

**FEE SCHEDULE for Independent LCSW Medicaid Covered Services**

Effective: {Effective date of regulations - \_\_\_\_/\_\_\_\_/\_\_\_\_}

Version date: July 1, 2022.

Adult or Child A=Adult C=Child	Procedure Code / Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of Measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Telemed Y/N
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 44.50	1 per admission to program	Cannot	Yes
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 454.56	1 assessment every 6 months	Can	Yes
A/C	H0031-HH	Integrated Mental Health & Substance	1 Assessment	1 Assessment	\$ 522.75	1 assessment every 6 months	Can	Yes
A/C	90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 67.87	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 101.81	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90837	Psychotherapy, Individual	53-60	60 minutes	\$ 135.75	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 142.79	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 71.39	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 138.72	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 69.27	Limit any combination of psychotherapy services; 10 hours	Can	Yes

**FEE SCHEDULE for Independent LCSW Medicaid Covered Services**

Effective: {Effective date of regulations - \_\_\_\_/\_\_\_\_/\_\_\_\_}

Version date: July 1, 2022.

Adult or Child A=Adult C=Child	Procedure Code / Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of Measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Telemed Y/N
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 55.49	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 27.73	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 54.30	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 27.15	Limit any combination of psychotherapy services; 10 hours	Can	Yes
A/C	99408	Screening, Brief Intervention, and	15 to 30 minute episode	N/A	\$ 42.61	no annual limit	N/A	Yes

Services that are provided via telemedicine require a procedure code modifier "GT" to designate that the service was not performed in person. When applicable, providers should report multiple 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)