# Crisis Resolution Services:

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2011 15 min Crisis Resolution \*$61.82 \*7/1/22 N

H2011 HA 15 min Crisis Resolution – Children \*$61.82 \*7/1/22 N

**Crisis Residential Services:**

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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H0018 Per Diem Crisis Residential \*By Report \*7/1/22 Y

H0018 HA Per Diem Crisis Residential – Children \*By Report \*7/1/22 Y

S9482 15 min Crisis Residential – In Home \*$18.65 \*7/1/22 N

S9482 HA 15 min Crisis Residential – In Home - Children \*$18.65 \*7/1/22 N

**Outpatient Services – Comprehensive Assessment:**

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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2000 15 min Independent - Psychologist \*$23.55 \*7/1/22 Y

H2000 15 min Mental Health Agency \*$22.48 \*7/1/22 Y

H2000 HH 15 min Mental Health Agency - Co-occurring \*$22.48 \*7/1/22 Y

H2000 15 min Mental Health Agency Deaf & Home-Based \*$32.92 \*7/1/22 Y Treatment for Adults

H2000 15 min Independent - LCSW, LCPC, LMFT \*$14.72 \*7/1/22 Y

H2000 15 min Substance Use Agency \*$22.48 \*7/1/22 Y

H2000 15 min Substance Use Agency - Non-Master’s \*$21.41 \*7/1/22 Y Level LADC

H2000 15 min Substance Use Agency - CADC \*$15.52 \*7/1/22 Y

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Outpatient Services – Individual/Family Therapy:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H0004 15 min Independent - Psychologist \*$23.55 \*7/1/22 Y

H0004 15 min Mental Health Agency \*$22.48 \*7/1/22 Y

H0004 HH 15 min Mental Health Agency-Co-occurring \*$22.48 \*7/1/22 Y

H0004 15 min Mental Health Agency-Deaf & \*$32.92 \*7/1/22 Y Home-Based Treatment for Adults

H0004 15 min Independent - LCSW, LCPC, LMFT \*$14.72 \*7/1/22 Y

H0004 15 min Substance Use Agency \*$22.48 \*7/1/22 Y

H0004 15 min Substance Use Agency-Non-Master’s \*$21.41 \*7/1/22 Y Level LADC

H0004 15 min Substance Use Agency - CADC \*$15.52 \*7/1/22 Y

\*H0004 ST 15 min Trauma Focused-Cognitive Behavioral \*$27.21 \*7/1/22 Y Therapy (TF-CBT)

**Outpatient Services – Group Therapy:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H0004 HQ 15 min Psychologist-Independent \*$5.89 \*7/1/22 Y

H0004 HQ 15 min Mental Health Agency \*$5.62 \*7/1/22 Y

H0004 HQ HH 15 min Mental Health Agency-Co-occurring \*$5.62 \*7/1/22 Y

H0004 HQ 15 min Substance Use Agency \*$9.63 \*7/1/22 Y

H0004 HQ 15 min Substance Use Agency-Non-Master’s \*$9.10 \*7/1/22 Y Level LADC

H0004 HQ 15 min Substance Use Agency - CADC \*$7.49 \*7/1/22 Y

H0004 HQ 15 min Independent - LCSW, LCPC and LMFT \*$3.68 \*7/1/22 Y

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Family Psychoeducational Treatment:**

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H0025 Monthly Treatment Services- Children \*$79.03 \*7/1/22 Y

H2027 15 min Treatment Services- Adult \*$10.12 \*7/1/22 Y

**Intensive Outpatient Program (IOP) Services:**

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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H0015 Per Diem Substance Use \*$192.83 \*1/1/22 Y

\*H0015 HE Per Diem Mental Health \*$231.11 \*11/9/22 Y

\*H0015 HI Per Diem Dev. Disabilities /Behavioral Health \*$316.53 \*11/9/22 Y

\*H0015 HC Per Diem Geriatric \*$231.11 \*11/9/22 Y

\*H0015 HK Per Diem Dialectical Behavior Therapy \*$188.84 \*11/9/22 Y

\*H0015 HT Per Diem Eating Disorder - Level I \*$247.81 \*11/9/22 Y

\*H0015 HT AT Per Diem Eating Disorder - Level II \*$407.60 \*11/9/22 Y

**Medication Management Services:**

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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2010 15 min Adult Services $82.64 10/1/21 Y

H2010 HA 15 min Children’s Services $94.46 10/1/21 Y

H2010 AF 15 min Adult Services - Physicians $82.64 10/1/21 Y

H2010 HA AF 15 min Children’s Services - Physicians $94.46 10/1/21 Y

H2010 HF 15 min Medication Services - Suboxone $82.64 10/1/21 Y

H2010 HF AF 15 min Medication Services-Suboxone - Physician $82.64 10/1/21 Y

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Neurobehavioral Status Exam, Neuropsychological Testing, Psychological Testing, and Adaptive Assessments:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

