

5160-27-03
APPENDIX A

STATUS CODE:

- 1 -- Initial maximum payment amount
- 2 -- Change in maximum payment amount as of the Effective Date
- 3 -- Discontinued coverage

Community Behavioral Health Services Medicaid Fee Schedule

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	PREVIOUS MAXIMUM PAYMENT AMOUNT
90785		Psytx complex interactive	1/1/2018	1	13.81			
90791		Psych diagnostic evaluation	1/1/2018	1	130.72			
90792		Psych diag eval w/med srvc	1/1/2018	1	144.35			
90832		Psytx pt&/family 30 minutes	1/1/2018	1	63.11			
<u>90832</u>	<u>KX</u>	<u>Psytx pt&/family 30 minutes</u>	<u>8/1/2019</u>	<u>2</u>	<u>82.04</u>			<u>63.11</u>
90833		Psytx pt&/fam w/e&m 30 min	1/1/2018	1	65.37			
90834		Psytx pt&/family 45 minutes	1/1/2018	1	82.05			
90836		Psytx pt&/fam w/e&m 45 min	1/1/2018	1	83.03			
90837		Psytx pt&/family 60 minutes	1/1/2018	1	120.36			
90838		Psytx pt&/fam w/e&m 60 min	1/1/2018	1	109.53			
90839		Psytx crisis initial 60 min	<u>8/1/2019</u>	<u>2</u>	<u>171.70</u>			<u>132.08</u>
90840		Psytx crisis ea addl 30 min	<u>8/1/2019</u>	<u>2</u>	<u>81.95</u>			<u>63.04</u>
90846		Family psychotherapy (w/o patient)	1/1/2018	1	102.28			
90847		Family psychotherapy (with patient)	1/1/2018	1	100.72			
90849		Multiple-family group psychotherapy	<u>8/1/2019</u>	<u>2</u>	<u>40.66</u>			<u>31.28</u>
90853		Group psychotherapy (other than multiple-family group)	<u>8/1/2019</u>	<u>2</u>	<u>33.09</u>			<u>25.45</u>
93000		Electrocardiogram, complete	1/1/2018	1	15.90			
93005		Electrocardiogram, tracing	1/1/2018	1	6.90			
93010		Electrocardiogram report	1/1/2018	1	7.90			
96101		Psycho testing by psych/phys	1/1/2018	1	59.26			
96111		Developmental testing with interpretation & report	1/1/2018	1	56.11			
96116		Neurobehavioral status exam	1/1/2018	1	64.10			
96118		Neuropsych tst by psych/phys	1/1/2018	1	78.31			
96372		Ther/proph/diag inj, sc/im	1/1/2018	1	21.39			
99201		Office/outpatient visit, new	1/1/2018	1	49.38			
99202		Office/outpatient visit, new	1/1/2018	1	84.67			
99203		Office/outpatient visit, new	1/1/2018	1	122.93			
99204		Office/outpatient visit, new	1/1/2018	1	188.51			
99205		Office/outpatient visit, new	1/1/2018	1	236.92			
99211		Office/outpatient visit, est	1/1/2018	1	22.31			
99212		Pre-natal Office/outpatient visit, est	1/1/2018	1	48.97			
99213		Office/outpatient visit, est	1/1/2018	1	82.85			
99214		Office/outpatient visit, est	1/1/2018	1	122.27			
99215		Office/outpatient visit, est	1/1/2018	1	165.15			
99341		Home visit, new patient	1/1/2018	1	63.65			
99342		Home visit, new patient	1/1/2018	1	91.90			
99343		Home visit, new patient	1/1/2018	1	150.80			

5160-27-03
APPENDIX A

Community Behavioral Health Services Medicaid Fee Schedule

STATUS CODE:

- 1 -- Initial maximum payment amount
- 2 -- Change in maximum payment amount as of the Effective Date
- 3 -- Discontinued coverage

