

5160-27-03
APPENDIX A

STATUS CODE: 5160-27-03
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

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

HCPDS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	ALLOWABLE PLACES OF SERVICE*	PREVIOUS MAXIMUM PAYMENT AMOUNT
90785		Psytch complex interactive	1/1/2018	1	13.81			POS must be the same as the base code	
90791		Psych diagnostic evaluation	1/1/2018	1	130.72			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 99; MH also has 53; SUD also has 57	
90792		Psych diag eval w/mcd srvc	1/1/2018	1	144.35			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 99; MH also has 53; SUD also has 57	
90832		Psytch pt&family 30 minutes	1/1/2018	1	63.11			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90832	KX	Psytch pt&family 30 minutes	8/1/2019	2	82.04			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 99; MH also has 53; SUD also has 57	63.11
90833		Psytch pt&fam w/e&m 30 min	1/1/2018	1	65.37			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90834		Psytch pt&family 45 minutes	1/1/2018	1	82.05			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90836		Psytch pt&fam w/e&m 45 min	1/1/2018	1	83.03			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90837		Psytch pt&family 60 minutes	1/1/2018	1	120.36			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90838		Psytch pt&fam w/e&m 60 min	1/1/2018	1	109.53			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90839		Psytch crisis initial 60 min	8/1/2019	2	171.70			01, 03, 04, 11, 12, 13, 14, 15, 16, 17, 18, 20, 23, 24, 25, 31, 32, 33, 34, 41, 42, 99; MH also has 53; SUD also has 57	132.08
90840		Psytch crisis ea addl 30 min	8/1/2019	2	81.95			01, 03, 04, 11, 12, 13, 14, 15, 16, 17, 18, 20, 23, 24, 25, 31, 32, 33, 34, 41, 42, 99; MH also has 53; SUD also has 57	63.04
90846		Family psychotherapy (w/o patient)	1/1/2018	1	102.28			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90847		Family psychotherapy (with patient)	1/1/2018	1	100.72			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	
90849		Multiple-family group psychotherapy	8/1/2019	2	40.66			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	31.28
90853		Group psychotherapy (other than multiple-family group)	8/1/2019	2	33.09			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 99; MH also has 53; SUD also has 57	25.45
93000		Electrocardiogram, complete	1/1/2018	1	15.90			11, MH also has 53; SUD also has 55, 57	
93005		Electrocardiogram, tracing	1/1/2018	1	6.90			11, MH also has 53; SUD also has 55, 57	
93010		Electrocardiogram report	1/1/2018	1	7.90			11, MH also has 53; SUD also has 55, 57	
96112		Developmental testing with interpretation & report, first 60 mins	1/1/19	1	56.11			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96113		Developmental testing with interpretation & report, add'l 60 mins	1/1/19	1	28.06			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96116		Neurobehavioral status exam, first 60 mins	1/1/18	1	64.10			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96121		Neurobehavioral status exam, add'l 60 mins	1/1/19	1	64.10			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96130		Psychological testing evaluation, first 60 mins	1/1/19	1	59.26			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96131		Psychological testing evaluation, add'l 60 mins	1/1/19	1	59.26			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96132		Neuropsychological testing evaluation, first 60 mins	1/1/19	1	97.37			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96133		Neuropsychological testing evaluation, add'l 60 mins	1/1/19	1	78.31			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96136		Psych or neuro psych test administration, first 30 mins	1/1/19	1	30.86			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96137		Psych or neuro psych test administration, add'l 30 mins	1/1/19	1	28.39			03, 04, 11, 12, 13, 14, 16, 31; MH also has 53; SUD also has 57	
