Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Please Note: Legacy Sandhills and Eastpointe providers should continue to bill legacy rates as applicable.

Trillium Rate Table FY 25

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90772					Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Medicaid B	001	Physician	Event	$ 16.62	7/1/2013	12/31/2099	
90785					Interactive Complexity Add-on	Medicaid B	109	Licensed Psychologist	per time limit	$ 14.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	109	Licensed Psychologist	per time limit	$ 3.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	110	LCSW, LPC & LMFT	per time limit	$ 2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 12.39	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	111	Certified Clinical Nurse Sp	per time limit	$ 3.37	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 12.39	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	112	Certified Nurse Practition	per time limit	$ 3.37	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	001	Physician	per time limit	$ 14.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	001	Physician	per time limit	$ 4.36	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	128	Licensed Psychological As	per time limit	$ 2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	129	LCAS	per time limit	$ 10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	129	LCAS	per time limit	$ 2.97	1/1/2013	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	109	Licensed Psychologist	Event	$ 205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	109	Licensed Psychologist	Event	$ 125.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	110	LCSW, LPC & LMFT	Event	$ 94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 174.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	111	Certified Clinical Nurse Sp	Event	$ 106.58	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	112	Certified Nurse Practitioner	Event	$ 174.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	112	Certified Nurse Practition	Event	$ 106.58	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	001	Physician	Event	$ 205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	001	Physician	Event	$ 137.93	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	128	Licensed Psychological Associate	Event	$ 153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	128	Licensed Psychological As	Event	$ 94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	129	LCAS	Event	$ 153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	129	LCAS	Event	$ 94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	130	Physician Assistant	Event	$ 205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	130	Physician Assistant	Event	$ 90.39	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	112	Certified Nurse Practitioner	Event	$ 229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	112	Certified Nurse Practition	Event	$ 88.89	1/1/2013	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	001	Physician	Event	$ 229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	001	Physician	Event	$ 115.04	10/1/2013	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	130	Physician Assistant	Event	$ 229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	130	Physician Assistant	Event	$ 75.00	1/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90832					Psychotherapy, 16 - 37 mins	Medicaid B	109	Licensed Psychologist	per time limit	$ 74.01	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	109	Licensed Psychologist	per time limit	$ 52.24	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	110	LCSW, LPC & LMFT	per time limit	$ 39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 62.91	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	111	Certified Clinical Nurse Sp	per time limit	$ 44.40	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 62.91	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	112	Certified Nurse Practition	per time limit	$ 44.40	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	001	Physician	per time limit	$ 74.01	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	001	Physician	per time limit	$ 57.46	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	128	Licensed Psychological As	per time limit	$ 39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	129	LCAS	per time limit	$ 55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	129	LCAS	per time limit	$ 39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 57.57	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	112	Certified Nurse Practition	per time limit	$ 29.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	001	Physician	per time limit	$ 67.73	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	001	Physician	per time limit	$ 38.40	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	109	Licensed Psychologist	per time limit	$ 97.83	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	109	Licensed Psychologist	per time limit	$ 67.85	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	110	LCSW, LPC & LMFT	per time limit	$ 50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 83.16	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	111	Certified Clinical Nurse Sp	per time limit	$ 57.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 83.16	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	112	Certified Nurse Practition	per time limit	$ 57.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	001	Physician	per time limit	$ 97.83	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	001	Physician	per time limit	$ 74.64	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90834					Psychotherapy, 38 - 52 mins	State	128	Licensed Psychological As	per time limit	$ 50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	129	LCAS	per time limit	$ 73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	129	LCAS	per time limit	$ 50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 72.99	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	112	Certified Nurse Practition	per time limit	$ 48.21	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	001	Physician	per time limit	$ 85.87	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	001	Physician	per time limit	$ 62.39	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	130	Physician Assistant	per time limit	$ 85.87	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	130	Physician Assistant	per time limit	$ 39.46	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	109	Licensed Psychologist	per time limit	$ 144.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	109	Licensed Psychologist	per time limit	$ 99.42	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	110	LCSW, LPC & LMFT	per time limit	$ 74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 122.42	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	111	Certified Clinical Nurse Sp	per time limit	$ 84.51	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 122.42	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	112	Certified Nurse Practition	per time limit	$ 84.51	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	001	Physician	per time limit	$ 144.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	001	Physician	per time limit	$ 109.36	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	128	Licensed Psychological As	per time limit	$ 74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	129	LCAS	per time limit	$ 108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	129	LCAS	per time limit	$ 74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 96.53	1/1/2024	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	State	112	Certified Nurse Practition	per time limit	$ 77.85	1/1/2013	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	001	Physician	per time limit	$ 113.56	1/1/2024	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	State	001	Physician	per time limit	$ 100.75	10/1/2013	12/31/2099	
