

FINAL AI/AN MH FFS Rates effective July 1, 2017

State Plan Modality	CPT/HCPCS Codes	Brief Description	Add Modifier	Modifier	Final Rate Selected July 1, 2017
Crisis Services	H2011	Crisis intervention service, per 15 minutes	TG	UC,UD,U8	\$ 35.10
Crisis Services	H0030	Behavioral health hotline service	TG	UD	\$ 5.52
Day Support	H2012	Beh. health day treatment, per hour	TG	0.00	\$ 13.58
Family Treatment	90846	Family psychotherapy (w/o patient)	TG	UA,UD,U8	\$ 88.66
Family Treatment	90847	Family psychotherapy (w/ patient)	TG	UA,UD,U8	\$ 100.00
Group Treatment Services	90849	Multiple family group psychotherapy	TG	UA,UD,U8	\$ 29.93
Group Treatment Services	90853	Group pscyhotherapy	TG	UA,UD,U8	\$ 29.16
High Intensity Treatment	H0040	Assertive comm treatment program, per diem	TG	0.00	\$ 149.58
High Intensity Treatment	H2022	Comm-based wrap-around service, per diem	TG	0.00	\$ 44.20
High Intensity Treatment	H2033	Multisystemic therapy for juveniles, per 15 minutes	TG	U8	\$ 17.13
High Intensity Treatment	S9480	Intensive outpt psychiatric services, per diem	TG	0.00	\$ 30.89
Individual Treatment	90832	Psychotherapy 30 minutes with patient and/or family member	TG	GT,UA,UD,U8	\$ 55.91
Individual Treatment	90833	Psychotherapy 30 minutes with patient and/or family member when performed with an evaluation and management service	TG	GT,UA,UD,U8	\$ 67.86
Individual Treatment	90834	Psychotherapy 45 minutes with patient and/or family member	TG	GT,UA,UD,U8	\$ 87.78
Individual Treatment	90836	Psychotherapy 45 minutes with patient and/or family member when performed with an evaluationa and management service	TG	GT,UA,UD,U8	\$ 100.07
Individual Treatment	90837	Psychotherapy 60 minutes with patient and/or family member	TG	GT,UA,UD,U8	\$ 105.33
Individual Treatment	90838	Psychotherapy 60 minutes with patient and/or family member when performed with an evaluationa and management service	TG	GT,UA,UD,U8	\$ 147.30
Individual Treatment	90889	Preparation of reports of patient psychiatric status, hex, TX, or progress for other individuals, agencies, or ins. carriers	TG	UA,UD,U8	\$ 42.86
Individual Treatment	99354	Prolonged evaluation and management or psychotherapy services in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour	TG	GT,UA,UD,U8	\$ 106.53
Individual Treatment	99355	Prolonged evaluation and management or psychotherapy services in the office or other outpatient setting requiring direct patient contact beyond the usual service, each additional 30 minutes	TG	GT,UA,UD,U8	\$ 105.40
Individual Treatment	H0004	Beh health counseling and therapy, per 15 minutes	TG	UA,UD,U8	\$ 26.37
Individual Treatment	H0036	Comm psychiatric supportive treatment, face-to-face, per 15 minutes	TG	UA,UC,UD,U8	\$ 6.22
Individual Treatment	H0046	Mental health services not otherwise specified	TG	UA,UD,U8	\$ 28.05
Individual Treatment	H2014	Skills training and development, per 15 minutes	TG	UA,UD,U8	\$ 14.49
Individual Treatment	H2015	comprehensive community support services, per 15 minutes	TG	UA,UD,U8	\$ 3.08