96372		Ther/proph/diag inj, sc/im	1/1/2018	1	21.39			03, 04, 11, 12, 14, 16, 18, MH also has 53; SUD also has 57	
99202		Office/outpatient visit, new	1/1/2018	1	84.67			11, 13, 31, 32; MH also has 53; SUD also has 57	
99203		Office/outpatient visit, new	1/1/2018	1	122.93			11, 13, 31, 32; MH also has 53; SUD also has 57	
99204		Office/outpatient visit, new	1/1/2018	1	188.51			11, 13, 31, 32; MH also has 53; SUD also has 57	
99205		Office/outpatient visit, new	1/1/2018	1	236.92			11, 13, 31, 32; MH also has 53; SUD also has 57	
99211		Office/outpatient visit, est	1/1/2018	1	22.31			11, 13, 31, 32; MH also has 53; SUD also has 57	
99212		Pre-natal Office/outpatient visit, est	1/1/2018	1	48.97			11, 13, 31, 32; MH also has 53; SUD also has 57	
99213		Office/outpatient visit, est	1/1/2018	1	82.85			11, 13, 31, 32; MH also has 53; SUD also has 57	
99214		Office/outpatient visit, est	1/1/2018	1	122.27			11, 13, 31, 32; MH also has 53; SUD also has 57	
99215		Office/outpatient visit, est	1/1/2018	1	165.15			11, 13, 31, 32; MH also has 53; SUD also has 57	
99341		Home visit, new patient	1/1/2018	1	63.65			04, 12, 16	
99342		Home visit, new patient	1/1/2018	1	91.90			04, 12, 16	
99343		Home visit, new patient	1/1/2018	1	150.80			04, 12, 16	
99344		Home visit, new patient	1/1/2018	1	210.78			04, 12, 16	
99345		Home visit, new patient	1/1/2018	1	255.57			04, 12, 16	
99347		Home visit, established patient	1/1/2018	1	64.00			04, 12, 16	
99348		Home visit, established patient	1/1/2018	1	97.38			04, 12, 16	
99349		Home visit, established patient	1/1/2018	1	148.16			04, 12, 16	
99350		Home visit, established patient	1/1/2018	1	205.79			04, 12, 16	
99354		Prolonged service, office	1/1/2018	1	89.90			POS must be the same as the base code	
99355		Prolonged service, office	1/1/2018	1	89.24			POS must be the same as the base code	
99406		Smoking and tobacco use cessation counseling, intermediate	8/1/2019	1	9.43			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
99407		Smoking and tobacco use cessation counseling, intensive	8/1/2019	1	19.00			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 99; MH also has 53; SUD also has 57	
99415		Prolonged service, E&M, first hour	1/1/2022	1	10.94			POS must be the same as the base code	
99416		Prolonged service, E&M, additional 30 minutes	1/1/2022	1	5.62			POS must be the same as the base code	
99417		Prolonged service for codes 99205 and 99215	4/4/2021 1/1/2022	4-2	22.48 38.53			POS must be the same as the base code	22.48
G0396		Alc/Sub. Abuse test inter. 15-30 min	1/1/2018	1	25.05			03, 04, 11, 12, 13, 14, 16, 31, 32, 53	
G0397		Alc/Sub. Abuse test inter. over 30 min	1/1/2018	1	47.68			03, 04, 11, 12, 13, 14, 16, 31, 32, 53	
G2212		Prolonged service, every 15 minutes	4/4/2021 1/1/2022	4-2	22.48 38.53			POS must be the same as the base code	22.48
H0001		Alcohol and/or drug assessment (not incident to a licensed practitioner's assessment).	1/1/2018	1	77.22			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 57, 99	
H0004		BH counseling and therapy, per 15 minutes (unlicensed)	1/1/2018	1	19.31			03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 57, 99	

