25	Yes	\$33	Face-to-face	
99415		Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	PMHNP PA ND	60 minutes Rounding time: 30-74 minutes	\$8	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$8	Face-to-face	
99416		Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to 99415)	PMHNP PA ND	30 minutes Rounding time: 15-30 minutes	\$4	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$4	Face-to-face	
99417		Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215)	DO MD ND PA PMHNP	15 minutes	\$35	No (will deny if billed with POS 4, 12, 33, or 99 - use location specific codes instead)	\$35	Face-to-face	New code effective 1/1/2021

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99421		Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	PMHNP PA ND	5-10 minutes	\$44	No	No out of facility	Telehealth	
99421	AF	See 99421	DO MD	5-10 minutes	\$58	No	No out of facility	Telehealth	
99422		Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	PMHNP PA ND	11-20 minutes	\$88	No	No out of facility	Telehealth	
99422	AF	See 99422	DO MD	11-20 minutes	\$116	No	No out of facility	Telehealth	
99423		Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	PMHNP PA ND	21+ minutes	\$133	No	No out of facility	Telehealth	
99423	AF	See 99423	DO MD	21+ minutes	\$174	No	No out of facility	Telehealth	
99441		Telephone evaluation and management service by a physician or other qualified health care professional to an established patient, parent or guardian, 5-10 minutes of medical discussion	PMHNP PA ND	Per occurrence	\$44	No	No out of facility	Telephone	
99441	AF	See 99441	DO MD	Per occurrence	\$58	No	No out of facility	Telephone	
99442		See 99441 for details; 11-20 minutes of medical discussion	PMHNP PA ND	Per occurrence	\$89	No	No out of facility	Telephone	
99442	AF	See 99442	DO MD	Per occurrence	\$117	No	No out of facility	Telephone	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
99443		See 99441 for details; 21-30 minutes of medical discussion	PMHNP PA ND	Per occurrence	\$134	No	No out of facility	Telephone	
99443	AF	See 99443	DO MD	Per occurrence	\$174	No	No out of facility	Telephone	
G0176		Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Licensed QMHP Mental health intern QMHP QMHA	Per occurrence	\$74	Yes	\$97	Face-to-face	
G0176	HQ	Activity therapy, Group	See G0176	See G0176	\$25	Yes	\$33	Face-to-face	
G0177		Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Licensed QMHP Mental health intern QMHP QMHA Peer support specialist	Per occurrence	\$74	Yes	\$97	Face-to-face	
G0177	HQ	Training and educational services, Group	See G0177	See G0177	\$25	Yes	\$33	Face-to-face	
G2012		Brief communication technology-based service, e.g., virtual check-in, by a physician/ QHP who can report E/M services, provided to an established patient, 5-10 minutes of medical discussion	Licensed QMHP QMHP Mental health intern (RN- see tips and guidelines)	5-10 minutes	\$23	No	No out of facility	Telehealth	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
G2012	AF	See G2012	DP MD	5-10 minutes	\$58	No	No out of facility	Telehealth	
G2012	AS	See G2012	PMHNP PA ND	5-10 minutes	\$44	No	No out of facility	Telehealth	
G2025		Telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	PMHNP PA ND	Per occurrence	\$89	No	No out of facility	Telehealth	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
G2025	AF	see G2025	DO MD	Per occurrence	\$117	No	No out of facility	Telehealth	
H0004		Behavioral Health Counseling and Therapy	QMHP Licensed QMHP Mental health intern (RN - See tips and guidelines)	Per 15 minutes	\$38	Yes	\$50	Face-to-face or telephone	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H0004	AF	See H0004	DO MD	Per 15 minutes	\$81	Yes	\$106	Face-to-face or telephone	See H0004
H0004	AS	See H0004	PMHNP PA ND	Per 15 minutes	\$63	Yes	\$82	Face-to-face or telephone	See H0004
H0004	HN	See H0004	QMHA	Per 15 minutes	\$38	Yes	\$50	Face-to-face or telephone	Incredible Years parenting programs only. For follow-up telephone counseling delivered by the QMHA as part of the fidelity model. QMHAs use 90849 22 when they are the second staff member in a multi-family psychotherapy group.
H0019		Behavioral Health, Long Term, Residential Services (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, Per diem	N/A	Per diem	\$910	No	No out of facility	Face-to-face	
H0031		Mental Health Assessment, by non-physician	QMHP Mental health intern	Per occurrence	\$130	Yes	\$169	Face-to-face	Does not require above the line diagnosis.
H0031	GO	See H0031	OT	Per occurrence	\$154	Yes	\$201	Face-to-face	See H0031
H0032		Mental health service plan development by non-physician	Licensed QMHP QMHP Mental health intern	Per occurrence	\$147	Yes	\$192	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
H0034		Medication Training and Support	Licensed QMHP QMHP Mental health intern QMHA (RN - See tips and guidelines)	Per 15 minutes	\$30	Yes	\$39	Face-to-face or telephone	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H0035		Partial Hospitalization	N/A	Per diem	Variable	No	N/A	Face-to-face	
H0036		Community Psychiatric Supportive Treatment	Licensed QMHP QMHP Mental health intern QMHA	Per 15 minutes	\$11	No	\$11	Face-to-face	
H0037		Community psychiatric supportive treatment program, per diem	NA	Per diem	\$360	No	No out of facility	Face-to-face	
H0038		Self-help/peer services, Individual	Peer support specialist	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	#
H0038	HQ	Self-help/peer services, Group	See H0038	Per occurrence	\$25	Yes	\$33	Face-to-face	
H0039		Assertive Community Treatment (ACT) Per 15 minutes	LMP Peer support specialist QMHA QMHP (RN - See tips and guidelines)	Per 15 minutes	\$42	Yes	\$55	Face-to-face or telephone	Rate effective 2/1/22 This is a Fidelity Program, providers must qualify for Fidelity Program Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H0045		Respite care services, not in the home, per diem	N/A	Per diem	\$292	No	No out of facility	Face-to-face	
H2000		Comprehensive multidisciplinary evaluation with Child and Adolescent Needs Survey (CANS)	QMHA QMHP Mental health intern Licensed QMHP	Per occurrence	\$130	No	\$130	Face-to-face or telephone* (*Telephone allowed for 0-12 months only)	Does not require above the line diagnosis.