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	109	Licensed Psychologist	per time limit	$ 138.11	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	109	Licensed Psychologist	per time limit	$ 125.28	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	110	LCSW, LPC & LMFT	per time limit	$ 93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 117.74	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	111	Certified Clinical Nurse Sp	per time limit	$ 106.49	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 117.74	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	112	Certified Nurse Practitione	per time limit	$ 106.49	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	001	Physician	per time limit	$ 138.11	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	001	Physician	per time limit	$ 137.81	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	128	Licensed Psychological As	per time limit	$ 93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	129	LCAS	per time limit	$ 103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	129	LCAS	per time limit	$ 93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	109	Licensed Psychologist	per time limit	$ 105.47	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	109	Licensed Psychologist	per time limit	$ 105.47	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 79.10	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	110	LCSW, LPC & LMFT	per time limit	$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 89.65	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	111	Certified Clinical Nurse Sp	per time limit	$ 89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 89.65	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	112	Certified Nurse Practitione	per time limit	$ 89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	001	Physician	per time limit	$ 105.47	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	001	Physician	per time limit	$ 116.02	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 79.10	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	128	Licensed Psychological As	per time limit	$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	129	LCAS	per time limit	$ 79.10	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	129	LCAS	per time limit	$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90846					Family Therapy w/o Patient	Medicaid B	109	Licensed Psychologist	Event	$ 94.08	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	109	Licensed Psychologist	Event	$ 72.24	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	110	LCSW, LPC & LMFT	Event	$ 54.17	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 79.97	1/1/2024	12/31/2099	

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90846					Family Therapy w/o Patient	State	111	Certified Clinical Nurse Sp	Event	$ 61.40	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	112	Certified Nurse Practitioner	Event	$ 79.97	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	112	Certified Nurse Practitione	Event	$ 61.40	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	001	Physician	Event	$ 94.08	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	001	Physician	Event	$ 81.08	10/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	128	Licensed Psychological Associate	Event	$ 70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	128	Licensed Psychological As	Event	$ 54.17	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	129	LCAS	Event	$ 70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	129	LCAS	Event	$ 54.17	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	109	Licensed Psychologist	Event	$ 100.68	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	109	Licensed Psychologist	Event	$ 89.70	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	110	LCSW, LPC & LMFT	Event	$ 67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 85.58	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	111	Certified Clinical Nurse Sp	Event	$ 76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	112	Certified Nurse Practitioner	Event	$ 85.58	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	112	Certified Nurse Practitione	Event	$ 76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	001	Physician	Event	$ 100.68	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	001	Physician	Event	$ 100.68	10/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	128	Licensed Psychological Associate	Event	$ 75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	128	Licensed Psychological As	Event	$ 67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	129	LCAS	Event	$ 75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	129	LCAS	Event	$ 67.28	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	$ 35.89	1/1/2024	12/31/2099	
90849					Group Therapy	State	109	Licensed Psychologist	Event	$ 26.90	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 26.92	1/1/2024	12/31/2099	
90849					Group Therapy	State	110	LCSW, LPC & LMFT	Event	$ 20.18	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 30.51	1/1/2024	12/31/2099	
90849					Group Therapy	State	111	Certified Clinical Nurse Sp	Event	$ 22.87	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	$ 30.51	1/1/2024	12/31/2099	
90849					Group Therapy	State	112	Certified Nurse Practitione	Event	$ 22.87	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	001	Physician	Event	$ 35.89	1/1/2024	12/31/2099	
90849					Group Therapy	State	001	Physician	Event	$ 30.20	10/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	$ 26.90	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	$ 26.92	1/1/2024	12/31/2099	
90849					Group Therapy	State	128	Licensed Psychological As	Event	$ 20.18	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	129	LCAS	Event	$ 26.92	1/1/2024	12/31/2099	
90849					Group Therapy	State	129	LCAS	Event	$ 20.18	4/1/2013	12/31/2099	
90853					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	State	109	Licensed Psychologist	Event	$ 25.57	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 21.53	1/1/2024	12/31/2099	
90853					Group Therapy	State	110	LCSW, LPC & LMFT	Event	$ 19.18	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 24.40	1/1/2024	12/31/2099	
90853					Group Therapy	State	111	Certified Clinical Nurse Sp	Event	$ 21.74	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	$ 24.40	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90853					Group Therapy	State	112	Certified Nurse Practitione	Event	$ 21.74	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	001	Physician	Event	$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	State	001	Physician	Event	$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	$ 21.53	1/1/2024	12/31/2099	
90853					Group Therapy	State	128	Licensed Psychological As	Event	$ 19.18	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	129	LCAS	Event	$ 21.53	1/1/2024	12/31/2099	
90853					Group Therapy	State	129	LCAS	Event	$ 19.18	1/1/2024	12/31/2099	
90865					narcosynthesis for psychiatric diagnostic and therapeutic	Medicaid B	001	Physician	Event	$ 142.21	10/1/2013	12/31/2099	
90870					Electroconvulsive Therapy	Medicaid B	001	Physician	Event	$ 166.08	1/1/2024	12/31/2099	
90870					Electroconvulsive Therapy	Medicaid B	130	Physician Assistant	Event	$ 166.08	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	109	Licensed Psychologist	Event	$ 11.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	001	Physician	Event	$ 11.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	128	Licensed Psychological Associate	Event	$ 8.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	130	Physician Assistant	Event	$ 11.99	1/1/2024	12/31/2099	
96112					Developmental Test Administration	Medicaid B	109	Licensed Psychologist	hourly	$ 147.53	1/1/2024	12/31/2099	
96112					Developmental Test Administration	State	109	Licensed Psychologist	hourly	$ 143.71	1/1/2019	12/31/2099	
96112					Developmental Test Administration	Medicaid B	001	Physician	hourly	$ 147.53	1/1/2024	12/31/2099	
96112					Developmental Test Administration	State	001	Physician	hourly	$ 114.97	1/1/2019	12/31/2099	
96112					Developmental Test Administration	Medicaid B	128	Licensed Psychological Associate	hourly	$ 110.65	1/1/2024	12/31/2099	
96112					Developmental Test Administration	State	128	Licensed Psychological As	hourly	$ 107.79	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	109	Licensed Psychologist	30 minutes	$ 69.72	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	109	Licensed Psychologist	30 minutes	$ 64.14	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	001	Physician	30 minutes	$ 69.72	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	001	Physician	30 minutes	$ 51.31	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	128	Licensed Psychological Associate	30 minutes	$ 52.29	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	128	Licensed Psychological As	30 minutes	$ 48.10	1/1/2019	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	109	Licensed Psychologist	hourly	$ 108.59	1/1/2024	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	001	Physician	hourly	$ 108.59	1/1/2024	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	128	Licensed Psychological Associate	hourly	$ 81.44	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	109	Licensed Psychologist	hourly	$ 89.22	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	109	Licensed Psychologist	hourly	$ 87.53	1/1/2019	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	001	Physician	hourly	$ 89.22	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	001	Physician	hourly	$ 70.02	1/1/2019	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	128	Licensed Psychological Associate	hourly	$ 66.92	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	128	Licensed Psychological As	hourly	$ 65.65	1/1/2019	12/31/2099	
