

FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS
Effective January 1,2025

Notes on interpreting the fee schedule:

1. The rendering provider requirements, the units, and the max units are described on the fee schedule and are stated as MAD and BHSD currently considers them.
2. This fee schedule does not include rates for Applied Behavior Analysis for Autism; they are on a separate fee schedule.
3. Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements. Providers who are not licensed for independent practice are included in the column labeled "master's level for independent and for supervised non-independent licensure types."
4. FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, licensed crisis triage centers, opioid treatment programs, and crisis services community providers may also be authorized to perform some services that under "USE" are stated to be used by CSAs, CMHCs, CLNM HHs, and BHAs.
5. Key: BHA= Behavioral Health Agency; CLNM HH= Care Link New Mexico Health Home; CMHC= Community Mental Health Center; CSA= Core Service Agency.
6. This fee schedule is for services provided to Medicaid fee-for-service recipients. Managed care provider rates are negotiated between the provider and the MCO and may differ from the fee-for-service fee schedule. These rates also are not applicable to claims paid by the Behavioral Health Services Division.

NOTE THAT THIS FEE SCHEDULE IS NOT INTENDED TO CONTAIN EVERY CODE THAT A BH PROVIDER COULD POTENTIALLY BILL. For lab codes, radiology codes, and injection codes, it is important to refer to the general provider fee schedule on the HSD website at: <https://www.hsd.state.nm.us/providers/fee-schedules/>

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
Residential Treatment Centers for Youth					
Report Referring or Ordering Provider in the Attending Provider Field	0190		RTC for youth Daily rate, not including discharge date Units = number of days	\$470.58	
Report Referring or Ordering Provider in the Attending Provider Field	1001		ARTC PSYCHIATRIC for youth Daily rate, not including discharge date Units = number of days	\$677.80	
Report Referring or Ordering Provider in the Attending Provider Field	1002		ARTC CHEMICAL DEPENDENCY for youth Daily rate, not including discharge date Units = number of days	\$677.80	
Report Referring or Ordering Provider in the Attending Provider Field	1005		GROUP HOME for youth Daily rate, not including discharge date Units = number of days	\$290.49	
Residential Treatment Centers for Adults (Substance Use Disorders)					
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0019	Tier 1 ASAM 3.1 placement criteria. Clinically monitored, low intensity level of care long term residential (non medical, non-acute care in a residential treatment program).	\$249.04	
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0018	Tier 2 ASAM 3.2WM, 3.2, 3.3, 3.5 placement criteria. Clinically monitored, medium to high intensity level of care for sub acute, detoxification and/or residential addiction program.	\$349.76	
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0017	Tier 3 ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program.	\$607.98	
IHS, TRIBAL FACILITIES AND FQHC'S					
NO	0919		IHS/Tribal BH unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized BH services	OMB Rate or as otherwise negotiated	
NO	0919		FQHC for BH services unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized services	FQHC encounter rate	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
INSTITUTIONS FOR MENTAL DISEASE (IMDs)					

Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semiprivate room		Institute for Mental Disease (IMD) For inpatient for SUD for patient aged 22 through 64	% of billed charges then cost settled for FFS As negotiated for MCOs	
Report Referring or Ordering Provider in the Attending Provider Field	0114 for private room 0124 for semiprivate room		Institute for Mental Disease (IMD) Inpatient for mental disease or SUD for patient ages 21 and under or ages 65 and over	% of billed charges then cost settled for FFS As negotiated for MCOs	
Withdrawal Management (WM) (detoxification) codes To be added to all IP, IMD, ARTC, CTC, or OP service environments in which WM is provided. No reimbursement is made; this is for tracking purposes only.					
NO	When billing the UB/837I format, use rev code 0229	H0014	Ambulatory detoxification (ASAM levels 1 and 2)		
NO	When billing the UB/837I format, use rev code 0229	H0010	Sub acute detoxification (ASAM levels 3.2 WM) in residential or crisis triage center		
NO	When billing the UB/837I format, use rev code 0229	H0011	Acute detoxification (ASAM level 3.7 WM) in a residential treatment center or crisis triage center		
NO	When billing the UB/837I format, use rev code 0229	H0008	Sub acute detoxification (ASAM level 3.7 WM) in a hospital		
NO	When billing the UB/837I format, use rev code 0229	H0009	Acute detoxification (ASAM level 4 WM) in a hospital.		
CRISIS TRIAGE CENTERS (Licensed) (CTC)					
Report Referring or Ordering Provider in the Attending Provider Field	0169		Crisis Triage Center (CTC) Residential/Non residential	Based on cost analysis	
Report Referring or Ordering Provider in the Attending Provider Field	0513		Crisis Triage Center (CTC) Non residential	Based on cost analysis	
Bill these revenue codes on the same claim for residential and non residential CTC services.					
NO	0905		Intensive Outpatient (IOP) psychiatric	No payment bill for tracking purposes only	
NO	0906		Intensive OP Chemical Dependency	No payment bill for tracking purposes only	
NO	0914		Individual Therapy	No payment bill for tracking purposes only	
NO	0915		Group Therapy	No payment bill for tracking purposes only	
NO	0916		Family Therapy	No payment bill for tracking purposes only	
NO	0944		Drug Rehab	No payment bill for tracking purposes only	
NO	0945		Alcohol Rehab	No payment bill for tracking purposes only	
NO	0961		Psychiatric	No payment bill for tracking purposes only	
NO	0984		Medical Social Services	No payment bill for tracking purposes only	
CRISIS SERVICES					
Use Informational Modifier HA if MRSS team for children					
NO		S9485	Mobile Crisis Licensed Response Unit = Per Encounter	\$1,804.61	HO include information modifier HA when this code is used for MRSS for children
NO		S9485	Mobile Crisis Licensed Response with Peer Unit = Per Encounter	\$1,814.13	HT include information modifier HA when this code is used for MRSS for children
NO		S9485	Mobile Crisis Non Licensed Response Unit = Per Encounter	\$1,586.78	include information modifier HA when this code is used for MRSS for children
NO		S9485	Mobile Crisis Team Response with Telehealth in Unit = Per Encounter	\$1084.96	GT include information modifier HA when this code is used for MRSS for children
Use Informational Modifier HA if MRSS team for children					

NO		H2011	Licensed Response Crisis Licensed & Crisis Level 1 Non Licensed Unit: 15 min	\$86.76	HO <i>include information modifier HA when this code is used for MRSS for children</i>
NO		H2011	Non Licensed Response Crisis Level II Non Licensed & Crisis Peer/Youth & Family Support Unit: 15 min	\$77.06	<i>include information modifier HA when this code is used for MRSS for children</i>
NO		H2011	Licensed Response Crisis Licensed & Crisis Peer/Youth & Family Support Unit: 15 min	\$86.76	HT <i>include information modifier HA when this code is used for MRSS for children</i>
NO		H2011	Team Response with Telehealth Unit: 15 min	\$54.70	GT <i>include information modifier HA when this code is used for MRSS for children</i>
Telephonic Follow Up					
NO		H0030	Mobile Crisis Follow Up Telephone Unit: 15 min	\$27.75	HA
Stabilization Services Children					
NO		S9482	Stabilization Services Licensed & Peer Unit: 15 min	\$90.73	HA /HT
NO		S9482	Stabilization Services Licensed & Non Licensed Unit: 15 min	\$90.73	HA/ HT
NO		S9482	Stabilization Services Non Licensed Only Unit: 15 min	\$48.53	HA
NO		S9482	Stabilization Services Licensed Only Unit: 15 min	\$60.86	HA/ HO
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
PARTIAL HOSPITALIZATION					
Report Referring or Ordering Provider	0912	S0201	Partial Hospitalization	\$755.97 per day, during which a minimum of 4 hours of services must have been provided during the day	
PARTIAL HOSPITALIZATION PROFESSIONAL SERVICES WHEN PROVIDED BY THE INSTITUTION'S PROFESSIONAL COMPONENT OR PROVIDERS WHO ARE NOT ON THE HOSPITAL STAFF					
YES		97530	OCCUPATIONAL SERVICES THERAPEUTIC	\$51.18 per 15 min 6 unit max	
YES		G0410	GROUP PSYCHOTHERAPY 45 50 MINUTES	\$46.18	
YES		G0411	INTERACTIVE GROUP PSYCHOTHERAPY	\$51.74	
YES		90832 90838	INDIVIDUAL PSYCHOTHERAPY	see individual rates below	
Report Referring or Ordering Provider	Use rev code specific to lab service	Use procedure code specific to lab service	Laboratory	Priced according to outpatient hospital rules	
TREATMENT FOSTER CARE					
NO		S5145	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31	\$491.19	
NO		S5145	TREATMENT FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31	\$364.88	U1 (Level II)
OPIOID TREATMENT PROGRAM (OT) BY AN OPIOID TREATMENT PROVIDER CENTER					
NO		H0001	OPIOID TREATMENT EXAM INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1	\$80.18	
NO		H0020	METHADONE CLINIC SERVICES Unit = per day Max units = 1	\$21.11	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
These new codes for counseling are allowed for Opioid Treatment Centers in addition to the existing codes for dispensing methadone and other services currently reimbursed to Opioid Treatment Centers.					