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

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	ALLOWABLE PLACES OF SERVICE*	PREVIOUS MAXIMUM PAYMENT AMOUNT
H0004		BH counseling and therapy, per 15 minutes (licensed)	6/30/2018	3	22.50				
H0004	KX	BH counseling and therapy, per 15 minutes (unlicensed)	8/1/2019	2	25.10			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 57, 99	19.31
H0004	HQ	BH counseling and therapy, group per 15 minutes (licensed)	6/30/2018	3	9.87				
H0005		Alcohol and/or drug services; group counseling (unlicensed)	8/1/2019	2	8.37			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57, 99	6.44
H0005	HK	Alcohol and/or drug services; group counseling (licensed)	8/1/2019	2	9.37			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57, 99	7.21
H0005	AF	Alcohol and/or drug services; group counseling (physician)	8/1/2019	2	11.02			03, 04, 11, 12, 13, 14, 16, 31, 32, 34, 57, 99	8.48
H0006		Alcohol and/or drug services; case management	1/1/2018	1	19.54			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 57, 99	
H0010		Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient).	1/1/2018	1	256.33			55	
H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).	1/1/2018	1	392.86			55	
H0012		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	1/1/2018	1	360.36			11, 55, 57	
H0014		Alcohol and/or drug services; ambulatory detoxification RN	1/1/2018	1	127.68			11, 55, 57	
H0014		Alcohol and/or drug services; ambulatory detoxification LPN	1/1/2018	1	90.16			11, 55, 57	
H0014	AT	Alcohol and/or drug services; ambulatory detoxification RN, 2-3 hours	1/1/2018	1	338.35			11, 55, 57	
H0014	AT	Alcohol and/or drug services; ambulatory detoxification LPN, 2-3 hours	1/1/2018	1	238.92			11, 55, 57	
H0015		Alcohol and/or drug services; intensive outpatient (unlicensed)	1/1/2018	1	103.04			03, 04, 11, 14, 16, 57	
H0015	HK	Alcohol and/or drug services; intensive outpatient (licensed)	1/1/2018	1	149.88			03, 04, 11, 14, 16, 57	
H0015	TG	SUD Partial Hospitalization (unlicensed)	1/1/2018	1	154.56			03, 04, 11, 14, 16, 57	
H0015	HK,TG	SUD Partial Hospitalization (licensed)	1/1/2018	1	224.82			03, 04, 11, 14, 16, 57	
H0036	HQ	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	1/1/2018	1	19.54			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 99	
H0036		Community Psychiatric Supportive Treatment (CPST), per 15 minutes group	1/1/2018	1	8.99			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 99	
H0038		SUD Peer Recovery Support	1/1/2018	1	15.51			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 57, 99	
H0038	HQ	SUD Peer Recovery Support Group	1/1/2018	1	1.94			03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 53, 57, 99	
H0040	AM	Assertive community treatment program, per diem, medium team (physician)	1/1/2018	1	615.64			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	SA/UC	Assertive community treatment program, per diem, medium team (CNS,CNP,PA)	1/1/2018	1	352.75			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	HO	Assertive community treatment program, per diem, medium team (Masters, licensed, RN, LPN)	1/1/2018	1	251.91			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	HN	Assertive community treatment program, per diem, medium team (Bachelors)	1/1/2018	1	199.70			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0040	HM	Assertive community treatment program, per diem, medium team (Peer)	1/1/2018	1	159.24			03, 04, 11, 12, 13, 14, 16, 17, 18, 20, 53, 99	
H0048		Alcohol and/or other drug testing: collection and handling only, specimens other than blood	1/1/2018	1	14.48			11, 57	
H2000		Child and Adolescent Needs and Strengths (CANS) ² assessment (Unlicensed Practitioner ¹), per assessment	7/1/2022	1	98.31				
H2000		Child and Adolescent Needs and Strengths (CANS) ² assessment (Licensed Practitioner ²), per assessment	7/1/2022	1	109.38				
H2000		Child and Adolescent Needs and Strengths (CANS) ² assessment (Independent Practitioner ¹), per assessment	7/1/2022	1	112.86				
H2000		Child and Adolescent Needs and Strengths (CANS) ² assessment (PA, CNS, CNP ³), per assessment	7/1/2022	1	211.74				
H2000		Child and Adolescent Needs and Strengths (CANS) ² assessment (Physician ¹), per assessment	7/1/2022	1	341.60				
H2012	HQ, UK	TBS Group Services, hourly (QMHS plus 3)	8/1/2019	2	24.10			03, 04, 11, 14, 53	18.54
H2012	HQ, HN	TBS Group Services, hourly (Bachelors)	8/1/2019	2	24.10			03, 04, 11, 14, 53	18.54
H2012	HQ, HO	TBS Group Services, hourly (Masters)	8/1/2019	2	27.37			03, 04, 11, 14, 53	21.05
H2012	HQ, HK	TBS Group Services, hourly (Licensed)	8/1/2019	2	36.53			03, 04, 11, 14, 53	28.10
H2015		IHBT per 15 minutes prior to 4/6/2022 3/1/2022	1/1/2018	1	33.26			03, 04, 11, 12, 14, 16, 18, 23, 53, 57, 99	
H2017		Psychosocial rehabilitation service (LPN)	1/1/2018	1	22.54	22.54	29.13	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 53, 99	
H2017		Psychosocial rehabilitation service	1/1/2018	1	15.84	15.84	20.32	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2017	KX	Psychosocial rehabilitation service	8/1/2019	2	20.59	20.59	26.42	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 15.84 Community 20.32
H2019	UK	TBS, per 15 minutes (QMHS plus 3)	1/1/2018	1	19.96	19.96	25.46	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019	HN	TBS, per 15 minutes (Bachelors)	1/1/2018	1	19.96	19.96	25.46	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	