96116 HE 1-hour Neurobehavioral Status Exam, \*$84.77 \*7/1/22 N Psychologist or Physician (includes face-to-face time with the member, time interpreting test results, and preparing the report) - First Hour

96121 HE 1-hour Neurobehavioral Status Exam, \*$84.77 \*7/1/22 N Psychologist or Physician (includes face-to-face time with the member, time interpreting test results, and preparing the report) – Each Additional Hour

96130 HE 1-hour Psychological testing, Psychologist or \*$84.77 \*7/1/22 N Physician (includes face-to-face time administering tests to the member and time interpreting these results and preparing the report) - First Hour

96131 HE 1-hour Psychological testing, Psychologist or \*$84.77 \*7/1/22 N Physician (includes face-to-face time administering tests to the member, time interpreting these results, and preparing the report) – Each Additional Hour

96132 HE 1-hour Neuropsychological testing (e.g., \*$84.77 \*7/1/22 N Halstead Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), Psychologist or Physician (includes face-to-face time administering tests to the member, time interpreting these test results, and preparing the report) - First Hour

96133 HE 1-hour Neuropsychological testing (e.g., \*$84.77 \*7/1/22 N Halstead Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), Psychologist or Physician (includes face-to-face time administering tests to the member, time interpreting these test results, and preparing the report) – Each Additional Hour

**Neurobehavioral Status Exam, Neuropsychological Testing, Psychological Testing, and Adaptive Assessments (cont.):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

96136 HE 30 min Psychological or Neuropsychological \*$42.39 \*7/1/22 N test administration - two or more tests -Psychologist or Physician (includes face-to-face time administering tests to the member, time interpreting these test results, and preparing the report) - First 30 Minutes

96137 HE 30 min Psychological or Neuropsychological test \*$42.39 \*7/1/22 N administration - two or more tests -Psychologist or Physician (includes face-to-face time administering tests to the member, time interpreting these results, and preparing the report) – Each Additional 30 Minutes

96138 HE 30 min Neuropsychological and Psychological \*$26.88 \*7/1/22 N testing- Psychological Examiner (interpretation and report, administered by a technician, face-to-face) – First 30 Minutes

96139 HE 30 min Neuropsychological and Psychological \*$26.88 \*7/1/22 N testing- Psychological Examiner (interpretation and report, administered by a technician, face-to-face) – Each Additional 30 Minutes

**When using any of the above Neurobehavioral Status Exam, Neuropsychological Testing, and Psychological Testing codes (96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139), the following modifiers may also be required in order to access the child’s educational related services under IDEA, if indicated:**

TL Early intervention/individualized family service plan (IFSP).

TM Individualized education plan (IEP)

\*96112 HE 1-hour Adaptive Assessment – First Hour \*$88.87 \*7/1/22 N

\*96113 HE 30 min Adaptive Assessment – Each Add. 30 min \*$44.44 \*7/1/22 N

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Children’s Assertive Community Treatment (ACT):**

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

\*H0040 HA Per Diem Children’s ACT \*111.46 \*7/1/22 Y

**Children’s Comprehensive Community Support Services - Home and Community Based Treatment (HCT)**

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2021 HO 15 min HCT-Master’s level  \*$24.92 \*7/1/22 Y

H2021 HU 15 min HCT -Master’s level (OCFS) \*$24.92 \*7/1/22 Y

\*H2021 ST 15 min HCT-Master’s level (TF-CBT) \*$24.92 \*11/9/22 Y

\*G9007 HO 15 min HCT Collateral Services – Master’s level \*$24.92 \*7/1/22 Y

\*G9007 HU 15 min HCT Collateral Services - OCFS \*$24.92 \*7/1/22 Y

H2021 HN 15 min HCT-BHP level \*$17.40 \*7/1/22 Y

H2021 HU U1 15 min HCT-BHP level (OCFS) \*$17.40 \*7/1/22 Y

G9007 HN 15 min HCT Collateral Services – BHP \*$17.40 \*7/1/22 Y

**Children’s Comprehensive Community Support Services - Functional Family Therapy (FFT), Multi-Systemic Therapy (MST) and MST for Problem Sexualized Behaviors (MST-PSB):**

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| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2021 HE Weekly FFT \*$302.26 \*7/1/22 Y

H2033 Weekly MST \*$601.05 \*7/1/22 Y

H2033 HK Weekly MST-PSB \*$776.61 \*7/1/22 Y

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Opioid Treatment Program Services:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H0020 Weekly Opioid Treatment Program Services \*$115.43 \*7/1/22 N