YES		H0025	Opioid Treatment Program BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Individual session Unit = 1	\$63.56 per 30 min unit	
YES		H0025	Group for OTP BH prevention/education service with target population to affect knowledge, attitude, and/or behavior Group session Unit = 1	\$50.79 per 30 min unit	HQ
HIGH FIDELITY WRAP AROUND SERVICES					
YES		G9003	High-Fidelity Wraparound (HFW) - Community Based Intensive Care Coordination Process and Service Planning (for youth who are involved in two or more systems or for at risk children between the ages of 0-5) Unit = PPM (No additional code will need to be billed in conjunction with the G9003 code)	\$2336.23	
OTHER SPECIALIZED OUTPATIENT SERVICES - Rural Rate to be paid based on Provider Entered Modifier 'TN' based on Members' County of residence.					
NO		H0015	INTENSIVE OUTPATIENT (IOP) for SUD Daily rate = 1 unit per day	\$315.88	
NO		H0015	INTENSIVE OUTPATIENT (IOP) Substance Use Disorder (SUD) for Youth Daily rate = 1 unit per day (at least 1.5 hours of service)	\$236.91	HA
NO		S9480	INTENSIVE OUTPATIENT (IOP) PSYCHIATRIC SERVICES, PER DIEM for Mental Health Daily rate = 1 unit per day	\$315.88	
NO		S9480	INTENSIVE OUTPATIENT (IOP) PSYCHIATRIC SERVICES, PER DIEM Mental Health (MH) for Youth Daily rate = 1 unit per day (at least 1.5 hours of service)	\$236.91	HA
NO		H0039	ASSERTIVE COMMUNITY TREATMENT (ACT) FACE TO FACE Unit = 15 min Max units = 40	\$79.50	required: U1 face to face U2 collateral encounter U3 assertive outreach U4 group
NO		H2012	BEHAVIORAL HEALTH DAY TREATMENT Unit = 1 hour Max units = 8	\$27.78	
NO		H2014	BEHAVIOR MANAGEMENT Skills (BMS) Training Unit = 15 min Max units = 24	\$14.48	
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$24.10	HM (less than a bachelor's or a peer specialist)
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$28.90	HM (less than a bachelor's or peer specialist) and CG (policy criteria in community)
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$29.02	HN (bachelor's)
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$34.83	HN (bachelor's) and CG (in community)

YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$33.11	HO (master's)
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	\$39.74	HO (master's) and CG (in community)
NO		H2017	PSYCHO SOC REHAB SVC Integrated Classroom Unit = 15 min Max Units = 32	\$14.58	
NO		H2017	PSYCHO SOC REHAB SVC Integrated Classroom Unit = 15 min Max Units = 32	\$14.88	HQ (group setting)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$66.35	HK HO (master's level existing team)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$81.37	HK HO TN (master's level existing team; rural)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$60.30	HK HN (bachelor's level existing team)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$74.32	HK HN TN (bachelor's level existing team; rural)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$80.46	HK HO U1 (master's level new team)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$98.10	HK HO TN U1 (master's level new team; rural)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$74.22	HK HN U1 (bachelor's level new team)
YES		H2019	FUNCTIONAL FAMILY THERAPY (FFT) evidence-based, short term and intensive family-based and manual driven treatment program Unit = 15 min Max Units = 4 modifier required	\$90.82	HK HN TN U1 (bachelor's level new team; rural)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$66.10	HO (master's level existing team)

YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$79.92	HO TN (master's level existing team; rural)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$55.54	HN (bachelor's level existing team)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$65.80	HN TN (bachelor's level existing team; rural)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$72.30	HO U1 (master's level new team)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$87.20	HO TN U1 (master's level new team; rural)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$60.18	HN U1 (bachelor's level new team)
YES		H2033	MULTISYSTEMIC THERAPY (MST) intensive family and community, evidence-based treatment for youth who are at risk of out-of-home placement or are returning home from an out-of-home placement Unit = 15 min Max Units = 32 modifier required	\$72.48	HN TN U1 (bachelor's level new team; rural)
YES		90832	Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 30)	\$119.97	U1
YES		90834	Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 45)	\$179.95	U1
YES		90837	Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes =60)	\$239.94	U1

YES		90846	Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 50)	\$199.95	U1
YES		90847	Trauma Focused Cognitive Behavioral Therapy (TF CBT) conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events (Minutes = 50)	\$199.95	U1
YES		90832	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 30)	\$121.17	U3
YES		90834	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 45)	\$181.76	U3
YES		90837	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 60)	\$242.35	U3
YES		90846	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 50)	\$201.95	U3
YES		90847	Eye Movement Desensitization and Reprocessing (EMDR) evidence-based psychotherapy that treats trauma-related symptoms by resolving unprocessed traumatic memories of the brain (Minutes = 50)	\$201.95	U3
YES		H2019	Dialectical Behavioral Therapy (DBT) Therapist a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$112.89	HO
NO		H2019	Dialectical Behavioral Therapy (DBT) Trainee a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$103.87	HN
YES		H2019	Dialectical Behavioral Therapy (DBT) Care Manager a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$96.21	
YES		H2019	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:2 (group of 2 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$108.07	HQ UN

YES		H2019	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:3 (group of 3-4 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$72.11	HQ UP
NO		H2019	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:5 (group of 5-9 individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$43.35	HQ UR
YES		H2019	Dialectical Behavioral Therapy (DBT) Group Therapy Rate 2:10 (group of 10 or more individuals) a cognitive behavioral approach to treatment to teach individuals better management of powerful emotions, urges, and thoughts that can disrupt daily living if not addressed in a structured treatment approach (Per 15 minutes)	\$21.72	HQ US
SBIRT (SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT)					
YES		H0049	SBIRT: Alcohol and/or Drug Screening utilizing State developed tool Unit = 1	\$42.85	
YES		H0050	SBIRT: Brief Intervention Unit = 15 minutes	\$85.70	
YES		G0444	Other Behavioral Health Screening	\$26.36	
YES		G0443	Other Brief Intervention Unit = 15 minutes	\$35.87	
Diagnosis codes to be used with screening, brief intervention, and group therapy only.					
		Z13.89	Screening for alcohol & other drugs		
		Z13.9	Screening for unspecified (includes mental disorder, depression)		
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance		
		Z71.5	Brief intervention drug abuse counseling and surveillance		
		Z71.9	Brief intervention – counseling, non specified		
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance		
		Z71.5	Brief intervention drug abuse counseling and surveillance		
		Z71.9	Brief intervention – counseling, non specified		
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
INTERDISCIPLINARY TEAMING					
YES		G0175	Scheduled interdisciplinary team conference (lead agency) SMI/SED/SUD	\$317.43 bill 1 unit for a session of 30 to 89 minutes	U1
YES		G0175	Scheduled interdisciplinary team conference (lead agency) SMI/SED/SUD	\$634.86 bill 2 units for a session of 90 minutes or more	U1
YES		G0175	Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD And the participating agency has only one individual attending	\$111.10 bill 1 unit for a session of 30 to 89 minutes	U2
YES		G0175	Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD And the participating agency has only one individual attending	\$222.20 bill 2 units for a session of 90 minutes or more	U2
YES (any 1 of the 2 or more individuals may be reported)		G0175	Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD But the participating agency has two or more individuals attending	\$222.20 bill 1 unit for a 30 to 89 minute session	U3