FINAL AI/AN MH FFS Rates effective July 1, 2017

Individual Treatment	H2017	Psychosocial rehabilitation services, per 15 minutes	TG	UA,UD,U8	\$ 14.51
Intake Evaluation	90791	Psychiatric diagnostic evaluation	TG	52,53,GT,UD,U8	\$ 106.58
Intake Evaluation	90792	Psychiatric diagnostic evaluation with medical services	TG	52,53,GT,UD,U8	\$ 149.52
Intake Evaluation	99201	Evaluation & Management, new patient, level 1	TG	52,53,GT,UD,U8	\$ 34.22
Intake Evaluation	99202	Evaluation & Management, new patient, level 2	TG	52,53,GT,UD,U8	\$ 68.38
Intake Evaluation	99203	Evaluation & Management, new patient, level 3	TG	52,53,GT,UD,U8	\$ 102.24
Intake Evaluation	99204	Evaluation & Management, new patient, level 4	TG	52,53,GT,UD,U8	\$ 145.07
Intake Evaluation	99205	Evaluation & Management, new patient, level 5	TG	52,53,GT,UD,U8	\$ 184.96
Intake Evaluation	99304	E&M, nursing facility, new patient, level 1	TG	52,53,UD	\$ 79.60
Intake Evaluation	99305	E&M, nursing facility, new patient, level 2	TG	52,53,UD	\$ 105.67
Intake Evaluation	99306	E&M, nursing facility, new patient, level 3	TG	52,53,UD	\$ 129.91
Intake Evaluation	99324	E&M, rest home, new patient, level 1	TG	52,53,UD,U8	\$ 70.90
Intake Evaluation	99325	E&M, rest home, new patient, level 2	TG	52,53,UD,U8	\$ 103.38
Intake Evaluation	99326	E&M, rest home, new patient, level 3	TG	52,53,UD,U8	\$ 149.13
Intake Evaluation	99327	E&M, rest home, new patient, level 4	TG	52,53,UD,U8	\$ 196.24
Intake Evaluation	99328	E&M, rest home, new patient, level 5	TG	52,53,UD,U8	\$ 242.90
Intake Evaluation	99341	Home visit	TG	52,53,UD,U8	\$ 32.91
Intake Evaluation	99342	Home visit	TG	52,53,UD,U8	\$ 47.35
Intake Evaluation	99343	Home visit	TG	52,53,UD,U8	\$ 77.50
Intake Evaluation	99344	Home visit	TG	52,53,UD,U8	\$ 108.72
Intake Evaluation	99345	Home visit	TG	52,53,UD,U8	\$ 131.86
Intake Evaluation	99354	Prolonged evaluation and management or psychotherapy services in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour	TG	52,53,GT,UD,U8	\$ 106.53
Intake Evaluation	99355	Prolonged evaluation and management or psychotherapy services in the office or other outpatient setting requiring direct patient contact beyond the usual service, each additional 30 minutes	TG	52,53,GT,UD,U8	\$ 105.40
Intake Evaluation	99356	Prolonged service in the inpatient or observation setting, first hour	TG	52,53,UD	\$ 55.00
Intake Evaluation	99357	Prolonged service in the inpatient or observation setting, additional 30 minutes	TG	52,53,UD	\$ 54.57
Intake Evaluation	H0031	Mental health assessment, by non-physician	TG	52,53,UD,U8	\$ 156.65
Medication Management	96372	Therapeutic, prophylactic or diagnostic injection	TG	UD,U8	\$ 15.71
Medication Management	99211	E&M, established patient, level 1	TG	GT,UD,U8	\$ 22.14
Medication Management	99212	E&M, established patient, level 2	TG	GT,UD,U8	\$ 40.33