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
H2000	TG	Comprehensive multidisciplinary evaluation with Child and Adolescent Needs Survey (CANS) by non-physician	QMHP Mental Health Intern Licensed QMHP	Per occurrence	\$260	Yes	\$338	Face-to-face	
H2010		Comprehensive Medication Services	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$37	Yes	\$49	Face-to-face or telephone	Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H2011		Crisis intervention services	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$40	Yes	\$52	Face-to-face or telephone	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H2011	HN	See H2011	QMHA	Per 15 minutes	\$39	Yes	\$51	Face-to-face or telephone	See H2011

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
H2012		Behavioral health day treatment, per hour	N/A	Per hour to a maximum of four per day	\$90	No	No out of facility	Face-to-face	Agency NPI may be noted as the provider on H2012 claims.
H2013		Psychiatric health facility service, per diem	N/A	Per diem	\$1,105	No	No out of facility	Face-to-face	
H2014		Skills Training and Development, Individual	QMHA QMHP Mental health intern Licensed QMHP Peer support specialist	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	#
H2014	HQ	Skills Training and Development, Group	See H2014	Per 15 minutes	\$6	Yes	\$8	Face-to-face or telephone	#
H2021		Community based wraparound services	QMHA QMHP Mental health intern Licensed QMHP	Per 15 minutes	\$28	Yes	\$37	Face-to-face or telephone	#
H2023		Supported employment	QMHA QMHP Mental health intern Licensed QMHP	Per 15 minutes	\$25	Yes	\$33	Face-to-face or telephone	
H2027		Psychoeducational Services, INDIVIDUAL	QMHA QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$33	Yes	\$43	Face-to-face or telephone	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
H2027	HQ	Psychoeducational Services, GROUP	QMHA QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$8	Yes	\$11	Face-to-face	# Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
H2032		Activity therapy, Individual	Licensed QMHP Mental health intern QMHP QMHA	Per 15 minutes	\$25	Yes	\$33	Face-to-face	
H2032	HQ	Activity therapy, Group	See H2032	See H2032	\$6	Yes	\$8	See H2032	
Inpatient		Acute inpatient psychiatric care, all-inclusive	N/A	Per diem	\$945	No	No out of facility	Face-to-face	
Q3014		Telehealth originating site facility fee	All	Per occurrence	\$21	No	No out of facility	Face-to-face	Facility provides in-person assistance accessing telehealth services
S9453		Smoking cessation classes, non-physician provider	QMHA QMHP Mental health intern Licensed QMHP CADC	Per occurrence	\$24	Yes	\$32	Face-to-face	