**Children’s Behavioral Health Day Treatment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2012 HN Hourly BHP Level \*$62.72 \*7/1/22 Y

H2012 HN UN Hourly BHP Level-Two patients served \*$31.37 \*7/1/22 Y

H2012 HN UP Hourly BHP Level-Three patients served \*$20.90 \*7/1/22 Y

H2012 HN UQ Hourly BHP Level-Four patients served \*$15.68 \*7/1/22 Y

H2012 HO Hourly Master’s Level \*$101.69 \*7/1/22 Y

H2012 HO UN Hourly Master’s Level-Two patients served \*$50.84 \*7/1/22 Y

H2012 HO UP Hourly Master’s Level-Three patients served \*$33.83 \*7/1/22 Y (School-Children)

H2012 HO UQ Hourly Master’s Level-Four patients served \*$25.43 \*7/1/22 Y (School-Children)

**When using any of the above Children’s Behavioral Health Day Treatment codes (H2012 HN, H2012 HN UN, H2012 HN UP, H2012 HN UQ, H2012 HO, H2012 HO UN, H2012 HO UP, or H2012 HO UQ), the following modifiers may also be required in order to access the child’s educational related services under IDEA, if indicated:**

TL Early intervention/individualized family service plan (IFSP).

TM Individualized education plan (IEP)

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Tobacco Cessation Treatment Services:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

99406 3-10 min Smoking and Tobacco Cessation Counseling; \*$9.28 \*7/1/22 N individual, intermediate

99407 >10 min Smoking and Tobacco Cessation Counseling; \*$18.00 \*7/1/22 N individual, intensive

99411 30 min Preventive Medicine, Tobacco Cessation \*$12.35 \*7/1/22 N Group Counseling

99412 60 min Preventive Medicine, Tobacco Cessation \*$16.10 \*7/1/22 N Group Counseling

**Mental Health Psychosocial Clubhouse Services:**

|  |  |  |  |  |  |  |
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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

\*H2030 15 min Mental Health Clubhouse Services \*$6.33 \*7/1/22 Y

**Specialized Group Services:**

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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

H2019 15 min Wellness Recovery Action Planning \*$11.21 \*7/1/22 Y

H2019 15 min Recovery Workbook \*$11.21 \*7/1/22 Y

H2019 15 min Trauma Recovery and Empowerment \*$11.21 \*7/1/22 Y

H2019 15 min Dialectical Behavior Therapy \*$11.21 \*7/1/22 Y

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Behavioral Therapies for Children with Disruptive Behavior Disorders:**

|  |  |  |  |  |  |  |
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| Procedure Code | Modifier(s) | Unit | Service Description | Maximum Allowance Per Unit | Rate Effective Date | PA/UR |

T1027 HA 15 min Triple P 1:1 \*$22.48 \*7/1/22 Y

T1027 HA HQ UN 15 min Triple P – Group 2-4 members \*$11.53 \*7/1/22 Y

T1027 HA HQ UR 15 min Triple P – Group 5-7 members \*$4.84 \*7/1/22 Y

T1027 HA HQ US 15 min Triple P – Group 8+ members \*$3.12 \*7/1/22 Y

T1027 TJ HQ UN 15 min Incredible Years – Group 2-4 members \*$13.13 \*7/1/22 Y

T1027 TJ HQ UR 15 min Incredible Years – Group 5-7 members \*$5.48 \*7/1/22 Y

T1027 TJ HQ US 15 min Incredible Years – Group 8+ members \*$3.55 \*7/1/22 Y

T1027 HO 15 min Parent-Child Interaction Therapy (PCIT) \*$25.12 \*7/1/22 Y

**\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.**

**Modifiers**

AF-Specialty physician

AT-Acute treatment

HA-Child/adolescent program

HC-Adult program, geriatric

HE-Mental health program

HF-Substance abuse program

HH-Integrated mental health/substance abuse program

HI-Integrated mental health and intellectual disability/developmental disabilities program

HK-Specialized mental health program for high-risk populations

HN-Bachelor’s degree level

HO-Master’s degree level

HQ-Group Setting

HT-Multi-disciplinary team

HU-Funded by child welfare

ST-Related to trauma or injury

TJ-Program group, child and/or adolescent

TL-Early intervention/individualized family service plan (IFSP)

TM-Individualized education program (IEP)

U1-Level of care 1

UN-Two patients served

UP-Three patients served

UQ-Four patients served

UR-Five patients served

US-Six or more patients served

APAO WORD VERSION CONVERSION (IF NEEDED) AND ACCESSIBILITY CHECK: July 17, 2025