YES (any 1 of the 2 or more individuals may be reported)		G0175	Scheduled interdisciplinary team conference (participating agency) SMI/SED/SUD But the participating agency has two or more individuals attending	\$444.40 bill 2 units for a session of 90 minutes or more	U3
YES		S0220	Lead agency, leading an interdisciplinary team meeting to coordinate activities of patient care with patient present (approximately 30 minutes) lead agency any BH diagnosis	\$206.33 bill 1 unit for a session of 30 to 59 minutes	U1
YES		S0220	Participating practitioner attending interdisciplinary team meeting to coordinate activities of patient care with patient present (approximately 30 minutes) Participating agency (non lead) any BH diagnosis	\$111.10 bill 1 unit for a 30 to 59 minute session	U2
YES		S0221	Lead agency, leading an interdisciplinary team meeting to coordinate activities of patient care with patient present (approximately 60 minutes) lead agency any BH diagnosis	\$371.39 bill 1 unit for a session of 60 minutes or more	U1
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
OTHER BEHAVIORAL HEALTH EVALUATION AND THERAPY CODES					
YES		G0176	ACTIVITY THERAPY SUCH AS MUSIC, DANCE, ART OR PLAY (NOT FOR RECREATION) 45 min or more Unit = 1 service Max Units = 1	\$167.78	
YES		G0176	ACTIVITY THERAPY GROUP Unit = 1 hour	\$45.12	HQ
rendering and referring		G0406	INPATIENT CONSULTATION TELEHEALTH 15 min Unit = 1 Max unit = 1 per event	\$59.46	
rendering and referring		G0407	INPATIENT CONSULTATION TELEHEALTH 25 min Unit = 1 Max unit = 1 per event	\$103.28	
rendering and referring		G0408	INPATIENT CONSULTATION TELEHEALTH 35 min Unit = 1 Max unit = 1 per event	\$150.52	
NO		G0493	SKILLED SERVICES OF AN RN FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION Unit = 15 min Max units = 40	\$25.96	
YES		H0031	COMPREHENSIVE MH HEALTH ASSESSMENT AND DEVELOPMENT OF TREATMENT PLAN FOR RECIPIENT WHO IS NOT SMI OR SED Unit = 1 service Max units = 1	\$206.33	
YES		H0033	ORAL MEDICATION ADMINISTRATION AND DIRECT OBSERVATION FOR SUBOXONE Unit = 1 service Max units = 1	\$476.14	
YES		H0038	INDIVIDUAL PEER SUPPORT Unit = 15 min Max Units = 48	\$25.06	
YES		H0038	PEER SUPPORT IN A GROUP SETTING Unit = 15 min Max Units = 48	\$11.43	HQ
YES		H2000	COMPREHENSIVE MULTIDISCIPLINARY TEAM EVALUATION assessment and development of treatment plan for SMI or SED recipient Unit = 1 service per recipient Max units = 1 Each practitioner cannot bill for the same session	\$641.11	
YES		H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM (ASAM Level Of Care Assessment and Recommendation)	\$197.10	