96125					standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid B	001	Physician	per time limit	$ 119.57	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	$ 140.66	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	109	Licensed Psychologist	hourly	$ 124.95	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	001	Physician	hourly	$ 140.66	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	001	Physician	hourly	$ 99.96	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	$ 105.50	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96130					Psychological Testing by QHP, First 60 minutes	State	128	Licensed Psychological As	hourly	$ 93.71	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	$ 102.02	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	109	Licensed Psychologist	hourly	$ 95.14	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	001	Physician	hourly	$ 102.02	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	001	Physician	hourly	$ 76.11	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	$ 76.52	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	128	Licensed Psychological As	hourly	$ 71.35	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	$ 151.60	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	109	Licensed Psychologist	hourly	$ 139.84	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	001	Physician	hourly	$ 151.60	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	001	Physician	hourly	$ 111.87	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	$ 113.70	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	128	Licensed Psychological As	hourly	$ 104.88	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	$ 115.60	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	109	Licensed Psychologist	hourly	$ 106.68	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	001	Physician	hourly	$ 115.60	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	001	Physician	hourly	$ 85.34	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	$ 86.70	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	128	Licensed Psychological As	hourly	$ 80.01	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	109	Licensed Psychologist	30 minutes	$ 48.98	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	001	Physician	30 minutes	$ 48.98	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	001	Physician	30 minutes	$ 39.33	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	109	Licensed Psychologist	30 minutes	$ 49.16	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	128	Licensed Psychological Associate	30 minutes	$ 36.74	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	128	Licensed Psychological As	30 minutes	$ 36.88	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	109	Licensed Psychologist	30 minutes	$ 45.41	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	109	Licensed Psychologist	30 minutes	$ 45.41	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	001	Physician	30 minutes	$ 45.41	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	001	Physician	30 minutes	$ 36.33	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	128	Licensed Psychological Associate	30 minutes	$ 34.06	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	128	Licensed Psychological As	30 minutes	$ 34.06	1/1/2019	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	$ 37.99	1/1/2024	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	109	Licensed Psychologist	30 minutes	$ 31.09	1/1/2019	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	001	Physician	30 minutes	$ 37.99	1/1/2024	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	001	Physician	30 minutes	$ 31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	$ 39.13	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	109	Licensed Psychologist	30 minutes	$ 31.09	1/1/2019	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	001	Physician	30 minutes	$ 39.13	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	001	Physician	30 minutes	$ 31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	128	Licensed Psychological Associate	30 minutes	$ 29.35	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	128	Licensed Psychological As	30 minutes	$ 23.32	1/1/2019	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	Medicaid B	109	Licensed Psychologist	Event	$ 2.57	1/1/2024	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	State	109	Licensed Psychologist	Event	$ 1.66	1/1/2019	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	Medicaid B	001	Physician	Event	$ 2.57	1/1/2024	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	State	001	Physician	Event	$ 1.66	1/1/2019	12/31/2099	
96150					h & b assess, 15 min face to face with pt, initial assessment	Medicaid B	001	Physician	per time limit	$ 21.18	10/1/2013	12/31/2099	
96151					h & b assess, 15 min face to face with pt, reassessment	Medicaid B	001	Physician	per time limit	$ 20.49	10/1/2013	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	001	Physician	Event	$ 16.53	1/1/2024	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	001	Physician	Event	$ 18.74	10/1/2013	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	112	Certified Nurse Practitioner	Event	$ 14.05	1/1/2024	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	112	Certified Nurse Practition	Event	$ 14.19	4/1/2013	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	Medicaid B	130	Physician Assistant	Event	$ 16.53	1/1/2024	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	State	130	Physician Assistant	Event	$ 17.04	1/1/2013	12/31/2099	
96373					injection (specify substance or drug) intra-arterial	Medicaid B	001	Physician	Event	$ 16.09	10/1/2013	12/31/2099	
96373					injection (specify substance or drug) intra-arterial	Medicaid B	112	Certified Nurse Practitioner	Event	$ 12.44	4/1/2012	12/31/2099	
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	001	Physician	Event	$ 47.97	10/1/2013	12/31/2099	
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	112	Certified Nurse Practitioner	Event	$ 37.07	4/1/2012	12/31/2099	
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	Medicaid B	001	Physician	Event	$ 20.80	10/1/2013	12/31/2099	
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	Medicaid B	112	Certified Nurse Practitioner	Event	$ 16.07	4/1/2012	12/31/2099	
97151					Behavior Identification Assessment	Medicaid B			15 Minutes	$ 30.56	1/1/2024	12/31/2099	
97152					Observational behavioral assessment and follow up	Medicaid B			15 Minutes	$ 61.73	1/1/2024	12/31/2099	
97153					Direct Intervention by a Paraprofessional	Medicaid B			15 Minutes	$ 20.81	1/1/2024	12/31/2099	
97154					Group Adaptive Behavioral Protocol	Medicaid B			15 Minutes	$ 11.37	1/1/2024	12/31/2099	
97155					Modifications to the protocol by BCBA-LP	Medicaid B			15 Minutes	$ 32.22	1/1/2024	12/31/2099	
97156					Family Caregiver Training by a BCBA	Medicaid B			15 Minutes	$ 23.70	1/1/2024	12/31/2099	
97157					Family Training Program (Multi-Family Groups)	Medicaid B			15 Minutes	$ 11.51	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	001	Physician	per time limit	$ 69.34	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	001	Physician	per time limit	$ 63.29	10/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 91.38	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	112	Certified Nurse Practition	per time limit	$ 48.91	1/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	130	Physician Assistant	per time limit	$ 97.83	1/1/2024	12/31/2099	

