

FY2027 Rates

Code	Code Description	Rates
90791	Psychiatric diagnostic evaluation (w/ Non-Medical Services)	\$ 116.39
90792	Psychiatric diagnostic evaluation (w/ Medical Services)	\$ 753.18
90832	30 Minutes of Psychotherapy	\$ 61.58
90834	45 Minutes of Psychotherapy	\$ 115.78
90837	60 Minutes of Psychotherapy	\$ 146.96
90846	Family Psychotherapy, w/o client, per session	\$ 144.08
90847	Family Psychotherapy (conjoint psychotherapy, w/ client), per session	\$ 134.26
90849	Multiple-Family therapy, per session	\$ 31.64
90853	Group Therapy, adult or child, per session	\$ 228.49
90853 UN	Group Therapy, adult or child, per session 2	\$ 179.20
90853 UP	Group Therapy, adult or child, per session 3	\$ 137.78
90853 UQ	Group Therapy, adult or child, per session 4	\$ 144.14
90853 UR	Group Therapy, adult or child, per session 5	\$ 136.58
90853 US	Group Therapy, adult or child, per session 6 or more	\$ 108.33
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	\$ 146.91
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	\$ 69.87
96127	Other assessments, tests (includes inpatient initial review and re-cert, vocational assessments, interpretations of tests to family, etc.)	\$ 183.70
96372	Injection Administration	\$ 90.69
97802	Medical Nutrition Therapy, Initial Assess & Intervention	\$ 52.69
97803	Medical Nutrition Therapy, Re-Assess & Intervention	\$ 63.90
99204	Medical Nutrition Therapy, Group	\$ 837.71
99205	New Patient 60-74 Minues	\$ 838.71
99211	Established Patient	\$ 60.14
99212	Established Patient 10-19 minutes	\$ 142.05
99213	Established Patient 20-29 minutes	\$ 279.45
99214	Established Patient 30-39 minutes	\$ 474.26
99215	Established Patient 40-54 minutes	\$ 710.70
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.	\$ 115.37
99506	Home Visit for Injection	\$ 88.67
H0001	Alcohol/Drug Assessment done by Provider	\$ 89.57
H0002	Brief screening to non-inpatient program	\$ 30.32
H0004	SA Individual Counseling	\$ 136.84
H0015	IOP Services	\$ 383.10
H0022	Early Recovery Group	\$ 49.69
H0031	Mental Health Assessment, by Non-Physician	\$ 80.69
H0032	MH Service Plan Development by Non-Physician	\$ 67.22
H0036	Community Psychiatric Supportive Tx	\$ 6.70
H0038	Peer Specialist - Certified Peer Specialist	\$ 68.66

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H0038 UN	Peer Specialist - Certified Peer Specialist, 2 served	\$	33.15
H0038 UP	Peer Specialist - Certified Peer Specialist, 3 served	\$	22.36
H0038 UQ	Peer Specialist - Certified Peer Specialist, 4 served	\$	17.56
H0038 UR	Peer Specialist - Certified Peer Specialist, 5 served	\$	13.15
H0038 US	Peer Specialist - Certified Peer Specialist, 6 or more served	\$	11.31
H0039	ACT	\$	178.10
H0050	SA Targeted Case Management	\$	37.23
H2000	Behavior Treatment Plan Review	\$	160.95
H2000 TS	Behavior Treatment Plan Monitoring	\$	197.10
H2011	Crisis Intervention Services	\$	342.21
H2011 HT	Mobile Intensive Crisis Stabilization Services	\$	4,305.23
H2015	Comprehensive Community Support Services	\$	45.04
H2015 UN	Comprehensive Community Support Services, 2 served	\$	22.42
H2015 UP	Comprehensive Community Support Services, 3 served	\$	15.01
H2015 UQ	Comprehensive Community Support Services, 4 served	\$	11.26
H2015 UR	Comprehensive Community Support Services, 5 served	\$	9.01
H2015 US	Comprehensive Community Support Services, 6 or more served	\$	7.51
H2016	Comprehensive Community Support Services, per diem basis	\$	265.50
H2019	Therapeutic Behavioral Services: DBT	\$	45.05
H2019 UN	Therapeutic Behavioral Services: DBT, 2 served	\$	20.93
H2019 UP	Therapeutic Behavioral Services: DBT, 3 served	\$	12.24
H2019 UQ	Therapeutic Behavioral Services: DBT, 4 served	\$	9.24
H2019 UR	Therapeutic Behavioral Services: DBT, 5 served	\$	7.35
H2019 US	Therapeutic Behavioral Services: DBT, 6 or more served	\$	6.12
H2021	Specialized Wraparound Facilitation	\$	238.73
H2021 TS	Specialized Wraparound Monitoring	\$	241.10
H2023 1Y	Supported Employment, Career Planning	\$	93.34
H2023 2Y	Supported Employment, Job Development/Placement	\$	90.27
H2023 3Y	Supported Employment, Self-Employed	\$	87.21
H2023 4Y	Supported Employment, Financial Planning	\$	84.14
H2025	Ongoing support to maintain employment, per 15 minutes	\$	65.32
H2027	Behavioral Health Prevention Education	\$	82.80
H2030	Mental Health Clubhouse Services	\$	4.49
INDAD	DAAD Assessment	\$	250.00
INDMA	Medical Assistant/Nursing Services	\$	0.01
S5111	Home Care Training, family per session	\$	92.90
S9976	Lodging, per diem, not otherwise classified	\$	957.54
T1002	RN Services, up to 15 min	\$	27.68
T1005	Respite Care Services, up to 15 min	\$	7.34
T1005 UN	Respite Care Services, up to 15 min, 2 served	\$	6.72
T1005 UP	Respite Care Services, up to 15 min, 3 served	\$	6.73
T1005 UQ	Respite Care Services, up to 15 min, 4 served	\$	7.00
T1005 UR	Respite Care Services, up to 15 min, 5 served	\$	6.99
T1005 US	Respite Care Services, up to 15 min, 6 or more served	\$	4.90
T1017	Targeted Case Management	\$	151.16
T1020	Personal Care Services (PCA) per diem	\$	85.16
T1023	Screening to Determine Appropriateness of Inpatient Hospitalization	\$	784.21
T2025	Waiver Services that are not otherwise specified	\$	159.63

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T2027	Specialized Childcare, Waiver; per 15 min	\$	5.47
T2027 UN	Specialized Childcare, Waiver; per 15 min, 2 served	\$	2.29