

**Attachment 1 (Plan A): Eligible Services, Procedure Codes, and Rates
Provider Agreement for Trauma Informed Care**

Code	Service	Duration/Unit	Unit Payment	Limits
T1023	Behavioral Health Screen	1 screening	46.15	1 per admission
H0031	Mental Health Intake Assessment	1 assessment	471.38	1 every 6 months/or maximum program limit
H0001	Alcohol and/or Drug Assessment	1 assessment	250.28	
H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	542.09	
90791	Psychiatric Assessment - Diag Eval	1 assessment	618.02	4 per SFY
90832	Psychotherapy, Individual	30 minutes	70.38	Maximum program limit
90837	Psychotherapy, Individual	60 minutes	140.77	
90846	Psychotherapy, Family (w/o patient present)	60 minutes	148.07	
90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	74.03	
90847	Psychotherapy, Family (w/ patient present)	60 minutes	143.85	
90847-U7	Psychotherapy, Family (w/ patient present)	30 minutes	71.83	
90853	Psychotherapy, Group	60 minutes	56.31	
90853-U7	Psychotherapy, Group	30 minutes	28.15	
S9484	Short-term Crisis Intervention Services	1 hour	138.34	
S9484-U6	Short-term Crisis Intervention Services	15 minutes	34.59	

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)

- HH: Integrated Mental Health & Substance Use Intake Assessment
- U6: Medicaid Level of Care 6
- U7: Medicaid Level of Care 7
- GT: Service delivered via telemedicine