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99202					ov new pt, moderate - phys time approx 20 min	State	130	Physician Assistant	per time limit	$ 57.54	1/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	001	Physician	per time limit	$ 107.50	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	001	Physician	per time limit	$ 91.70	10/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 91.38	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	112	Certified Nurse Practition	per time limit	$ 70.86	1/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 97.83	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	130	Physician Assistant	per time limit	$ 83.36	1/1/2013	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	$ 142.20	10/1/2013	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	$ 160.17	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	001	Physician	per time limit	$ 142.20	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 136.14	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	112	Certified Nurse Practition	per time limit	$ 109.88	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	130	Physician Assistant	per time limit	$ 145.75	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	130	Physician Assistant	per time limit	$ 129.27	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	$ 211.53	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	001	Physician	per time limit	$ 179.75	10/1/2013	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 179.80	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	112	Certified Nurse Practition	per time limit	$ 138.90	1/1/2013	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	$ 192.49	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	$ 163.41	1/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	001	Physician	per time limit	$ 22.06	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	001	Physician	per time limit	$ 18.50	10/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 18.75	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	112	Certified Nurse Practition	per time limit	$ 14.30	1/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	130	Physician Assistant	per time limit	$ 20.07	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	130	Physician Assistant	per time limit	$ 16.82	1/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	001	Physician	per time limit	$ 54.13	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	001	Physician	per time limit	$ 36.85	10/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 46.01	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	112	Certified Nurse Practition	per time limit	$ 28.48	1/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	130	Physician Assistant	per time limit	$ 49.26	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	130	Physician Assistant	per time limit	$ 33.50	1/1/2013	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	001	Physician	per time limit	$ 86.78	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	001	Physician	per time limit	$ 61.53	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 73.76	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	112	Certified Nurse Practition	per time limit	$ 47.55	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	$ 78.97	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	130	Physician Assistant	per time limit	$ 55.94	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	001	Physician	per time limit	$ 122.93	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	001	Physician	per time limit	$ 92.72	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 104.49	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	112	Certified Nurse Practition	per time limit	$ 71.65	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	$ 111.87	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	130	Physician Assistant	per time limit	$ 84.29	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	001	Physician	per time limit	$ 172.48	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	001	Physician	per time limit	$ 125.40	10/1/2013	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 146.61	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	112	Certified Nurse Practition	per time limit	$ 96.90	1/1/2013	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	$ 156.96	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	130	Physician Assistant	per time limit	$ 114.00	1/1/2013	12/31/2099	
99217					observation care discharge day management	Medicaid B	001	Physician	Event	$ 67.45	10/1/2013	12/31/2099	
99217					observation care discharge day management	Medicaid B	112	Certified Nurse Practitioner	Event	$ 52.12	1/1/2013	12/31/2099	
99218					initial observation care, per day, low complexity	Medicaid B	001	Physician	per diem	$ 63.62	10/1/2013	12/31/2099	
99218					initial observation care, per day, low complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 49.16	1/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	001	Physician	per diem	$ 105.36	10/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 81.41	1/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	130	Physician Assistant	per diem	$ 95.78	1/1/2013	12/31/2099	
99220					initial observation care, per day, high complexity	Medicaid B	001	Physician	per diem	$ 147.76	10/1/2013	12/31/2099	
99220					initial observation care, per day, high complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 114.18	1/1/2013	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	001	Physician	per diem	$ 91.36	10/1/2013	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	001	Physician	per diem	$ 91.36	1/1/2024	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 77.66	1/1/2024	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	130	Physician Assistant	per diem	$ 83.14	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	001	Physician	per diem	$ 125.99	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99222					Initial hospital care, moderate, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 107.09	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	130	Physician Assistant	per diem	$ 114.65	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	001	Physician	per diem	$ 183.58	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 156.04	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	130	Physician Assistant	per diem	$ 167.06	1/1/2024	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	001	Physician	per diem	$ 25.62	10/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	001	Physician	per diem	$ 25.62	10/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 19.80	4/1/2012	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	112	Certified Nurse Practition	per diem	$ 19.80	4/1/2012	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	130	Physician Assistant	per diem	$ 23.29	1/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	130	Physician Assistant	per diem	$ 23.29	1/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	001	Physician	per diem	$ 45.51	10/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	001	Physician	per diem	$ 45.51	10/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 35.16	4/1/2012	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	112	Certified Nurse Practition	per diem	$ 35.16	4/1/2012	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	130	Physician Assistant	per diem	$ 41.37	1/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	130	Physician Assistant	per diem	$ 41.37	1/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	001	Physician	per diem	$ 68.05	10/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	001	Physician	per diem	$ 68.05	10/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 52.58	4/1/2012	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	112	Certified Nurse Practition	per diem	$ 52.58	4/1/2012	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	130	Physician Assistant	per diem	$ 61.86	1/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	130	Physician Assistant	per diem	$ 61.86	1/1/2013	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	001	Physician	per time limit	$ 48.02	1/1/2024	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 40.82	1/1/2024	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	$ 43.70	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	001	Physician	per time limit	$ 76.69	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 65.19	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	$ 69.79	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	001	Physician	per time limit	$ 115.38	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 98.07	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	130	Physician Assistant	per time limit	$ 105.00	1/1/2024	12/31/2099	
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	$ 128.88	1/1/2024	12/31/2099	
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	$ 109.55	1/1/2024	12/31/2099	
99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	$ 169.30	1/1/2024	12/31/2099	
99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	$ 154.53	1/1/2024	12/31/2099	
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	$ 238.33	1/1/2024	12/31/2099	
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	$ 202.58	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	$ 78.10	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 66.39	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	$ 71.07	1/1/2024	12/31/2099	
99239					hospital discharge day management; more than 30 min	Medicaid B	001	Physician	per time limit	$ 110.74	1/1/2024	12/31/2099	
99239					hospital discharge day management; more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 94.13	1/1/2024	12/31/2099	