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

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

HCPCS CODE	Modifier	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM PAYMENT AMOUNT Office	CURRENT MAXIMUM PAYMENT AMOUNT Home/Community	ALLOWABLE PLACES OF SERVICE*	PREVIOUS MAXIMUM PAYMENT AMOUNT
H2019	HO	TBS, per 15 minutes (Masters)	1/1/2018	1		22.47	28.59	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019		TBS, per 15 minutes (Licensed)	8/1/2019	1		22.47	28.59	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019		TBS, per 15 minutes (RN)	1/1/2018	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 34, 53, 99	
H2019	KX	TBS, per 15 minutes, (QMHS plus 3)	8/1/2019	2		25.95	33.10	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 19.96 Community 25.46
H2019	KX	TBS, per 15 minutes, (Bachelors)	8/1/2019	2		25.95	33.10	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 19.96 Community 25.46
H2019	KX	TBS, per 15 minutes, (Masters)	8/1/2019	2		29.21	37.17	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	Office 22.47 Community 28.59
H2019	KX	TBS, per 15 minutes, (Licensed)	8/1/2019	1		29.21	37.17	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019	KX	TBS, per 15 minutes, (RN)	8/1/2019	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 34, 53, 99	
H2019	HQ, UK	TBS, per 15 minutes (QMHS plus 3; Group)	8/1/2019	2	6.49			11, 53	4.99
H2019	HQ, HN	TBS, per 15 minutes (Bachelors; Group)	8/1/2019	2	6.49			11, 53	4.99
H2019	HQ, HO	TBS, per 15 minutes; (Masters; Group)	8/1/2019	2	7.31			11, 53	5.62
H2019	HQ	TBS, per 15 minutes; (Licensed; Group)	8/1/2019	1	8.99			11, 53	
H2019	HQ	TBS, per 15 minutes; (RN; Group)	8/1/2019	2	10.37			11, 53	7.98
H2020	UK	TBS Group Services Per Diem (QMHS plus 3)	8/1/2019	2	135.92			03, 04, 11, 14, 53	104.55
H2020	HN	TBS Group Services Per Diem (Bachelors)	8/1/2019	2	135.92			03, 04, 11, 14, 53	104.55
H2020	HO	TBS Group Services Per Diem (Masters)	8/1/2019	2	152.17			03, 04, 11, 14, 53	117.05
H2020	HK	TBS Group Services Per Diem (Licensed)	8/1/2019	2	182.66			03, 04, 11, 14, 53	140.51
H2034		Alcohol and/or drug abuse halfway house services, per diem.	1/1/2018	1	152.57			55	
H2036		Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	213.70			55	
H2036	TG	Alcohol and/or other drug treatment program, per diem.	1/1/2018	1	303.49			55	
S9482		MRSS Stabilization Service (Peer Recovery Supporter ⁶), per 15 minutes	7/1/2022	1	24.77				
S9482		MRSS Stabilization Service (Unlicensed Practitioner ¹), per 15 minutes	7/1/2022	1	30.92				
S9482		MRSS Stabilization Service (Licensed Practitioner ³), per 15 minutes	7/1/2022	1	34.01				
