

LMHC/LMFT
Codes

	90853	AJ		Group psychotherapy (other than of a multiple family group)	\$36.00	1	45 minutes	4
	90791	HO		Psychiatric diagnostic evaluation without medical services	\$131.75	1	90 minutes	2
	90832	HO		Psychotherapy, 30 minutes with patient and/or family member	\$52.50	1	30 minutes	4
	90834	HO		Psychotherapy, 45 minutes with patient and/or family member	\$72.00	1	45 minutes	4
	90837	HO		Psychotherapy, 60 minutes with patient and/or family member	\$75.00	1	60 minutes	4
	90846	HO		Family psychotherapy (without the patient present)	\$67.50	1	45 minutes	4
	90847	HO		Family psychotherapy (conjoint psychotherapy) (with patient present)	\$72.00	1	45 minutes	4
	90853	HO		Group psychotherapy (other than of a multiple family group)	\$36.00	1	45 minutes	4
LCDP	90791	HF		Psychiatric diagnostic evaluation without medical services	\$108.50	1	90 minutes	2
	90832	HF		Psychotherapy, 30 minutes with patient and/or family member	\$45.50	1	30 minutes	4
	90834	HF		Psychotherapy, 45 minutes with patient and/or family member	\$62.40	1	45 minutes	4
	90837	HF		Psychotherapy, 60 minutes with patient and/or family member	\$65.00	1	60 minutes	4
	90846	HF		Family psychotherapy (without the patient present)	\$58.50	1	45 minutes	4
	90847	HF		Family psychotherapy (conjoint psychotherapy) (with patient present)	\$62.40	1	45 minutes	4
	90853	HF		Group psychotherapy (other than of a multiple family group)	\$31.20	1	45 minutes	4
PCNS	90792	TD	TF	Psychiatric diagnostic evaluation with medical services	\$250.20	1	90 minutes	2
	90846	TD	TF	Family psychotherapy (without the patient present)	\$76.50	1	45 minutes	4
	90847	TD	TF	Family psychotherapy (conjoint psychotherapy) (with patient present)	\$81.60	1	45 minutes	4
	90853	TD	TF	Group psychotherapy (other than of a multiple family group)	\$40.80	1	45 minutes	4
	99212	TD	TF	Office or other outpatient visit for the evaluation and management of an established patient	\$47.60	1	10 minutes	4
	99213	TD	TF	Office or other outpatient visit for the evaluation and management of an established patient	\$66.30	1	15 minutes	4
	99214	TD	TF	Office or other outpatient visit for the evaluation and management of an established patient	\$100.30	1	25 minutes	4
	99215	TD	TF	Office or other outpatient visit for the evaluation and management of an established patient	\$125.80	1	40 minutes	4
	90833	TD	TF	Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service	\$37.50	1	30 minutes	4
	90838	TD	TF	Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service	\$85.00	1	60 minutes	4

Principal Counselor
and Counselor
Codes

90791	UA			Psychiatric diagnostic evaluation without medical services	\$116.25	1	90 minutes	2
90832	UA			Psychotherapy, 30 minutes with patient and/or family member	\$49.00	1	30 minutes	4
90834	UA			Psychotherapy, 45 minutes with patient and/or family member	\$67.20	1	45 minutes	4
90837	UA			Psychotherapy, 60 minutes with patient and/or family member	\$70.00	1	60 minutes	4
90846	UA			Family psychotherapy (without the patient present)	\$63.00	1	45 minutes	4
90847	UA			Family psychotherapy (conjoint psychotherapy) (with patient present)	\$67.20	1	45 minutes	4
90853	UA			Group psychotherapy (other than of a multiple family group)	\$33.60	1	45 minutes	4
H0037				Community psychiatric supportive treatment program, per diem	\$13.82	1	Integrated Health Home	8
H0040				Assertive community treatment program, per diem	\$41.65	1	Assertive Community Treatment	11
H2011	U1			Crisis intervention service, per 15 minutes	\$37.50	4	Crisis Intervention	1
H0019	U1			Behavioral health; long term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	\$85.00	1	MHPRR	NA
H0019	U3			Behavioral health; long term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	\$125.00	1	MHPRR	NA
H0019	U4			Behavioral health; long term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	\$125.00	1	MHPRR	NA
H0019	U5			Behavioral health; long term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	\$175.00	1	MHPRR	NA
H0036	HN			Community psychiatric supportive treatment, face-to-face, per 15 minutes	\$21.25	4	Integrated Dual Diagnosis	7
H2023				Supported employment, per 15 minutes	\$21.25	16	Supported Employment	7
H2031				Mental health clubhouse services, per diem	\$50.00	1	Clubhouse	
H0038	U2			Self-help/peer services, per 15 minutes	\$13.50	32	PBRSS - MH Individual	6
H0038	U2	HQ		Self-help/peer services, per 15 minutes	\$4.00	32	PBRSS - MH Group	6
H0038	U2	HQ	HH	Self-help/peer services, per 15 minutes	\$2.50	32	PBRSS - MH Group	6
H0038	U3			Self-help/peer services, per 15 minutes	\$13.50	32	PBRSS - SUD Individual	6
H0038	U3	HQ		Self-help/peer services, per 15 minutes	\$4.00	32	PBRSS - SUD Group	6
H0038	U3	HQ	HH	Self-help/peer services, per 15 minutes	\$2.50	32	PBRSS - SUD Group	6
To be used on IHH or ACT claim details only								
H0036				Community psychiatric supportive treatment, face-to-face, per 15 minutes	\$0.00	32	Case Management - face-to-face	NA
H0038				Self-help/peer services, per 15 minutes	\$0.00	32	Peer Support	NA
T1016				Case Management, per 5 minutes	\$0.00	96	Case Management - non face-to-face	NA
X0341	HH:TG			ASU/CSU	\$394.00	1	ASU	NA
S9485				Crisis intervention mental health service, per diem	\$598.50	1	BH Link	NA

