

FY2026 Rates

Code	Code Description	Rates
90791	Psychiatric diagnostic evaluation (w/ Non-Medical Services)	\$ 93.57
90792	Psychiatric diagnostic evaluation (w/ Medical Services)	\$ 399.15
90832	30 Minutes of Psychotherapy	\$ 68.18
90834	45 Minutes of Psychotherapy	\$ 95.58
90837	60 Minutes of Psychotherapy	\$ 146.06
90846	Family Therapy, per session	\$ 123.29
90847	Family psychotherapy (conjoint psychotherapy)	\$ 100.19
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	\$ 92.98
90853UR	Group Therapy, adult or child, per session 5	\$ 74.38
90853US	Group Therapy, adult or child, per session 6 or more	\$ 60.01
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	\$ 188.31
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	\$ 93.02
96372	Injection Administration	\$ 66.24
97802	Medical Nutrition Therapy, Initial Assess & Intervention	\$ 52.69
99205	New Patient 60-74 Minues	\$ 838.71
99212	Established Patient 10-19 minutes	\$ 137.75
99213	Established Patient 20-29 minutes	\$ 288.30
99214	Established Patient 30-39 minutes	\$ 536.55
99215	Established Patient 40-54 minutes	\$ 676.89
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.	\$ 89.35
99506	Home Visit for Injection	\$ 185.22
H0001	Alcohol/Drug Assessment done by Provider	\$ 130.01
H0001 QJ	Alcohol/Drug Assessment done by Provider	\$ 118.52
H0002	Brief screening to non-inpatient program	\$ 30.32
H0004	SA Individual Counseling	\$ 30.32
H0015	IOP Services	\$ 234.60
H0022	Early Recovery Group	\$ 35.09
H0031	Mental Health Assessment, by Non-Physician	\$ 98.66
H0032	MH Service Plan Development by Non-Physician	\$ 45.42
H0036	Community Psychiatric Supportive Tx	\$ 2.20
H0038	Peer Specialist - Certified Peer Specialist	\$ 77.45
H0038 QJ	Peer Specialist - Certified Peer Specialist	\$ 49.29
H0038 UN	Peer Specialist - Certified Peer Specialist	\$ 37.55
H0038 UP	Peer Specialist - Certified Peer Specialist	\$ 25.00

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H0038 UQ	Peer Specialist - Certified Peer Specialist	\$	19.19
H0038 UR	Peer Specialist - Certified Peer Specialist	\$	15.00
H0038 US	Peer Specialist - Certified Peer Specialist	\$	12.49
H0039	ACT	\$	170.90
H0039 QJ	ACT	\$	171.33
H0050	SA Targeted Case Management	\$	43.36
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	\$	282.00
H2011 HT	Crisis Intervention Services	\$	761.83
H2015	Comprehensive Community Support Services	\$	13.87
H2015 UN	Comprehensive Community Support Services	\$	7.38
H2015 UNUJ	Comprehensive Community Support Services	\$	6.14
H2015 UP	Comprehensive Community Support Services	\$	4.95
H2015 UQ	Comprehensive Community Support Services	\$	5.03
H2015 UQUJ	Comprehensive Community Support Services	\$	6.14
H2015 UR	Comprehensive Community Support Services	\$	4.85
H2015 US	Comprehensive Community Support Services	\$	4.52
H2016	Comprehensive Community Support Services, per diem basis	\$	265.50
H2019	Therapeutic Behavioral Services: DBT	\$	45.05
H2019 UN	Therapeutic Behavioral Services: DBT	\$	27.49
H2019 UP	Therapeutic Behavioral Services: DBT	\$	13.24
H2019 UQ	Therapeutic Behavioral Services: DBT	\$	9.93
H2021	Specialized Wraparound Facilitation	\$	430.89
H2023	Supported Employment	\$	3.47
H2025	Ongoing support to maintain employment, per 15 minutes	\$	5.58
H2030	Mental Health Clubhouse Services	\$	4.47
S5111	Home Care Training, family per session	\$	122.25
S9976	Lodging, per diem, not otherwise classified	\$	957.54
T1002	RN Services, up to 15 min	\$	17.32
T1005	Respite Care Services, up to 15 min	\$	7.34
T1005 UN	Respite Care Services, up to 15 min	\$	6.72
T1005 UP	Respite Care Services, up to 15 min	\$	6.73
T1005 UQ	Respite Care Services, up to 15 min	\$	7.00
T1005 UR	Respite Care Services, up to 15 min	\$	6.99
T1005 US	Respite Care Services, up to 15 min	\$	4.90
T1017	Targeted Case Management	\$	156.23
T1017 QJ	Targeted Case Management	\$	159.49
T1020	Personal Care Services (PCA) per diem	\$	85.16
T1023	Screening to Determine Appropriateness of Inpatient Hospitalization	\$	575.86
T2025	Waiver Services that are not otherwise specified	\$	159.63
T2027	Specialized Childcare, Waiver; per 15 min	\$	5.47
T2027 UN	Specialized Childcare, Waiver; per 15 min	\$	2.29