



Code	Code Description	Rates
90791	Psychiatric diagnostic evaluation (w/ Non-Medical Services)	\$99.29
90792	Psychiatric diagnostic evaluation (w/ Medical Services)	\$491.48
90832	30 Minutes of Psychotherapy	\$56.91
90834	45 Minutes of Psychotherapy	\$121.41
90837	60 Minutes of Psychotherapy	\$156.42
90846	Family Therapy, per session	\$145.95
90847	Family psychotherapy (conjoint psychotherapy)	\$200.44
90853	Group Therapy, adult or child, per session	\$228.49
90853UN	Group Therapy, adult or child, per session 2	\$114.00
90853UP	Group Therapy, adult or child, per session 3	\$79.82
90853UQ	Group Therapy, adult or child, per session 4	\$58.18
90853UR	Group Therapy, adult or child, per session 5	\$46.10
90853US	Group Therapy, adult or child, per session 6 or more	\$38.42
96112	Developmental test administration (incl. assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions), by physician or other QHP, with interpretation and report; First hour	\$158.88
96113	Developmental test administration (incl. assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions), by physician or other QHP, with interpretation and report; Each addit. 30 mins	\$67.53
96372	Injection Administration	\$43.65
97802	Medical Nutrition Therapy, Initial Assess & Intervention	\$52.69
99204	Med Review, New Pt, 45 minutes	\$837.71
99205	New Patient 60-74 minutes	\$838.71
99212	Established Patient 10-19 minutes	\$115.50
99213	Established Patient 20-29 minutes	\$265.82
99214	Established Patient 30-39 minutes	\$431.10
99215	Established Patient 40-54 minutes	\$646.27
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.	\$73.20
99506	Home Visit for Injection	\$63.73
H0001	Alcohol/Drug Assessment done by Provider	\$120.18
H0001 QJ	Alcohol/Drug Assessment done by Provider	\$118.52
H0002	Brief screening to non-inpatient program	\$30.32
H0004	SA Individual Counseling	\$31.86
H0015	IOP Services	\$234.60
H0022	Early Recovery Group	\$41.12
H0031	Mental Health Assessment, by Non-Physician	\$214.30
H0032	MH Service Plan Development by Non-Physician	\$115.85
H0036	Community Psychiatric Supportive Tx	\$147.68



H0036 QJ	Community Psychiatric Supportive Tx	\$145.33
H0038	Peer Specialist - Certified Peer Specialist	\$55.30
H0038 QJ	Peer Specialist - Certified Peer Specialist	\$49.29
H0038 UN	Peer Specialist - Certified Peer Specialist	\$29.07
H0038 UP	Peer Specialist - Certified Peer Specialist	\$19.59
H0038 UQ	Peer Specialist - Certified Peer Specialist	\$14.95
H0038 US	Peer Specialist - Certified Peer Specialist	\$8.38
H0038 UR	Peer Specialist - Certified Peer Specialist	\$9.17
H0039	ACT	\$133.78
H0039 QJ	ACT	\$171.33
H0050	SA Targeted Case Management	\$37.47
H0050 QJ	SA Targeted Case Management	\$27.28
H2000	Behavior Treatment Plan Review	\$869.47
H2000 TS	Behavior Treatment Plan Monitoring	\$1,027.06
H2011	Crisis Intervention Services	\$99.65
H2011 HT	Crisis Intervention Services	\$1,552.71
H2014 UN	Skills Training and Development Services	\$9.49
H2014 UP	Skills Training and Development Services	\$7.61
H2014 UQ	Skills Training and Development Services	\$7.57
H2015	Comprehensive Community Support Services	\$11.15
H2015 UN	Comprehensive Community Support Services	\$8.78
H2015 UNUJ	Comprehensive Community Support Services	\$6.34
H2015 UP	Comprehensive Community Support Services	\$4.55
H2015 UQ	Comprehensive Community Support Services	\$4.10
H2015 UQUJ	Comprehensive Community Support Services	\$5.66
H2015 UR	Comprehensive Community Support Services	\$6.31
H2015 US	Comprehensive Community Support Services	\$3.89
H2016	Comprehensive Community Support Services, per diem basis	\$245.60
H2019	Therapeutic Behavioral Services: DBT	\$45.05
H2019 UN	Therapeutic Behavioral Services: DBT	\$20.71
H2019 UP	Therapeutic Behavioral Services: DBT	\$13.24
H2019 UQ	Therapeutic Behavioral Services: DBT	\$9.93
H2021	Specialized Wraparound Facilitation	\$114.40
H2022	Wraparound Per Diem (SEDW Only)	\$366.29
H2023	Supported Employment	\$35.12
H2025	Ongoing support to maintain employment, per 15 minutes	\$51.35
H2030	Mental Health Clubhouse Services	\$3.85
S5111	Home Care Training, family per session	\$86.14
S9976	Lodging, per diem, not otherwise classified	\$957.54
T1002	RN Services, up to 15 min	\$17.31
T1005	Respite Care Services, up to 15 min	\$6.17



T1005 UN	Respite Care Services, up to 15 min	\$6.17
T1005 UP	Respite Care Services, up to 15 min	\$6.17
T1005 UQ	Respite Care Services, up to 15 min	\$6.17
T1005 UR	Respite Care Services, up to 15 min	\$6.17
T1005 US	Respite Care Services, up to 15 min	\$6.17
T1017	Targeted Case Management	\$144.41
T1017 QJ	Targeted Case Management	\$139.43
T1020	Personal Care Services (PCA) per diem	\$87.01
T1023	Screening to Determine Appropriateness of Inpatient Hospitalization	\$ 332.24
T2025	Waiver Services that are not otherwise specified	\$143.29
T2027	Specialized Childcare, Waiver; per 15 min	\$5.41
T2027 UN	Specialized Childcare, Waiver; per 15 min	\$1.92