

**Chart of Community Behavioral Health Services Medicaid Rates**

<b>Procedure Code/ Modifier</b>	<b>Service Description</b>	<b>Duration/ Unit</b>	<b>Proposed Rate</b>
T1023	Behavioral Health Screen - AK Screen Tool	1 screening	\$ 40.93
H0001	Alcohol and/or Drug Assessment	1 Assessment	\$ 221.96
H0031	Mental Health Intake Assessment	1 Assessment	\$ 418.05
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	\$ 480.76
90791	Psychiatric Assessment - Diag Eval	1 Assessment	\$ 548.09
96101	Psychological Testing	1 hour	\$ 129.59
96101-U6	Psychological Testing	15 minutes	\$ 32.40
96118	Neuropsychological Testing	1 hour	\$ 152.14
96118-U6	Neuropsychological Testing	15 minutes	\$ 38.04
90832	Psychotherapy, Individual	30 minutes	\$ 62.42
90837	Psychotherapy, Individual	60 minutes	\$ 124.84
90846	Psychotherapy, Family (w/o patient present)	60 minutes	\$ 131.32
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	\$ 65.66
90847	Psychotherapy, Family (with patient present)	60 minutes	\$ 127.57
90847-U7	Psychotherapy, Family (with patient present)	30 minutes	\$ 63.79
90849	Psychotherapy, Multi-family group	60 minutes	\$ 51.03
90849-U7	Psychotherapy, Multi-family group	30 minutes	\$ 25.51
90853	Psychotherapy, Group	60 minutes	\$ 49.94
90853-U7	Psychotherapy, Group	30 minutes	\$ 24.97
H2010	Comprehensive Medication Services (effective 1/1/13)	1 visit	\$ 138.71
S9484	Short-term Crisis Intervention Service	1 hour	\$ 122.69
S9484-U6	Short-term Crisis Intervention Service	15 minutes	\$ 30.67
H2011	Short-term Crisis Stabilization Service	15 minutes	\$ 24.68
T1016	Case Management	15 minutes	\$ 24.09
H2019	Therapeutic BH Services - Individual	15 minutes	\$ 22.03
H0038	Peer Support Services - Individual	15 minutes	\$ 21.23
H2019-HQ	Therapeutic BH Services - Group	15 minutes	\$ 8.81
H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	\$ 22.03
H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	\$ 22.03
H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	\$ 21.23
H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	\$ 21.23
H2015	Comprehensive Community Support Services - Individual	15 minutes	\$ 21.09
H0038	Peer Support Services - Individual	15 minutes	\$ 21.23
H2015-HQ	Comprehensive Community Support Services - Group	15 minutes	\$ 8.44

H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	\$ 18.88
H2017	Recipient Support Services	15 minutes	\$ 14.54
H0046	Client Status Review	1 review	\$ 42.15
T1007	Treatment Plan Review for Methadone Recipient	1 review	\$ 84.37
H0033	Oral Medication Administration, direct observation; on premises	1 day	\$ 66.84
H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	\$ 77.53
H0020	Methadone Administration and/or service	admin. episode	\$ 20.05
H0014	Ambulatory Detoxification	15 minutes	\$ 33.80
H0010	Clinically Managed Detoxification	1 day	\$ 302.25
H0011	Medically Managed Detoxification	1 day	\$ 482.88
H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	\$ 438.33
H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	\$ 544.59
99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	\$ 39.19
H0018	Daily Behavioral Rehabilitation Services	1 day all rehab services	\$ 244.66
H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	\$ 200.85
H0047-TF	Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	1 day	\$ 274.04
H0047-TG	Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	1 day	\$ 428.66
Q3014	Facilitation of Telemedicine	1 case presentation	\$ 52.41