LPC Medicaid Covered Services

Adult or				Service Limit				
Child	Procedure			&Service		Limits- per State Fiscal	Can or Cannot be	
A=Adult	Code /			Authorization Unit	Unit	Year (SFY) unless	extended with Service	Telemed
C=Child	Modifier	Service Description	Duration	of Measure	Payment	othervise indicated	Authorization	Y/N
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 41.95	1 per admission to program	Cannot	Yes
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 428.50	1 assessment every 6 months	Can	Yes
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$ 492.78	1 assessment every 6 months	Can	Yes
A/C	90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 63.98			Yes
A/C	90834	Psychotherapy, Individual	38-52 minutes	60 minutes	\$ 95.97	Limit for All		Yes
A/C	90837	Psychotherapy, Individual	53-60	60 minutes	\$ 127.96	Psychotherapy		Yes
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 134.60	(Individual, Group,		Yes
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 67.30	Family, Multi- Family		Yes
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 130.76	Group) Services	Can	Yes
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 65.30	COMBINED Any		Yes
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 52.31	combination of		Yes
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 26.14	psychotherapy services;		Yes
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 51.19	10 hours/SFY		Yes
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 25.59			Yes
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 40.17	No annual limit	N/A	Yes

Services that are provided via telemedicine require a procedure code modifier "GT" to desingate that the service was not performed in person. When applicable, providers should report mulitiple procedure code modifiers with a single procedure code as appropriate. For example, report both modifier U7 and GT with procedure code 90847 if the family psychotherapy with the patient present was provided for 30 minutes via telemedicine (90847-U7-GT)

SOA.DBH.Medicaid.BH.LPC.Svcs.&Misc.Independent LPC Fee Schedule.Dated.06.01.2021.2021200049.03.03.2021.