99241	U4				Psychiatric Consultation - approx 15 min	B3	001	Physician	per diem	$ 55.00	7/1/2015	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	001	Physician	per time limit	$ 43.98	10/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	001	Physician	per time limit	$ 43.98	10/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 33.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	112	Certified Nurse Practitione	per time limit	$ 33.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	$ 39.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	130	Physician Assistant	per time limit	$ 39.98	1/1/2013	12/31/2099	
99242	U4				Psychiatric Consultation - approx 30 min	B3	001	Physician	per diem	$ 90.00	7/1/2015	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	001	Physician	per time limit	$ 88.12	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	001	Physician	per time limit	$ 82.39	10/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 74.90	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	112	Certified Nurse Practitione	per time limit	$ 63.67	1/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 80.19	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	130	Physician Assistant	per time limit	$ 74.90	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	001	Physician	per time limit	$ 113.30	10/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	001	Physician	per time limit	$ 113.30	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	001	Physician	per time limit	$ 113.30	10/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 96.31	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	112	Certified Nurse Practitione	per time limit	$ 87.55	1/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	$ 103.10	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	130	Physician Assistant	per time limit	$ 103.00	1/1/2013	12/31/2099	
99244	U4				Psychiatric Consultation - approx 60 min	B3	001	Physician	per diem	$ 168.00	7/1/2015	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	$ 168.29	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	001	Physician	per time limit	$ 168.29	10/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 143.05	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	112	Certified Nurse Practition	per time limit	$ 130.04	1/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	$ 153.14	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	$ 152.99	1/1/2013	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	001	Physician	per time limit	$ 206.83	1/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	State	001	Physician	per time limit	$ 206.83	10/1/2013	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 175.81	1/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	State	112	Certified Nurse Practition	per time limit	$ 159.83	1/1/2013	12/31/2099	
99251					initial inpt consult - phys time approx 20 min	Medicaid B	001	Physician	per time limit	$ 44.90	10/1/2013	12/31/2099	
99251					initial inpt consult - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 34.70	1/1/2013	12/31/2099	
99252					initial inpt consult - phys time approx 40 min	Medicaid B	001	Physician	per time limit	$ 81.98	1/1/2024	12/31/2099	
99252					initial inpt consult - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 69.68	1/1/2024	12/31/2099	
99253					initial inpt consult - phys time approx 55 min	Medicaid B	001	Physician	per time limit	$ 114.33	1/1/2024	12/31/2099	
99253					initial inpt consult - phys time approx 55 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 97.18	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	001	Physician	per time limit	$ 158.93	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 135.09	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	130	Physician Assistant	per time limit	$ 144.63	1/1/2024	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	$ 186.15	10/1/2013	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	$ 213.61	1/1/2024	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 181.57	1/1/2024	12/31/2099	
99281					er visit, minor	Medicaid B	001	Physician	Event	$ 18.73	10/1/2013	12/31/2099	
99282					er visit, low severity	Medicaid B	001	Physician	Event	$ 36.44	10/1/2013	12/31/2099	
99282					er visit, low severity	Medicaid B	112	Certified Nurse Practitioner	Event	$ 32.14	1/1/2013	12/31/2099	
99283					er visit, moderate severity	Medicaid B	001	Physician	Event	$ 56.49	10/1/2013	12/31/2099	
99284					er visit, high severity	Medicaid B	001	Physician	Event	$ 105.75	10/1/2013	12/31/2099	
99284					er visit, high severity	Medicaid B	130	Physician Assistant	Event	$ 96.14	4/1/2013	12/31/2099	
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	001	Physician	Event	$ 157.22	10/1/2013	12/31/2099	
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	112	Certified Nurse Practitioner	Event	$ 138.64	4/1/2012	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99291					critical care, evaluation and management of the unstable critically ill	Medicaid B	001	Physician	Event	$ 225.61	4/1/2012	12/31/2099	
99304					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	$ 81.40	1/1/2024	12/31/2099	
99305					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	$ 128.82	1/1/2024	12/31/2099	
99306					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	$ 176.28	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 38.23	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 32.50	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 34.79	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 71.10	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 60.95	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 64.70	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 102.95	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 87.51	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 93.68	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 148.04	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 125.83	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 134.72	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	$ 78.79	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 66.97	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	$ 71.70	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	001	Physician	per time limit	$ 126.94	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 107.90	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 115.52	1/1/2024	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	001	Physician	per time limit	$ 85.16	10/1/2013	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 65.81	1/1/2013	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	130	Physician Assistant	per time limit	$ 77.42	1/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	20 minutes	$ 54.60	10/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	20 minutes	$ 42.19	1/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	20 minutes	$ 49.64	1/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	30 minutes	$ 79.53	10/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	30 minutes	$ 61.46	1/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	30 minutes	$ 72.30	1/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	45 minutes	$ 131.49	10/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	45 minutes	$ 101.61	1/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	45 minutes	$ 119.54	1/1/2013	12/31/2099	
99327					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	60 minutes	$ 132.53	1/1/2013	12/31/2099	
99328					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	75 minutes	$ 201.91	10/1/2013	12/31/2099	
99328					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	75 minutes	$ 183.55	1/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	15 minutes	$ 56.28	10/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	15 minutes	$ 43.49	1/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	15 minutes	$ 51.16	1/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	25 minutes	$ 87.18	10/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	25 minutes	$ 67.36	1/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	25 minutes	$ 79.25	1/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	40 minutes	$ 122.76	10/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	40 minutes	$ 94.86	1/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	40 minutes	$ 111.60	1/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	60 minutes	$ 176.39	10/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	60 minutes	$ 136.30	1/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	60 minutes	$ 160.35	1/1/2013	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	15 minutes	$ 55.84	1/1/2024	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	15 minutes	$ 47.46	1/1/2024	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	15 minutes	$ 50.81	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	30 minutes	$ 89.21	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	$ 75.83	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	30 minutes	