BH Link claim details

T1016				Case Management, per 15 minutes	\$0.00	32		NA
H2011				Crisis intervention, per 15 minutes	\$0.00	16	QMHP	NA
90792				Psychiatric diagnostic evaluation with medical services	\$0.00	1	Prescriber	NA
99211	TD			Office or other outpatient visit for the evaluation and management of established patient, per 5 minutes	\$0.00	240	RN	NA
Home Stabilization and Home Find								
H0044				Supported housing, per month	\$331.00	1	Home Stabilization	
H0044	U1			Supported housing, per month	\$331.00	1	Home Find	
T1017				Targeted Case Management	\$12.13	4	COVID Emergency	NA

National Code	Mod 1	Mod 2	Mod 3	National Code Description	Max Allowed Amount	Max Units	Service Description	
H0001				ALCOHOL AND/OR DRUG ASSESSMENT 60-90 MINUTES	\$97.00	1	SUD OUTPATIENT	2
H0004				BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.94	20	SUD OUTPATIENT	4
H0005				ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	\$32.30	5	SUD OUTPATIENT	4
H0001	UD			ALCOHOL AND/OR DRUG ASSESSMENT 60-90 MINUTES	\$97.00	1	SUD RESIDENTIAL	NA
H0004	UD			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$17.94	20	SUD RESIDENTIAL	NA
H0005	UD			ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN, PER 40-50 MINUTE GROUP	\$32.30	5	SUD RESIDENTIAL	NA
H0020				ALCOHOL AND OR DRUG SERVICES; METHADONE ADMINSTRATION AND OR SERVICE 1 UNIT PER WEEK	\$85.00	1	METHADONE	NA
H0037				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, 1 UNIT PER DIEM	\$7.64	1	OTP HEALTH HOME	NA
H0022	U8			ALCOHOL AND/OR DRUG INTERVENTION SERVICE	\$600.00	1	COE INDUCTION LEVEL 1	NA
H0022				ALCOHOL AND/OR DRUG INTERVENTION SERVICE	\$400.00	1	COE INDUCTION LEVEL 2	NA
H0025				BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE, 1 UNIT PER DIEM	\$17.86	1	COE ONGOING SERVICE BUNDLE	NA
H0036				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, PER 15 MINUTES	\$0.00	32	COE SHADOW BILLING - DIRECT SERVICE	NA
H0006				ALCOHOL AND/OR DRUG SERVICES, PER 5 MINUTES	\$0.00	32	COE SHADOW BILLING - INDIRECT SERVICE	NA
H0015	HF			ALCOHOL AND/OR DRUG SERVICES, INTENSIVE OUTPATIENT PER DIEM	\$91.50	1	IOP SUD	4
H0035	HF			MENTAL HEALTH PARTIAL HOSPITALIZATION TREA	\$161.50	1	PHP SUD	4

Service #	CBHC Required Services
1	Crisis Response
2	Screening, Evaluation and Diagnosis
3	Person-Centered and Family-Centered Treatment Planning
4	Outpatient MH and SUD Services
5	Primary Care Screening and Monitoring
6	Peer and Family Support
7	Psychiatric Rehabilitation
8	Targeted Case Management
9	Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans
10	Screening for Hepatitis A, B and C and HIV
11	ACT

Modifier	Modifier Description
AJ	Clinical Social Worker
HF	Substance Abuse Program
HO	Master's Level - Marriage & Family Therapist
HP	Doctoral Level - Psychologist
TD	Registered Nurse
TD TF	Intermediate Level of Care - PCNS
UA	Medicaid Level of Care 10 State Defined - Principal Counselor or Counselor

Modifier	Description
HN	Bachelor Level
U1	Crisis
U1	MHPRR Level 1
U3	MHPRR level 2
U4	MHPRR Level 3
U5	MHPRR Level 4

MOD	Modifier Description
HF	Substance Use Program
UD	Counseling in a Residential Setting
U8	COE Induction Level 1