

CHART of Community Behavioral Health and Mental Health Physician Clinic\*

Medicaid Covered Services  
 Effective: Effective date of regulations \_\_\_/\_\_\_/\_\_\_  
 Version date: January 22, 2024

Note: MHPC may only bill for services marked with \*

Adult or child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Unit of measure	Unit Payment	Service Limits	Department Program Approval Category	Telemed Y/N
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 46.15		All	Y
A/C	H0001	Alcohol and/or Drug Assessment	1 assessment	1 assessment	\$ 250.28		Rehab	Y
A/C	H0031*	Mental Health Intake Assessment	1 assessment	1 assessment	\$ 471.38		Clinic	Y
A/C	H0031-HH*	Integrated Mental Health & Substance Use Intake Assessment	1 assessment	1 assessment	\$ 542.09		Clinic	Y
A/C	90791*	Psychiatric Assessment - Diag Eval	1 assessment	1 assessment	\$ 618.02		Clinic	Y
A/C	96136-HO*	Psychological Testing	30 minutes	1 unit	\$ 73.01		Clinic	Y
A/C	96137-HO*	Psychological Testing	30 minutes	7 units	\$ 73.01		Clinic	Y
A/C	96130-HO*	Psychological Testing	60 minutes	1 unit	\$ 146.12		Clinic	Y
A/C	96131-HO*	Psychological Testing	60 minutes	1 unit	\$ 146.12		Clinic	Y
A/C	96136-HP*	Neuropsychological Testing	30 minutes	1 unit	\$ 85.79		Clinic	Y
A/C	96137-HP*	Neuropsychological Testing	30 minutes	1 unit	\$ 85.79		Clinic	Y
A/C	96132-HP*	Neuropsychological Testing	60 minutes	1 unit	\$ 171.54		Clinic	Y
A/C	96133-HP*	Neuropsychological Testing	60 minutes	3 units	\$ 171.54		Clinic	Y
A/C	90832*	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 70.38		Clinic or Rehab	Y
A/C	90834*	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 105.58		Clinic or Rehab	Y
A/C	90837*	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 140.77		Clinic or Rehab	Y
A/C	90846*	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 148.07		Clinic or Rehab	Y
A/C	90846-U7*	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 74.03		Clinic or Rehab	Y
A/C	90847*	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 143.85		Clinic or Rehab	Y
A/C	90847-U7*	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 71.83		Clinic or Rehab	Y
A/C	90849*	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 57.55		Clinic or Rehab	Y
A/C	90849-U7*	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 28.76		Clinic or Rehab	Y
A/C	90853*	Psychotherapy, Group	60 minutes	60 minutes	\$ 56.31		Clinic or Rehab	Y
A/C	90853-U7*	Psychotherapy, Group	30 minutes	30 minutes	\$ 28.15		Clinic or Rehab	Y
A/CO	H2010*	Comprehensive Medication Services	1 visit	1 visit	\$ 156.40		Clinic or Rehab	Y
A/C	S9484*	Short-term Crisis Intervention Service	1 hour	1 hour	\$ 138.34	Not to exceed 22 consecutive hours in a single encounter	Clinic or Rehab	Y
A/C	S9484-U6*	Short-term Crisis Intervention Service	15 minutes	15 minutes	\$ 34.59	Not to exceed 22 consecutive hours in a single encounter	Clinic or Rehab	Y
A/C	H2011	Short-term Crisis Stabilization Service	15 minutes	15 minutes	\$ 27.83	Not to exceed 22 consecutive hours in a single encounter	Clinic or Rehab	Y
A/C	T1016	Case Management	15 minutes	15 minutes	\$ 27.17		Rehab	Y
C	H2019	Therapeutic BH Services - Individual	15 minutes	15 minutes	\$ 24.84		Rehab	N
C	H0038	Peer Support Services - Individual	15 minutes	15 minutes	\$ 23.94		Rehab	N
C	H2019-HQ	Therapeutic BH Services - Group	15 minutes	15 minutes	\$ 9.93		Rehab	N
C	H2019-HR	Therapeutic BH Services - Family (with patient present)	15 minutes	15 minutes	\$ 24.84		Rehab	N
C	H2019-HS	Therapeutic BH Services - Family (w/o patient present)	15 minutes	15 minutes	\$ 24.84		Rehab	N
C	H0038-HR	Peer Support Services - Family (with patient present)	15 minutes	15 minutes	\$ 23.94		Rehab	N
C	H0038-HS	Peer Support Services - Family (w/o patient present)	15 minutes	15 minutes	\$ 23.94		Rehab	N
A	H0038	Peer Support Services - Individual	15 minutes	15 minutes	\$ 23.94		Rehab	N
C	H2012	Day Treatment for Children (combined mental health & school district resources)	1 hour	1 hour	\$ 21.30		Day treatment	N
A/C	T1007	Treatment Plan Review for Methadone Recipient	1 review	N/A	\$ 95.14		Rehab or Detox or Residential substance use Tx	N
A/C	H0033	Oral Medication Administration, direct observation; on premises	1 day	N/A	\$ 75.37	1 billable service per day	Rehab or Detox or Residential substance use Tx	N
A/C	H0033-HK	Oral Medication Administration, direct observation; off premises	1 day	N/A	\$ 87.41	1 billable service per day	Rehab or Detox or Residential substance use Tx	N
A/C	H0020	Methadone Administration and/or service	administration episode	N/A	\$ 22.60	As prescribed by a physician	Rehab or Detox or Residential substance use Tx	N
A/C	H0014	Ambulatory Detoxification	15 minutes	N/A	\$ 38.12		Detox	N
A/C	H0010	Clinically Managed Detoxification	1 day	N/A	\$ 340.82	1 billable service per day	Detox	N
A/C	H0011	Medically Managed Detoxification	1 day	N/A	\$ 544.49	1 billable service per day	Detox	N
A/C	H0002	Medical Evaluation for Recipient NOT Receiving Methadone Treatment	1 evaluation	N/A	\$ 494.23		Rehab or Detox or Residential substance use Tx	N
A/C	H0002-HF	Medical Evaluation for Recipient Receiving Methadone Treatment	1 evaluation	N/A	\$ 614.06		Rehab or Detox or Residential substance use Tx	N
A/C	99408*	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 44.19		Clinic or Rehab	Y
A/C	H0047	Residential Substance Use Disorder Treatment - Clinically Managed; Low Intensity	1 day	N/A	\$ 226.47	1 billable service per day	Residential substance use Tx	N
A/C	H0047-TF	Residential Substance Use Disorder Treatment - Clinically Managed; Medium Intensity	1 day	N/A	\$ 309.00	1 billable service per day	Residential substance use Tx	N
A/C	H0047-IG	Residential Substance Use Disorder Treatment - Clinically Managed; High Intensity	1 day	N/A	\$ 483.35	1 billable service per day	Residential substance use Tx	N

Services 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, use both modifier U7 and GT with procedure code 90847 to report family psychotherapy with the patient present for 30 minutes via telemedicine (90847-U7-GT)