$ 50.81	1/1/2024	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	45 minutes	$ 128.07	10/1/2013	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	45 minutes	$ 98.97	1/1/2013	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	45 minutes	$ 116.43	1/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	60 minutes	$ 168.15	10/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	$ 129.93	1/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	60 minutes	$ 152.86	1/1/2013	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	75 minutes	$ 230.45	1/1/2024	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	75 minutes	$ 195.88	1/1/2024	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	75 minutes	$ 209.71	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	15 minutes	$ 51.11	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	15 minutes	$ 43.44	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	15 minutes	$ 46.51	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	30 minutes	$ 86.93	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	$ 73.89	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	30 minutes	$ 79.11	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	40 minutes	$ 123.40	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	40 minutes	$ 104.89	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	40 minutes	$ 112.29	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	60 minutes	$ 180.11	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	$ 153.09	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	60 minutes	$ 163.90	1/1/2024	12/31/2099	
99354					prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	$ 93.03	10/1/2013	12/31/2099	
99354					prolonged physician service in office or outpatient setting	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 71.88	1/1/2013	12/31/2099	
99355					prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	$ 92.09	10/1/2013	12/31/2099	
99355					prolonged physician service in office or outpatient setting	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 71.16	1/1/2013	12/31/2099	
99356					prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	$ 84.95	10/1/2013	12/31/2099	
99356					prolonged physician service in inpatient setting, requiring	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 65.65	1/1/2013	12/31/2099	
99357					prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	$ 85.54	10/1/2013	12/31/2099	
99357					prolonged physician service in inpatient setting, requiring	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 66.10	1/1/2013	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	001	Physician	per time limit	$ 14.29	1/1/2024	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 12.15	1/1/2024	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	130	Physician Assistant	per time limit	$ 13.00	1/1/2024	12/31/2099	
99407					EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B			per diem	$ 26.75	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	001	Physician	per diem	$ 34.21	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 33.71	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	130	Physician Assistant	per diem	$ 33.71	1/1/2024	12/31/2099	
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	110	LCSW, LPC & LMFT	event	$ 64.50	1/1/2024	12/31/2099	
H0010					Non-Hospital Medical Detoxification	Medicaid B			per diem	$ 325.58	4/1/2013	12/31/2099	
H0012	HB				Non-Hospital Community Residential Treatment - Adult	Medicaid B			per diem	$ 155.81	4/1/2013	12/31/2099	
H0013					Medically Monitored Community Residential Treatment	Medicaid B			per diem	$ 241.81	4/1/2013	12/31/2099	
H0014					Ambulatory Detoxification	Medicaid B			15 Minutes	$ 21.25	10/1/2012	12/31/2099	
H0015					Substance Abuse Intensive Outpatient Program	Medicaid B			per diem	$ 133.72	4/1/2022	12/31/2099	
H0015					Substance Abuse Intensive Outpatient Program	State			per diem	$ 131.56	1/1/2024	12/31/2099	
H0018	U4				Crisis Respite	Medicaid B			per diem	$ 160.00	4/1/2012	12/31/2099	

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H0019	HK				Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)	Medicaid B			per diem	$ 401.45	1/1/2024	12/31/2099	
H0019	HQ				Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	$ 296.12	1/1/2024	12/31/2099	
H0019	TJ				Behavioral Health Long Term Residential (HRI Level III-5 beds or more)	Medicaid B			per diem	$ 350.00	1/1/2024	12/31/2099	
H0019	UR				Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)	Medicaid B			per diem	$ 401.45	1/1/2024	12/31/2099	
H0020					Alcohol and/or Drug Services; methadone administration	Medicaid B			per week	$ 254.93	10/15/2023	12/31/2099	
H0020					Alcohol and/or Drug Services; methadone administration	State			per week	$ 254.93	10/15/2023	12/31/2099	
H0031	59				Mental Health Assessment	Medicaid B			15 Minutes	$ 11.72	4/1/2012	12/31/2099	
H0031	59				Mental Health Assessment	State			15 Minutes	$ 11.72	4/1/2012	12/31/2099	
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	Medicaid B			per diem	$ 171.01	1/1/2024	12/31/2099	
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	State			per diem	$ 132.32	10/1/2012	12/31/2099	
H0038	HQ	U4			Peer Support Group	B3			15 Minutes	$ 3.40	8/1/2016	12/31/2099	
H0038	U4				Peer Support	B3			15 Minutes	$ 12.15	8/1/2016	12/31/2099	
H0038					Peer Support	Medicaid B			15 Minutes	$ 15.50	1/1/2024	12/31/2099	
H0038					Peer Support	State			15 Minutes	$ 13.26	1/1/2024	12/31/2099	
H0040	U1				Assertive Community Treatment Team (ACTT) - encounter claim code	Medicaid B			15 Minutes	$ 0.01	9/1/2017	12/31/2099	*Any add'l per diem visits should be billed at .01 per unit
H0040	U1				Assertive Community Treatment Team (ACTT) - encounter claim code	State			15 Minutes	$ 0.01	9/1/2017	12/31/2099	*Any add'l per diem visits should be billed at .01 per unit
H0040					Assertive Community Treatment Team (ACTT)	Medicaid B			monthly	$ 2,154.20	1/1/2024	12/31/2099	*To be billed on the first per diem contact of the month
H0040					Assertive Community Treatment Team (ACTT)	State			monthly	$ 1,595.70	1/1/2024	12/31/2099	*To be billed on the first per diem contact of the month
H0043	U4				Community Transition	1915i			1 Time	Invoice	9/15/2023	12/31/2099	DD Consumers only
H0043					Community Transition	B3			1 Time	Invoice	9/15/2023	12/31/2099	DD Consumers only
H0045	HQ	U4			Group Respite	1915i			15 Minutes	$ 4.82	1/1/2024	12/31/2099	
H0045	HQ				Group Respite	B3			15 Minutes	$ 4.82	1/1/2024	12/31/2099	
H0045	U4				Individual Respite	1915i			15 Minutes	$ 7.92	1/1/2024	12/31/2099	
H0045					Individual Respite	B3			15 Minutes	$ 7.92	1/1/2024	12/31/2099	
H0046					Mental Health Services, Not Otherwise Specified (HRI Level I-Foster Care)	Medicaid B			per diem	$ 86.25	10/1/2022	12/31/2099	
H2011	U1	U4			Primary Crisis Response	B3			15 Minutes	$ 6.00	1/1/2022	12/31/2099	
H2011	U1				Primary Crisis Response	Innovations			15 Minutes	$ 6.00	1/1/2022	12/31/2099	
H2011					Mobile Crisis Management (MH/SA)	Medicaid B			15 Minutes	$ 99.00	1/1/2024	12/31/2099	
H2011					Mobile Crisis Management (MH/SA)	State			15 Minutes	$ 90.00	1/1/2024	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	$ 32.13	4/1/2022	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	$ 42.25	1/1/2024	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	State			hourly	$ 31.41	4/1/2012	12/31/2099	
H2015	HQ	U4			Community Networking - Group	B3			15 Minutes	$ 3.96	1/1/2024	12/31/2099	
H2015	HQ				Community Networking - Group	Innovations			15 Minutes	$ 3.96	7/1/2023	12/31/2099	
H2015	HT	HF			Community Support Team (MH/SA) Licensed Substance Abuse Professional	Medicaid B			15 Minutes	$ 29.31	1/1/2024	12/31/2099	
H2015	HT	HN			Community Support Team (MH/SA) Qualified Professional	Medicaid B			15 Minutes	$ 29.31	1/1/2024	12/31/2099	
H2015	HT	HM			Community Support Team (MH/SA) Paraprofessional	Medicaid B			15 Minutes	$ 29.31	1/1/2024	12/31/2099	
H2015	HT	HO			Community Support Team (MH/SA) Licensed Team Lead	Medicaid B			15 Minutes	$ 29.31	1/1/2024	12/31/2099	
H2015	HT	U1			Community Support Team (MH/SA) Peer Support Specialist	Medicaid B			15 Minutes	$ 29.31	1/1/2024	12/31/2099	
H2015	U1	U4			Community Networking - Class/Conferences	B3			Invoice		1/1/2014	12/31/2099	
H2015	U1				Community Networking - Classes/conferences	Innovations				Invoice	4/1/2012	12/31/2099	
H2015	U2	U4			Community Networking - Transportation	B3			Invoice		11/1/2016	12/31/2099	
H2015	U2				Community Networking Transportation	Innovations				Invoice	11/1/2016	12/31/2099	
H2015	U4				Community Networking - Individual	B3			15 Minutes	$ 7.28	1/1/2024	12/31/2099	
H2015					Community Networking - Individual	Innovations			15 Minutes	$ 7.28	7/1/2023	12/31/2099	
H2016	CG				Residential Supports Level 1 - AFL	Innovations			per diem	$ 153.72	7/1/2023	12/31/2099	