FINAL AI/AN MH FFS Rates effective July 1, 2017

Medication Management	99213	E&M, established patient, level 3	TG	GT,UD,U8	\$ 55.23
Medication Management	99214	E&M, established patient, level 4	TG	GT,UD,U8	\$ 86.85
Medication Management	99215	E&M, established patient, level 5	TG	GT,UD,U8	\$ 127.11
Medication Management	99307	E&M, established patient, nursing facility, level 1	TG	GT,UD	\$ 41.17
Medication Management	99308	E&M, established patient, nursing facility, level 2	TG	GT,UD	\$ 68.62
Medication Management	99309	E&M, established patient, nursing facility, level 3	TG	GT,UD	\$ 96.06
Medication Management	99310	E&M, established patient, nursing facility, level 4	TG	GT,UD	\$ 120.31
Medication Management	99334	E&M, established patient, rest home, level 1	TG	UD,U8	\$ 54.89
Medication Management	99335	E&M, established patient, rest home, level 2	TG	UD,U8	\$ 86.46
Medication Management	99336	E&M, established patient, rest home, level 3	TG	UD,U8	\$ 132.66
Medication Management	99337	E&M, established patient, rest home, level 4	TG	UD,U8	\$ 195.33
Medication Management	99347	Domiciliary or rest home visit,	TG	UD,U8	\$ 33.13
Medication Management	99348	Home visit,	TG	UD,U8	\$ 50.32
Medication Management	99349	Home visit,	TG	UD,U8	\$ 76.65
Medication Management	99350	Home visit,	TG	UD,U8	\$ 106.17
Medication Management	T1001	Nursing assessment/evaluation	TG	UD,U8	\$ 20.52
Medication Monitoring	H0033	Oral medication admin, direct observation	TG	UD,U8	\$ 8.77
Medication Monitoring	H0034	Medication training and support, per 15 minutes	TG	UD,U8	\$ 8.05
Mental Health Services Provided in a Residential Setting	H0018	Behaviorial health; short term residential, w/o room and board, per diem	TG	UD	\$ 223.14
Mental Health Services Provided in a Residential Setting	H0019	Behaviorial health; long term residential, w/o room and board, per diem	TG	UD	\$ 128.38
Peer Services	H0038	Self-help/peer services, per 15 minutes	TG	UD,U8	\$ 12.30
Psychological Assessment	96101	Psychological testing, per hour of the psychologist's or physician's time	TG	UD,U8	\$ 95.44
Psychological Assessment	96102	Psychological testing, by technician w/interpretation by professional, per hour of the technician's time	TG	UD,U8	\$ 42.42
Psychological Assessment	96103	Psychological testing, by computer w/interpretation by professional	TG	UD,U8	\$ 79.53
Psychological Assessment	96110	Developmental testing, limited	TG	UD,U8	\$ 13.17
Psychological Assessment	96111	Developmental testing, extended	TG	UD,U8	\$ 66.16
Psychological Assessment	96116	Neurobehavioral status exam, by physician or psychologist, per hour	TG	GT,UD,U8	\$ 66.16
Psychological Assessment	96118	Neuropsychological testing, by physician or psychologist, per hour	TG	UD,U8	\$ 106.04

FINAL AI/AN MH FFS Rates effective July 1, 2017

Psychological Assessment	96119	Neuropsychological testing, by technician w/interpretation by professional, per hour	TG	UD,U8	\$ 42.42
Psychological Assessment	96120	Neuropsychological testing, by technician w/interpretation by professional	TG	UD,U8	\$ 79.53
Rehabilitation Case Management	H0023	Behavioral health outreach service	TG	52,53,UD,U8,U9	\$ 80.51
Special Population Evaluation	T1023 HE	Screening for appropriateness for spec program	TG	HE,UD,U8	\$ 90.78
Stabilization Services	S9484	Crisis intervention mental health services, per hour	TG	UD,U8	\$ 63.98
Stabilization Services	S9485	Crisis intervention mental health services, per diem	TG	UD,U8	\$ 382.33
Therapeutic Psychoeducaton	H0025	Beh health prevention education service	TG	UD,U8	\$ 8.02
Therapeutic Psychoeducaton	H2027	Psychoeducational service, per 15 minutes	TG	UD,U8	\$ 14.63
Therapeutic Psychoeducaton	S9446 - HE	Patient education, nonphysician provider, group, per session	TG	UD,U8	\$ 6.03
Freestanding Evaluation and Treatment Services					\$ 824.00