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
S9480		Intensive Outpatient	N/A	Per diem	Variable	No	N/A	Face-to-face	
T1005		Respite Care Services	QMHA QMHP Mental health intern Licensed QMHP	Per 15 minutes	N/A	Yes	\$25	Face-to-face	Travel time is factored into the rate and may not be billed under a separate code.
T1016		Case Management	QMHP Mental health intern Licensed QMHP PMHNP PA ND DO MD (RN - See tips and guidelines)	Per 15 minutes	\$33	Yes	\$43	Face-to-face or telephone	Services delivered by an RN credentialed staff without a BH DMAP enrollment must be delivered under the supervision of the licensed clinician who is responsible for the service. Additionally, the supervising clinician's NPI must be used for billing.
T1016	HN	See T1016	QMHA Peer support specialist	Per 15 minutes	\$30	Yes	\$39	See T1016	See T1016
T1023		Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol	QMHP Mental health intern	Per occurrence	\$100	Yes	\$130	Face-to-face	Does not require above the line diagnosis.
T1023	HN	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	QMHA	Per occurrence	\$100	Yes	\$130	Face-to-face	Does not require above the line diagnosis.

Non-Contracted MH Fee Schedule

Code	Modifier	Service	Permissible staff^	Time/units	In-facility base rate	Higher rate?	Out of facility base rate	Mode limitations	Service Criteria/tips and guidelines
Non-Billable 90899 Code									
90899 15		Unlisted Service and Procedure Extended Outreach Support	All	Per occurrence 15 or more minutes	\$28	No	No	No limitation	<p>Non-billable code for submission as encounter only and should be used for medically necessary purposes. This code is not intended to track or measure staff productivity. Use this code only when a billable code is not available. This code is not paired with the Prioritized List and is to be used only by clinical staff (i.e. QMHA, QMHP, Licensed QMHP, CADC, OT, RN, PMHNP, PA, MD, and Peer Support Specialists). A corresponding service note for each billed encounter must be present from each person participating in the service. At a minimum, a provisional diagnosis must be given to be able to bill these codes. State approved paired diagnosis and those found on the State's diagnostic workup file are eligible for use.</p> <p>This code should be used when more than one provider is present for a service OR when you have travelled to see a client in the community and they are not there. Examples would include a QMHP attending a psychiatric appointment with client, or when more than one staff provides a service for safety reasons. Clinical documentation must demonstrate total duration of service/travel time.</p> <p>PH TECH Note: Code not to be sent to state for encounter purposes.</p>
90899 30				Per occurrence 30 or more minutes	\$56	No	No		
90899 60				Per occurrence 60 or more minutes	\$112	No	No		

Place of service codes			Modifiers	
02	Telehealth provided other than in patient's home	33	Custodial Care Facility	22 - Approved Evidence Based Practice Rate
03	School	34	Hospice	AF - MD
04	Homeless Shelter	50	Federally Qualified Health Center	AS - Psychiatric Mental Health Nurse Practitioner OR Physician Assistant
10	Telehealth provided in patient's home	51	Inpatient Psychiatric Facility	CC - Client Coordination non-billable service
11	Office	52	Psychiatric Hospital Partial Hospitalization	GT - Via interactive simultaneous audio and telecommunications systems
12	Home	53	Community Mental Health Center	H9 - Court Ordered (for services related to court ordered diversion)
15	Mobile Unit	54	Intermediate Care Facility/Mentally Retarded	HE - Mental Health Program
16	Temporary Lodging	55	Residential Substance Abuse Treatment Center	HN - QMHA: A bachelor's degree in a behavioral sciences field OR a combination of at least three years relevant work, education, training or experience
20	Urgent Care Facility	56	Psychiatric Residential Treatment Center	HQ - Group Service
21	Inpatient Hospital	61	Comprehensive Inpatient Rehabilitation Center	UB - Services Provided in a School Based Health Center (Informational Modifier)
22	Outpatient Hospital	62	Comprehensive Outpatient Rehabilitation Center	TG - Complex/High Tech Level of Care
23	Emergency Room-Hospital	71	State or Local Public Health Center	^ = Mental Health Intern approved provider type for agencies holding a current Certificate of Approval. Please use Taxonomy Code: 390200000X: Student in an Organized Health Care Education/Training Program when submitting encounters
31	Skilled Nursing Facility	99	Other Place of Service	# = Service may be provided to a client's family member or care giver when the client is not present
32	Nursing Facility			