H2016	HI	CG			Residential Supports Level 4 - AFL	Innovations			per diem	$ 241.92	7/1/2023	12/31/2099	
H2016	HI	U4			Residential Supports Level 4	B3			per diem	$ 218.21	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H2016	HI				Residential Supports Level 4	Innovations			per diem	$ 241.92	7/1/2023	12/31/2099	
H2016	U4				Residential Supports Level 1	B3			per diem	$ 146.73	1/1/2024	12/31/2099	
H2016					Residential Supports Level 1	Innovations			per diem	$ 153.72	7/1/2023	12/31/2099	
H2017					DMH Psychosocial Rehabilitation (PSR)	Medicaid B			15 Minutes	$ 3.48	1/1/2024	12/31/2099	
H2017					DMH Psychosocial Rehabilitation (PSR)	State			15 Minutes	$ 2.69	1/1/2024	12/31/2099	
H2020				0902	Therapeutic Behavioral Services (HRI Level II-Group Homes)	Medicaid B			per diem	$ 160.61	1/1/2024	12/31/2099	
H2020				0183	Therapeutic Behavioral Services Therapeutic Leave(HRI Level II-Group Homes)	Medicaid B			per diem	$ 160.61	01/012024	12/31/2099	
H2022	HE				Child First	Medicaid B				$ 21,450.00	1/1/2024	12/31/2099	
H2022	U4				Transitional Living Skills	Medicaid B			per week	$ 380.65	1/1/2020	12/31/2099	
H2022					Intensive In-Home Services	Medicaid B			per diem	$ 298.15	1/1/2024	12/31/2099	
H2022					Intensive In-Home Services	State			per diem	$ 239.66	4/1/2017	12/31/2099	
H2023	U2	U4			Initial Individual Supported Employemt MH	B3			15 Minutes	$ 26.40	10/1/2023	12/31/2099	MH/SA Consumers
H2023	U2	U6	U4		Initial Individual Supported Employemt TCL	B3			15 Minutes	$ 26.40	10/1/2023	12/31/2099	
H2023	U3	U4			Initial Individual Supported Employemt I/DD	1915i			15 Minutes	$ 9.74	1/1/2024	12/31/2099	DD Consumers only
H2023	U6	U4			Initial Supported Employment - TCL	B3			15 Minutes	$ 26.40	10/1/2023	12/31/2099	TCL Initiative/Based on Meeting Fidelity
H2025	HQ	U4			Supported Employment - Group Setting	B3			15 Minutes	$ 2.83	1/1/2024	12/31/2099	
H2025	HQ				Supported Employment Group Setting	Innovations			15 Minutes	$ 2.83	7/1/2023	12/31/2099	
H2025	TS	HQ			Support Employment - Long Term Follow-UP Group	Innovations			15 Minutes	$ 2.83	7/1/2023	12/31/2099	
H2025	TS	U2			Supported Employment Long Term Follow Up-Transportation	Innovations			Invoice		11/1/2016	12/31/2099	
H2025	TS	U4			Supported Employment Long Term Follow Up	B3			15 Minutes	$ 7.75	1/1/2022	12/31/2099	
H2025	TS				Supported Employment - Long Term Follow-Up	Innovations			15 Minutes	$ 9.84	7/1/2023	12/31/2099	
H2025	U4				Supported Employment - Individual	B3			15 Minutes	$ 9.84	1/1/2024	12/31/2099	
H2025					Supported Employment	Innovations			15 Minutes	$ 9.84	7/1/2023	12/31/2099	
H2026	HQ	U4			Group Supported Employment Maintenance IDD only	1915i			15 Minutes	$ 2.83	1/1/2024	12/31/2099	
H2026	HQ				Group Supported Employment Maintenance IDD only	B3			15 Minutes	$ 2.83	1/1/2024	12/31/2099	
H2026	U2	U4			MH Long Term Vocational Supports	B3			15 Minutes	$ 17.73	1/1/2024	12/31/2099	MH/SA Consumers
H2026	U3	U4			I/DD Long Term Vocational Supports	1915i			15 Minutes	$ 14.10	1/1/2024	12/31/2099	I/DD Consumers only
H2026					I/DD Long Term Vocational Supports	B3			15 Minutes	$ 14.10	1/1/2024	12/31/2099	I/DD Consumers only
H2033					Multi-Systemic Therapy (MST)	Medicaid B			15 Minutes	$ 47.26	1/1/2024	12/31/2099	
H2033					Multi-Systemic Therapy (MST)	State			15 Minutes	$ 36.57	10/1/2012	12/31/2099	
H2034					SA Halfway House	State			per diem	$ 58.21	4/1/2012	12/31/2099	
H2035					SA Comprehensive Outpatient Treatment Program	Medicaid B			hourly	$ 46.07	4/1/2022	12/31/2099	
H2035					SA Comprehensive Outpatient Treatment Program	State			hourly	$ 45.35	1/1/2024	12/31/2099	
Q3014	GT				telehealth originating site facility fee	State	001	Physician	per diem	$ 23.38	10/1/2013	12/31/2099	
Q3014					telehealth originating site facility fee	Medicaid B	001	Physician	per diem	$ 23.38	10/1/2013	12/31/2099	
Q3014	GT				telehealth originating site facility fee	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 20.83	4/1/2012	12/31/2099	
Q3014					telehealth originating site facility fee	State	112	Certified Nurse Practition	per diem	$ 20.83	4/1/2012	12/31/2099	
S5110	U4				Natural Supports Education - Individual	B3			15 Minutes	$ 8.36	1/1/2014	12/31/2099	
S5110					Natural Supports Education	Innovations			15 Minutes	$ 8.36	4/1/2013	12/31/2099	
S5111	U4				Natural Supports Education - Conference	B3				Invoice	1/1/2014	12/31/2099	
S5111					Natural Supports Education - Conference	Innovations				Invoice	4/1/2012	12/31/2099	
S5125	U4				Personal Care	B3			15 Minutes	$ 4.28	1/1/2022	12/31/2099	
S5145	HK				Intensive Alternative Family Services	Medicaid B			per diem	$ 231.28	4/1/2013	12/31/2099	
S5145				0902	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	$ 175.00	10/1/2022	12/31/2099	
S5145				0183	Foster Care, Therapeutic, Child Therapeutic Leave (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	$ 175.00	10/1/2022	12/31/2099	
S5150	HQ	U4			Respite Care- Community Group	B3			15 Minutes	$ 3.69	1/1/2024	12/31/2099	
S5150	HQ				Respite Care - Community Group	Innovations			15 Minutes	$ 3.69	7/1/2023	12/31/2099	
S5150	U4				Respite Care- Community Individual	B3			15 Minutes	$ 5.38	1/1/2024	12/31/2099	
S5150	US	U4			Respite Care - Community Facility	B3			Event	$ 156.54	7/1/2023	12/31/2099	
S5150	US				Respite Care - Community Facility	Innovations			per diem	$ 156.54	7/1/2023	12/31/2099	
S5150					Respite Care - Community Individual	Innovations			15 Minutes	$ 5.38	7/1/2023	12/31/2099	
S5151	U4				Respite Care- Community Facility	B3			per diem	$ 264.74	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
S5165	U4				Home	B3				Invoice	1/1/2014	12/31/2099	
S5165					Home Modifications	Innovations				Invoice	11/1/2016	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Adults	State			hourly	$ 30.00	7/1/2021	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Child & Adolescents	Medicaid B			hourly	$ 37.32	1/1/2024	12/31/2099	
S9484					Crisis Intervention (Facility Based Crisis)	State			hourly	$ 30.00	7/1/2021	12/31/2099	
S9484					Crisis Intervention (Facility Based Crisis) Adults	Medicaid B			hourly	$ 33.00	1/1/2024	12/31/2099	
T1005	TD				Respite Care Nursing - RN	Innovations			15 Minutes	$ 11.16	7/1/2023	12/31/2099	
T1005	TE				Respite Care Nursing - LPN	Innovations			15 Minutes	$ 11.16	7/1/2023	12/31/2099	
T1015	TD	U4			Intensive In Home Support	B3			15 Minutes	$ 4.93	1/1/2022	12/31/2099	
T1015					Intensive In Home Support	Innovations			15 Minutes	$ 4.93	1/1/2022	12/31/2099	
T1017	HE	HB			Case Management Crisis Response, Prevention, Stabilization Program	Medicaid B			15 Minutes	$ 61.01	10/1/2019	12/31/2099	
T1019	U4				Individual Support	1915i			15 Minutes	$ 20.59	9/15/2023	12/31/2099	
T1019					Individual Support	B3			15 Minutes	$ 20.59	9/15/2023	12/31/2099	
T1019	TS				Individual Supports Community	B3			15 Minutes	$ 15.06	1/1/2024	12/31/2099	
T1019	TS	U4			Individual Supports Community	1915i			15 Minutes	$ 15.06	1/1/2024	12/31/2099	
T1023					Diagnostic Assessment (MH/SA)	Medicaid B			Event	$ 298.93	1/1/2024	12/31/2099	
T1023					Diagnostic Assessment (MH/SA)	State			Event	$ 231.30	4/1/2013	12/31/2099	
T1999	U4				Individual Goods and Services	B3			Invoice		1/1/2014	12/31/2099	
T1999					Individual Goods and Services	Innovations				Invoice	4/1/2012	12/31/2099	
T2012	HQ				Community Living and Supports-Community Group	Innovations			15 Minutes	$ 4.59	7/1/2023	12/31/2099	
T2012					Community Living and Supports-Community	Innovations			15 Minutes	$ 7.85	7/1/2023	12/31/2099	
T2013	HQ	U4			In Home Skill Building - Group	B3			15 Minutes	$ 4.59	1/1/2024	12/31/2099	
T2013	TF	HQ	U4		Community Living and Supports Group	1915i			15 Minutes	$ 4.59	1/1/2024	12/31/2099	
T2013	TF	HQ			Community Living and Supports Group	Innovations			15 Minutes	$ 4.59	7/1/2023	12/31/2099	
T2013	TF	U4			Community Living and Supports	1915i			15 Minutes	$ 7.85	1/1/2024	12/31/2099	
T2013	TF				Community Living and Supports	B3			15 Minutes	$ 7.85	1/1/2024	12/31/2099	
T2013	TF				Community Living Supports - Individual	Innovations			15 Minutes	$ 7.85	7/1/2023	12/31/2099	
T2013	U4				In Home Skill Building - Individual	B3			15 Minutes	$ 7.85	1/1/2024	12/31/2099	
T2014	CG				Residential Supports Level 2 - AFL	Innovations			per diem	$ 189.87	7/1/2023	12/31/2099	
T2014	U4				Residential Supports Level 2	B3			per diem	$ 178.18	1/1/2024	12/31/2099	
T2014					Residential Supports Level 2	Innovations			per diem	$ 189.87	7/1/2023	12/31/2099	
T2016	U5	U1			Community Living Facilities and Supports Level 1	Medicaid B			per diem	$ 161.16	4/1/2023	12/31/2099	
T2016	U5	U2			Community Living Facilities and Supports Level 2	Medicaid B			per diem	$ 202.03	4/1/2023	12/31/2099	
T2016	U5	U3			Community Living Facilities and Supports Level 3	Medicaid B			per diem	$ 271.64	4/1/2023	12/31/2099	
T2016	U5	U4			Community Living Facilities and Supports Level 4	Medicaid B			per diem	$ 268.03	4/1/2023	12/31/2099	