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	PREVIOUS MAXIMUM PAYMENT AMOUNT
99344		Home visit, new patient	1/1/2018	1	210.78			
99345		Home visit, new patient	1/1/2018	1	255.57			
99347		Home visit, established patient	1/1/2018	1	64.00			
99348		Home visit, established patient	1/1/2018	1	97.38			
99349		Home visit, established patient	1/1/2018	1	148.16			
99350		Home visit, established patient	1/1/2018	1	205.79			
99354		Prolonged service, office	1/1/2018	1	89.90			
99355		Prolonged service, office	1/1/2018	1	89.24			
99406		<u>Smoking and tobacco use cessation counseling, intermediate</u>	<u>8/1/2019</u>	<u>1</u>	<u>9.43</u>			
99407		<u>Smoking and tobacco use cessation counseling, intensive</u>	<u>8/1/2019</u>	<u>1</u>	<u>19.00</u>			
G0396		Alc/Sub. Abuse test inter. 15-30 min	1/1/2018	1	25.05			
G0397		Alc/Sub. Abuse test inter. over 30 min	1/1/2018	1	47.68			
H0001		Alcohol and/or drug assessment (not incident to a licensed practitioner's assessment).	1/1/2018	1	77.22			
H0004		BH counseling and therapy, per 15 minutes (unlicensed)	1/1/2018	1	19.31			
H0004		BH counseling and therapy, per 15 minutes (licensed)	01/1/2018 to 6/30/2018	1	22.50			
<u>H0004</u>	<u>KX</u>	<u>BH counseling and therapy, per 15 minutes (unlicensed)</u>	<u>8/1/2019</u>	<u>2</u>	<u>25.10</u>			<u>19.31</u>
H0004	HQ	BH counseling and therapy, group per 15 minutes (licensed)	01/1/2018 to 6/30/2018	1	9.87			
H0005		Alcohol and/or drug services; group counseling (unlicensed)	<u>8/1/2019</u>	<u>2</u>	<u>8.37</u>			<u>6.44</u>
H0005	HK	Alcohol and/or drug services; group counseling (licensed)	<u>8/1/2019</u>	<u>2</u>	<u>9.37</u>			<u>7.21</u>
H0005	AF	Alcohol and/or drug services; group counseling (physician)	<u>8/1/2019</u>	<u>2</u>	<u>11.02</u>			<u>8.48</u>
H0006		Alcohol and/or drug services; case management	1/1/2018	1	19.54			
H0010		Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient).	1/1/2018	1	256.33			
H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).	1/1/2018	1	392.86			
H0012		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	1/1/2018	1	360.36			
H0014		Alcohol and/or drug services; ambulatory detoxification RN	1/1/2018	1	127.68			
H0014		Alcohol and/or drug services; ambulatory detoxification LPN	1/1/2018	1	90.16			

5160-27-03
APPENDIX A

Community Behavioral Health Services Medicaid Fee Schedule

STATUS CODE:

- 1 -- Initial maximum payment amount
- 2 -- Change in maximum payment amount as of the Effective Date
- 3 -- Discontinued coverage

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	PREVIOUS MAXIMUM PAYMENT AMOUNT
H0014	AT	Alcohol and/or drug services; ambulatory detoxification RN, 2-3 hours	1/1/2018	1	338.35			
H0014	AT	Alcohol and/or drug services; ambulatory detoxification LPN, 2-3 hours	1/1/2018	1	238.92			
H0015		Alcohol and/or drug services; intensive outpatient (unlicensed)	1/1/2018	1	103.04			
H0015	HK	Alcohol and/or drug services; intensive outpatient (licensed)	1/1/2018	1	149.88			
H0015	TG	SUD Partial Hospitalization (unlicensed)	1/1/2018	1	154.56			
H0015	HK,TG	SUD Partial Hospitalization (licensed)	1/1/2018	1	224.82			
H0036		Community Psychiatric Supportive Treatment (CPST), per 15 minutes	1/1/2018	1	19.54			
H0036	HQ	Community Psychiatric Supportive Treatment (CPST), per 15 minutes group	1/1/2018	1	8.99			
H0038		SUD Peer Recovery Support	1/1/2018	1	15.51			
H0038	HQ	SUD Peer Recovery Support Group	1/1/2018	1	1.94			
H0040	AM	Assertive community treatment program, per diem, medium team (physician)	1/1/2018	1	615.64			
H0040	SA/UC	Assertive community treatment program, per diem, medium team (CNS,CNP,PA)	1/1/2018	1	352.75			
H0040	HO	Assertive community treatment program, per diem, medium team (Masters, licensed, RN, LPN)	1/1/2018	1	251.91			
H0040	HN	Assertive community treatment program, per diem, medium team (Bachelors)	1/1/2018	1	199.70			
H0040	HM	Assertive community treatment program, per diem, medium team (Peer)	1/1/2018	1	159.24			
H0048		Alcohol and/or other drug testing: collection and handling only, specimens other than blood	1/1/2018	1	14.48			
H2012	HQ, UK	TBS Group Services, hourly (QMHS plus 3)	8/1/2019	2	24.10			18.54
H2012	HQ, HN	TBS Group Services, hourly (Bachelors)	8/1/2019	2	24.10			18.54
H2012	HQ, HO	TBS Group Services, hourly (Masters)	8/1/2019	2	27.37			21.05
H2012	HQ, HK	TBS Group Services, hourly (Licensed)	8/1/2019	2	36.53			28.10
H2015		IHBT per 15 minutes	1/1/2018	1	33.26			
H2017		Psychosocial rehabilitation service (LPN)	1/1/2018	1		22.54	29.13	
H2017		Psychosocial rehabilitation service	1/1/2018	1		15.84	20.32	
H2017	KX	Psychosocial rehabilitation service	8/1/2019	2		20.59	26.42	Office 15.84 Community 20.32
H2019	UK	TBS, per 15 minutes (QMHS plus 3)	1/1/2018	1		19.96	25.46	
H2019	HN	TBS, per 15 minutes (Bachelors)	1/1/2018	1		19.96	25.46	