NO		H2010	COMPREHENSIVE MED SVC Unit = 15 min Max units = 4 includes medication assessment, administration, monitoring and recipient education	\$47.62	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
NO		H2011	CRISIS INTERVENTION SVC telephone Unit = 15 min Max Units = 40	\$26.88	U1 (telephone)
NO		H2011	CRISIS INTERVENTION SVC in a clinic setting face to face Unit = 15 min Max Units = 40	\$40.06	U2 (face to face)
NO		H2011	CRISIS INTERVENTION SVC 2 individuals mobile Unit = 15 min Max Units = 40 The rate assumes 2 practitioners are responding, but the provider still just bills 1 unit for each 15 minutes. The provider does not double the units to account for the two practitioners.	\$80.14	U3 (mobile)
NO		H2011	CRISIS INTERVENTION SVC stabilization Unit = 15 min Max Units = 40	\$40.06	U4 (stabilization)
NO		Q3014	Telehealth Facility Fee Unit = 1 event	\$30.43	
YES		T1001	NURSING ASSESSMENT EVALUATION for Behavioral Health Assessment which may be prolonged in crisis situations. Unit = 1 per event However, if the service is prolonged (more than 30 minutes) 1 Unit may be billed for every 30 minutes of time, with a maximum number of 16 units.	\$69.19	
NO		T1007	TREATMENT OR SERVICE PLAN UPDATE DEVELOPMENT Unit = 1 service Max Units = 1	\$175.83	
Ordering or Referring provider		36415	BLOOD DRAW ROUTINE VENIPUNCTURE	\$13.25	
Some of the codes below allow use of the modifiers UH and TV. UH after hours. TV (holidays and weekends) the weekend modifier may be billed for services rendered on a weekend, regardless of the provider's business hours. Holidays are considered to be official State holidays: New Year's					
YES		90785	ADD ON CODE in addition to primary procedure per session see CPT description Unit = 1 service Max Units = 1	\$21.24	
YES		90785	ADD ON CODE see CPT description Unit = 1 service Max Units = 1	\$25.49	TV or UH
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
YES		90791	Psychiatric Diagnostic Evaluation see CPT description Unit = 1 service Max Units = 1	\$249.22	
YES		90791	Psychiatric Diagnostic Evaluation see CPT description Unit = 1 service Max Units = 1	\$299.06	TV or UH
YES		90792	Psychiatric Diagnostic Evaluation with Medical Services see CPT description Unit = 1 service Max Units = 1	\$280.56	
YES		90792	Psychiatric Diagnostic Evaluation with Medical Services see CPT description Unit = 1 service Max Units = 1	\$336.67	TV or UH
YES		90832	Psychotherapy see CPT description Unit = 30 min Max Units = 2 One session is billed as 1 unit	\$113.50	
YES		90832	Psychotherapy see CPT description Unit = 30 min Max Units = 2	\$136.20	TV or UH

YES		90833	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description	\$104.33	
YES		90833	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 20 min Max Units = 2	\$125.20	TV or UH
YES		90834	Psychotherapy see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit	\$149.65	
YES		90834	Psychotherapy see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit	\$233.09	TV or UH
YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2	\$131.78	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2	\$158.14	TV or UH
YES		90837	Psychotherapy see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit	\$220.66	
YES		90837	Psychotherapy see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit	\$264.79	TV or UH
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1	\$174.71	
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1	\$209.65	TV or UH
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1	\$212.35	
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1	\$254.82	TV or UH
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1	\$105.35	
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1	\$126.42	TV or UH
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description	\$142.92	
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description	\$144.88	TV or UH
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description	\$120.73	HK conducted in the home
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description	\$149.66	

YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description	\$173.91	TV or UH
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description	\$138.81	HK conducted in the home
YES		90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY see CPT description	\$53.46	
YES		90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY see CPT description	\$53.94	TV or UH
YES		90853	GROUP THERAPY see CPT description	\$40.08	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
YES		90853	GROUP THERAPY see CPT description	\$49.68	TV or UH
YES		90863	PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure.	\$40.67	
YES		90863	PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure.	\$57.14	TV or UH
YES		90885	see CPT description	\$69.71	
YES		90889	see CPT description	\$67.92	
YES		96110	see CPT description	\$16.33	
PSYCHOLOGICAL TESTING					
YES		96116	NEUROBEHAVIORAL STATS EXAM see CPT description	\$132.53	
YES		96121	NEUROBEHAVIORAL STATS EXAM see CPT description	\$108.59	
YES		96130	PSYCHOLOGICAL TESTING first hour see CPT description	\$173.68	
YES		96131	PSYCHOLOGICAL TESTING see CPT description	\$124.12	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
YES		96132	NEUROPSYCHOLOGICAL TESTING see CPT description	\$184.44	
YES		96133	NEUROPSYCHOLOGICAL TESTING see CPT description	\$139.73	
YES		96136	TEST ADMINISTRATION AND SCORING see CPT description	\$58.49	
YES		96137	TEST ADMINISTRATION AND SCORING see CPT description	\$52.60	
YES		96138	TEST ADMINISTRATION AND SCORING see CPT description	\$46.07	
YES		96139	TEST ADMINISTRATION AND SCORING see CPT description	\$47.40	
YES		96146	PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING BY COMPUTER see CPT description	\$3.25	
YES		96160	see CPT description	\$4.49	
YES		99202	see CPT description	see CPT Fee Schedule	
YES		99203	see CPT description	see CPT Fee Schedule	
YES		99204	see CPT description	see CPT Fee Schedule	
YES		99205	see CPT description	see CPT Fee Schedule	
YES		99211	see CPT description	see CPT Fee Schedule	
YES		99212	see CPT description	see CPT Fee Schedule	
YES		99213	see CPT description	see CPT Fee Schedule	

YES		99214	see CPT description	see CPT Fee Schedule	
YES		99215	see CPT description	see CPT Fee Schedule	
		99218	see CPT description	see CPT Fee Schedule	
RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE
YES		99221	see CPT description	see CPT Fee Schedule	
YES		99222	see CPT description	see CPT Fee Schedule	
YES		99223	see CPT description	see CPT Fee Schedule	
YES		99231	see CPT description	see CPT Fee Schedule	
YES		99232	see CPT description	see CPT Fee Schedule	
YES		99233	see CPT description	see CPT Fee Schedule	
YES		99234	see CPT description	see CPT Fee Schedule	
YES		99235	see CPT description	see CPT Fee Schedule	
YES		99236	see CPT description	see CPT Fee Schedule	
YES		99238	see CPT description	see CPT Fee Schedule	
YES		99239	see CPT description	see CPT Fee Schedule	
YES		99241	see CPT description	see CPT Fee Schedule	
REFERRING is required		99242	see CPT description	see CPT Fee Schedule	
REFERRING is required		99243	see CPT description	see CPT Fee Schedule	
REFERRING is required		99244	see CPT description	see CPT Fee Schedule	
REFERRING is required		99245	see CPT description	see CPT Fee Schedule	
REFERRING is required		99251	see CPT description	see CPT Fee Schedule	
YES		99252	see CPT description	see CPT Fee Schedule	
YES		99253	see CPT description	see CPT Fee Schedule	
YES		99254	see CPT description	see CPT Fee Schedule	
YES		99255	see CPT description	see CPT Fee Schedule	
YES		99304	see CPT description	see CPT Fee Schedule	
YES		99305	see CPT description	see CPT Fee Schedule	
YES		99306	see CPT description	see CPT Fee Schedule	
YES		99307	see CPT description	see CPT Fee Schedule	
YES		99308	see CPT description	see CPT Fee Schedule	
YES		99309	see CPT description	see CPT Fee Schedule	
YES		99310	see CPT description	see CPT Fee Schedule	
YES		99415	see CPT description	see CPT Fee Schedule	
YES		99416	see CPT description	see CPT Fee Schedule	
YES		99417	see CPT description	see CPT Fee Schedule	
YES		99418	see CPT description	see CPT Fee Schedule	
YES		99406	see CPT description	see CPT Fee Schedule	
YES		99407	see CPT description	see CPT Fee Schedule	
BH SERVICES FOR MCO MEMBERS ONLY					
		H2030	Recovery Services		
		S5110	Family Support Services		
		T1005	Respite Services		
FQHC SPECIFIC INSTRUCTIONS FOR CERTAIN SERVICES					
Please see the BH Policy and Billing manual for specific instructions for Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Hospital Based Rural Health Clinics (HB RHC) and Indian Health Service (IHS) FQHCs providing Specialized					