S9482		MRSS Stabilization Service (Independent Practitioner ⁴), per 15 minutes	7/1/2022	1	34.95				
S9484		Crisis Mobile Response Follow-up (Peer Recovery Supporter ⁶), per hour	7/1/2022	1	102.89				
S9484		Crisis Mobile Response Follow-up (Unlicensed Practitioner ¹), per hour	7/1/2022	1	125.25				
S9484		Crisis Mobile Response Follow-up (Licensed Practitioner ³), per hour	7/1/2022	1	136.49				
S9484		Crisis Mobile Response Follow-up (Independent Practitioner ⁴), per hour	7/1/2022	1	139.92				
S9485		Crisis Mobile Response (Peer Recovery Supporter ⁶), per diem	7/1/2022	1	365.55				
S9485		Crisis Mobile Response (Unlicensed Practitioner ¹), per diem	7/1/2022	1	432.63				
S9485		Crisis Mobile Response (Licensed Practitioner ³), per diem	7/1/2022	1	466.34				
S9485		Crisis Mobile Response (Independent Practitioner ⁴), per diem	7/1/2022	1	476.64				
T1002		Alcohol And/Or Drug Services; RN	1/1/2018	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 33, 34, 57, 99	
T1002	KX	Alcohol And/Or Drug Services; RN	1/1/2018	1		31.92	41.00	03, 04, 11, 12, 13, 14, 16, 18, 23, 31, 32, 33, 34, 57, 99	
T1002	HQ	Alcohol And/Or Drug Services; RN Group	8/1/2019	2	10.37			11, 57	7.98
T1003		Alcohol And/Or Drug Services; LPN	1/1/2018	1		22.54	29.13	03, 04, 11, 12, 13, 14, 16, 18, 31, 32, 33, 34, 57, 99	
H2023		SRS Supported Employment; Initial	1/1/2018	1	19.53			03, 04, 11, 12, 13, 14, 16, 17, 18, 19, 22, 23, 53, 55, 57	
H2025		SRS Supported Employment; Subsequent	1/1/2018	1	19.53			03, 04, 11, 12, 13, 14, 16, 17, 18, 19, 22, 23, 53, 55, 56, 57	
H0038		SRS Peer Recovery Support	1/1/2018	1	15.51			Not allowed in 02, 05, 06, 07, 08, 41, 42, 55	
H0038	HQ	SRS Peer Recovery Support; Group	1/1/2018	1	1.94			Not allowed in 02, 05, 06, 07, 08, 41, 42, 55	

* Refers to CMS places of service codes found https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

1. Includes unlicensed practitioners as described in OAC rule 5160-27-01, except for peer recovery supporters.
2. Licensed practitioner has the same meaning as "supervised practitioner" as described in OAC rule 5160-8-05.
3. Includes licensed psychologists and independent practitioners as described in OAC rule 5160-8-05.
4. Includes physician assistant, clinical nurse specialist, or certified nurse practitioner as described in OAC rule 5101-27-01.
5. Physician as described in OAC rule 5160-27-01.
6. Peer recovery supporter as described in OAC rule 5160-27-02.
7. CANS assessment defined as either the "Ohio Children's Initiative Brief CANS assessment" or the "Ohio Children's Initiative Comprehensive CANS assessment" available at medicaid.ohio.gov.