5160-27-03
APPENDIX A

Community Behavioral Health Services Medicaid Fee Schedule

STATUS CODE:

- 1 -- Initial maximum payment amount
- 2 -- Change in maximum payment amount as of the Effective Date
- 3 -- Discontinued coverage

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	PREVIOUS MAXIMUM PAYMENT AMOUNT
H2019	HO	TBS, per 15 minutes (Masters)	1/1/2018	1		22.47	28.59	
H2019		TBS, per 15 minutes (Licensed)	8/1/2019	1		22.47	28.59	
H2019		TBS, per 15 minutes (RN)	1/1/2018	1		31.92	41.00	
H2019	KX	TBS, per 15 minutes. (QMHS plus 3)	8/1/2019	2		25.95	33.10	Office 19.96 Community 25.46
H2019	KX	TBS, per 15 minutes.(Bachelors)	8/1/2019	2		25.95	33.10	Office 19.96 Community 25.46
H2019	KX	TBS, per 15 minutes. (Masters)	8/1/2019	2		29.21	37.17	Office 22.47 Community 28.59
H2019	KX	TBS, per 15 minutes. (Licensed)	8/1/2019	1		29.21	37.17	
H2019	HQ, UK	TBS, per 15 minutes (QMHS plus 3; Group)	8/1/2019	2	6.49			4.99
H2019	HQ, HN	TBS, per 15 minutes (Bachelors; Group)	8/1/2019	2	6.49			4.99
H2019	HQ, HO	TBS, per 15 minutes; (Masters; Group)	8/1/2019	2	7.31			5.62
H2019	HQ	TBS, per 15 minutes; (Licensed; Group)	8/1/2019	1	8.99			
H2019	HQ	TBS, per 15 minutes; (RN; Group)	8/1/2019	2	10.37			7.98
H2020	UK	TBS Group Services Per Diem (QMHS plus 3)	8/1/2019	2	135.92			104.55
H2020	HN	TBS Group Services Per Diem (Bachelors)	8/1/2019	2	135.92			104.55
H2020	HO	TBS Group Services Per Diem (Masters)	8/1/2019	2	152.17			117.05
H2020	HK	TBS Group Services Per Diem (Licensed)	8/1/2019	2	182.66			140.51
H2034		Alcohol and/or drug abuse halfway house services, per diem.	1/1/2018	1	152.57			
H2036		Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	213.70			
H2036	TG	Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	303.49			
T1002		Alcohol And/Or Drug Services; RN	1/1/2018	1		31.92	41.00	
T1002	HQ	Alcohol And/Or Drug Services; RN Group	8/1/2019	2	10.37			7.98
T1003		Alcohol And/Or Drug Services; LPN	1/1/2018	1		22.54	29.13	
H0023		SRS Supported Employment; Initial	1/1/2018	1	19.53			
H0025		SRS Supported Employment; Subsequent	1/1/2018	1	19.53			
H0038		SRS Peer Recovery Support	1/1/2018	1	15.51			
H0038	HQ	SRS Peer Recovery Support; Group	1/1/2018	1	1.94			