T2016	U5	U6			Community Living Facilities and Supports Level 5	Medicaid B			per diem	$ 275.27	4/1/2023	12/31/2099	
T2016	U5				Behavorial Health Crisis Assessment and Intervention	Medicaid B			per diem	$ 475.00	1/1/2024	12/31/2099	
T2020	CG	U4			Residentail Supports Level 3 AFL	B3			per diem	$ 198.20	1/1/2024	12/31/2099	
T2020	U4				Residential Supports Level 3	B3			per diem	$ 198.20	1/1/2024	12/31/2099	
T2020					Residential Supports Level 3	Innovations			per diem	$ 215.91	7/1/2023	12/31/2099	
T2021	HQ	U4			Day Supports-Group	B3			hourly	$ 19.20	1/1/2024	12/31/2099	
T2021	HQ				Day Supports - Group	Innovations			hourly	$ 19.20	7/1/2023	12/31/2099	
T2021	U4				Day Supports-Individual	B3			hourly	$ 32.40	1/1/2024	12/31/2099	
T2021					Day Supports - Individual	Innovations			hourly	$ 32.40	7/1/2023	12/31/2099	
T2025	HO	U4			Specialized Consultative Services - BCBA	B3			15 Minutes	$ 31.25	1/1/2022	12/31/2099	
T2025	HO				Specialized Consultative Services - BCBA	Innovations			15 Minutes	$ 31.25	1/1/2022	12/31/2099	
T2025	U1	U4			Community Networking - Training	B3			event	$ 90.95	1/1/2022	12/31/2099	
T2025	U1				Financial Supports	Innovations			monthly	$ 175.00	1/1/2022	12/31/2099	
T2025	U2	U4			Employer Supplies Transportation	B3			Invoice		1/1/2014	12/31/2099	
T2025	U2				FM Supplies	Innovations				Invoice	4/1/2012	12/31/2099	
T2025	U3	U4			Crisis Consultation B3 IW Service	B3			15 Minutes	$ 20.06	1/1/2022	12/31/2099	
T2025	U3				Crisis Behavioral Consultation	Innovations			15 Minutes	$ 20.06	1/1/2022	12/31/2099	
T2025	U4				Specialized Consultative Services	B3			15 Minutes	$ 31.25	1/1/2022	12/31/2099	
T2025					Specialized Consultative Services	Innovations			15 Minutes	$ 31.25	1/1/2022	12/31/2099	
T2027					Day Supports - Developmental Day	Innovations			hourly	$ 30.58	7/1/2023	12/31/2099	
T2028					Communication Device - Purchase	Innovations				Invoice	4/1/2012	12/31/2099	

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T2029	U4				Assistive Technology - Equipment and Supplies	B3				Invoice	1/1/2014	12/31/2099	
T2029					Assistive Technology - Equipment and Supplies	Innovations				Invoice	11/1/2016	12/31/2099	
T2033	HI				Supported Living Level 2	Innovations			per diem	$ 316.65	7/1/2023	12/31/2099	
T2033	TF				Supported Living Level 3	Innovations			per diem	$ 375.49	7/1/2023	12/31/2099	
T2033	U1	U4			Supported Living - Periodic	B3			15 Minutes	$ 7.63	1/1/2024	12/31/2099	
T2033	U1				Supported Living Periodic	Innovations			15 Minutes	$ 7.63	7/1/2023	12/31/2099	
T2033	U2				Supported Living Transition	Innovations			15 Minutes	$ 7.63	7/1/2023	12/31/2099	
T2033					Supported Living Level 1	Innovations			per diem	$ 226.26	7/1/2023	12/31/2099	
T2034	U4				Out of Home Crisis	B3			per diem	$ 251.45	1/1/2022	12/31/2099	
T2034					Out of Home Crisis	Innovations			per diem	$ 251.45	1/1/2022	12/31/2099	
T2038	U4				Community Transition Supports	B3			1 time	Invoice	1/1/2014	12/31/2099	
T2038					Community Transition Supports	Innovations			1 time	Invoice	11/1/2016	12/31/2099	
T2039	U4				Vehicle Adaptations	B3				Invoice	1/1/2014	12/31/2099	
T2039					Vehicle Adaptations	Innovations				Invoice	4/1/2012	12/31/2099	
T2041	U1	U4			Community Guide Training - Periodic	B3			15 Minutes	$ 9.68	1/1/2022	12/31/2099	
T2041	U1				Community Navigator Training - Employer	Innovations			15 Minutes	$ 9.68	1/1/2022	12/31/2099	
T2041	U4				Community Guide	B3			monthly	$ 150.00	1/1/2022	12/31/2099	
T2041					Community Navigator	Innovations			monthly	$ 150.00	1/1/2022	12/31/2099	
V5336					Communication Device - Repairs	Innovations				Invoice	4/1/2012	12/31/2099	
YA232					Room & Board - Level III (1-4 Beds) (Current DSS Rate)	State			per diem	$21.50	4/1/2012	12/31/2099	
YA233					Room & Board - Level III (5+ Beds) (Current DSS Rate)	State			per diem	$ 16.50	4/1/2012	12/31/2099	
YA234					Room & Board - Level II (Age 5 or less) (Current DSS Rate $365/mo)	State			per diem	$ 12.00	4/1/2012	12/31/2099	
YA235					Room & Board - Level II (Age 6-12 less) (Current DSS Rate $415/mo)	State			per diem	$ 13.64	4/1/2012	12/31/2099	
YA236					Room & Board - Level II (Age 13+) (Current DSS Rate $465/mo)	State			per diem	$ 13.64	4/1/2012	12/31/2099	
YA238					Room & Board - Level IV (5+ beds) (Current DSS Rate)	State			per diem	$ 20.10	4/1/2012	12/31/2099	
YA326					Crisis Respite	State			per diem	$ 20.00	4/1/2012	12/31/2099	
YA328					TBI Long Term Residential Rehab	State			per diem	$ 193.54	6/1/2022	12/31/2099	
YA340					Wellness Education Group	State			per diem	$ 150.00	4/1/2012	12/31/2099	
YA352					Assertive Engagement - QP (Licensed & Unlicensed)	State			15 Minutes	$15.00	4/1/2023	12/31/2099	
YA353					Assertive Engagement - AP, CPSS & Paraprofessional	State			15 Minutes	$15.00	4/1/2023	12/31/2099	
YA389					Long-Term Vocational Support - I/DD	State			15 Minutes	$ 11.21	7/1/2013	12/31/2099	
YA390					Supported Employment - Individual - I/DD	State			15 Minutes	$ 11.21	7/1/2013	12/31/2099	
YM050					Personal Care	State			15 Minutes	$ 3.36	4/1/2012	12/31/2099	
YM100					Day Supports - Group	State			15 Minutes	$ 3.57	7/1/2012	12/31/2099	
YM101					Day Supports - Individual	State			15 Minutes	$ 6.01	7/1/2012	12/31/2099	
YM106					Residential Supports Lvl -1 ADIDD	State			per diem	$ 84.78	7/1/2012	12/31/2099	
YM107					Residential Supports - Level 2	State			per diem	$ 122.46	7/1/2012	12/31/2099	
YM108					Residential Supports - Level 3	State			per diem	$ 141.31	7/1/2012	12/31/2099	
YM109					Residential Supports - Level 4	State			per diem	$ 160.14	7/1/2012	12/31/2099	
YM110					Specialized Consultative Services	State			15 Minutes	$ 17.40	7/1/2012	12/31/2099	
YM111					Supported Employment - Group ADIDD	State			15 Minutes	$ 1.86	7/1/2012	12/31/2099	
YM112					Supported Employment - Individual	State			15 Minutes	$ 7.24	7/1/2012	12/31/2099	
YM113					Community Networking	State			15 Minutes	$ 5.24	7/1/2012	12/31/2099	
YM114					Community Networking Group ADIDD	State			15 Minutes	$ 2.92	7/1/2012	12/31/2099	
YM120					Tenancy Support Team	State			15 Minutes	$ 13.40	1/1/2024	12/31/2099	For individuals of TCLI who receive a housing slot
YM580					Day Supports - Individual	State			per diem	$ 112.23	7/1/2021	12/31/2099	
YM590					Day Supports - Group	State			15 Minutes	$ 5.35	7/1/2023	12/31/2099	
YM686					Guardianship	State			per diem	$ 208.18	7/1/2012	12/31/2099	
YM850					Residential Supports	State			per diem	$ 189.79	4/1/2012	12/31/2099	
YM851					Community Living Supports - Individual	State			15 Minutes	$ 8.23	2/1/2022	12/31/2099	
YM852					Community Living Supports - Group	State			15 Minutes	$ 2.74	2/1/2022	12/31/2099	
YP012					Respite Adult Individual	State			15 Minutes	$ 5.50	1/1/2024	12/31/2099	
YP013					Respite Adult Group	State			15 Minutes	$ 1.67	1/1/2024	12/31/2099	
YP014					Respite Individual Child	State			15 Minutes	$ 5.50	1/1/2024	12/31/2099	

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YP015					Respite Group Child	State			15 Minutes	$ 1.67	1/1/2024	12/31/2099	
YP610					Developmental Day Activities	State			15 Minutes	$ 4.74	6/1/2012	12/31/2099	
YP620					ADVP - Adult Developmental and Vocational Program	State			15 Minutes	$ 1.57	2/1/2024	12/31/2099	
YP630	U6				Individual Supported Employment - TCL	State			15 Minutes	$ 26.40	10/1/2023	12/31/2099	
YP630					Supported Employment - Individual	State			15 Minutes	$ 26.40	10/1/2023	12/31/2099	
YP640					Supported Employment - Group	State			15 Minutes	$ 2.53	7/1/2013	12/31/2099	
YP650					Community Rehabilitation Program (Sheltered Workshop)	State			15 Minutes	$ 3.71	7/1/2013	12/31/2099	
YP710					Supervised Living Low	State			per diem	$ 28.92	4/1/2012	12/31/2099	
YP720					Supervised Living Moderate	State			per diem	$ 53.92	10/1/2012	12/31/2099	
YP740					Family Living Low	State			per diem	$ 56.50	4/1/2012	12/31/2099	
YP750					Family Living Moderate	State			per diem	$ 46.83	4/1/2012	12/31/2099	
YP760					Group Living - Low	State			per diem	$ 55.29	7/1/2009	12/31/2099	
YP770					Group Living - Moderate	State			per diem	$ 58.21	4/1/2012	12/31/2099	
YP780					Group Living - High	State			per diem	$ 141.51	4/1/2012	12/31/2099	
YP830					Alcohol and/or Drug Assessment	State			15 Minutes	$ 13.78	4/1/2012	12/31/2099	
YP831					Behavioral Health Counseling	State			15 Minutes	$ 19.67	4/1/2012	12/31/2099	
YP832					Behavioral Health Counseling - Group Therapy	State			15 Minutes	$ 7.25	4/1/2012	12/31/2099	
YP834					Behavioral Health Counseling - Family Therapy w/o Client	State			15 Minutes	$ 19.67	4/1/2012	12/31/2099	
YP835					Alcohol and/or Drug Group Counseling	State			15 Minutes	$ 5.08	4/1/2012	12/31/2099	
YP851					Public Psychiatry - Administrative Functions	State			15 Minutes	$ 25.00	7/1/2012	12/31/2099	
YP852					Public Psychiatry - Consultation/Service Functions	State			15 Minutes	$ 35.00	7/1/2012	12/31/2099	