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

Please Note: Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

All Trillium Rate Table FY 26-27

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90785**					Interactive Complexity Add-on	Medicaid B	001	Physician	per time limit	$ 13.41	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	per time limit	$ 13.41	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 10.06	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 11.40	10/1/2025	12/31/2099	8% Rate Reduction
90785					Interactive Complexity Add-on	State	111	Certified Clinical Nurse Specialist	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	$ 11.40	10/1/2025	12/31/2099	8% Rate Reduction
90785					Interactive Complexity Add-on	State	112	Certified Nurse Practitioner	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	128	Licensed Psychological Associate	per time limit	$ 10.06	10/1/2025	12/31/2099	8% Rate Reduction
90785					Interactive Complexity Add-on	State	128	Licensed Psychological Associate	per time limit	$ 2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the
90785**					Interactive Complexity Add-on	Medicaid B	129	LCAS	per time limit	$ 10.06	10/1/2025	12/31/2099	8% Rate Reduction
90785					Interactive Complexity Add-on	State	129	LCAS	per time limit	$ 2.97	1/1/2013	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	001	Physician	per time limit	$ 15.43	10/1/2025	12/31/2099	8% Rate Reduction
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	109	Licensed Psychologist	per time limit	$ 15.43	10/1/2025	12/31/2099	8% Rate Reduction
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 11.57	10/1/2025	12/31/2099	8% Rate Reduction
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 13.11	10/1/2025	12/31/2099	8% Rate Reduction
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 13.11	10/1/2025	12/31/2099	8% Rate Reduction
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 11.57	10/1/2025	12/31/2099	8% Rate Reduction
90785**	HK				Interactive Complexity Add-on - TF-CBT	Medicaid B	129	LCAS	per time limit	$ 11.57	10/1/2025	12/31/2099	8% Rate Reduction
90791**					Psychiatric Diagnostic Evaluation	Medicaid B	001	Physician	Event	$ 188.75	10/1/2025	12/31/2099	8% Rate Reduction
90791					Psychiatric Diagnostic Evaluation	State	001	Physician	Event	$ 137.93	1/1/2024	12/31/2099	
90791**					Psychiatric Diagnostic Evaluation	Medicaid B	109	Licensed Psychologist	Event	$ 188.75	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 141.56	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 160.44	10/1/2025	12/31/2099	8% Rate Reduction
90791					Psychiatric Diagnostic Evaluation	State	111	Certified Clinical Nurse Specialist	Event	$ 106.58	1/1/2024	12/31/2099	
90791**					Psychiatric Diagnostic Evaluation	Medicaid B	112	Certified Nurse Practitioner	Event	$ 160.44	10/1/2025	12/31/2099	8% Rate Reduction
90791					Psychiatric Diagnostic Evaluation	State	112	Certified Nurse Practitioner	Event	$ 106.58	1/1/2024	12/31/2099	
90791**					Psychiatric Diagnostic Evaluation	Medicaid B	128	Licensed Psychological Associate	Event	$ 141.56	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90791					Psychiatric Diagnostic Evaluation	State	128	Licensed Psychological	Event	$ 94.04	1/1/2024	12/31/2099	
90791**					Psychiatric Diagnostic Evaluation	Medicaid B	129	LCAS	Event	$ 141.56	10/1/2025	12/31/2099	8% Rate Reduction
90791					Psychiatric Diagnostic Evaluation	State	129	LCAS	Event	$ 94.04	1/1/2024	12/31/2099	
90791**	HK				Psychiatric Diagnostic Evaluation-TF-CBT	Medicaid B	001	Physician	Event	$ 219.23	10/1/2025	12/31/2099	8% Rate Reduction
90791**	HK				Psychiatric Diagnostic Evaluation-TF-CBT	Medicaid B	109	Licensed Psychologist	Event	$ 219.23	10/1/2025	12/31/2099	8% Rate Reduction
90791**	HK				Psychiatric Diagnostic Evaluation-TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 162.79	10/1/2025	12/31/2099	8% Rate Reduction
90791**	HK				Psychiatric Diagnostic Evaluation-TF-CBT	Medicaid B	128	Licensed Psychological Associate	Event	$ 162.79	10/1/2025	12/31/2099	8% Rate Reduction
90791**	HK				Psychiatric Diagnostic Evaluation-TF-CBT	Medicaid B	129	LCAS	Event	$ 162.79	10/1/2025	12/31/2099	8% Rate Reduction
90792**					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	001	Physician	Event	$ 211.26	10/1/2025	12/31/2099	8% Rate Reduction
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	112	Certified Nurse Practitioner	Event	$ 211.26	10/1/2025	12/31/2099	8% Rate Reduction
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	112	Certified Nurse Practitioner	Event	$ 88.89	1/1/2013	12/31/2099	
90792**					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	130	Physician Assistant	Event	$ 211.26	10/1/2025	12/31/2099	8% Rate Reduction
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	130	Physician Assistant	Event	$ 75.00	1/1/2013	12/31/2099	
90832**					Psychotherapy, 16 - 37 mins	Medicaid B	001	Physician	per time limit	$ 68.09	10/1/2025	12/31/2099	8% Rate Reduction
90832					Psychotherapy, 16 - 37 mins	State	001	Physician	per time limit	$ 74.01	11/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832**					Psychotherapy, 16 - 37 mins	Medicaid B	109	Licensed Psychologist	per time limit	$ 68.09	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

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	State	109	Licensed Psychologist	per time limit	$ 74.01	11/1/2024	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	$ 51.07	10/1/2025	12/31/2099	8% Rate Reduction
90832					Psychotherapy, 16 - 37 mins	State	110	LCSW, LPC & LMFT	per time limit	$ 55.51	11/1/2024	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	$ 57.88	10/1/2025	12/31/2099	8% Rate Reduction
90832					Psychotherapy, 16 - 37 mins	State	111	Certified Clinical Nurse Specialist	per time limit	$ 62.91	11/1/2024	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	$ 57.88	10/1/2025	12/31/2099	8% Rate Reduction
90832					Psychotherapy, 16 - 37 mins	State	112	Certified Nurse Practitioner	per time limit	$ 62.91	11/1/2024	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	$ 51.07	10/1/2025	12/31/2099	8% Rate Reduction
90832					Psychotherapy, 16 - 37 mins	State	128	Licensed Psychological Associate	per time limit	$ 55.51	11/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832**					Psychotherapy, 16 - 37 mins	Medicaid B	129	LCAS	per time limit	$ 51.07	10/1/2025	12/31/2099	8% Rate Reduction
90832					Psychotherapy, 16 - 37 mins	State	129	LCAS	per time limit	$ 55.51	11/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	001	Physician	per time limit	$ 78.30	10/1/2025	12/31/2099	8% Rate Reduction
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	109	Licensed Psychologist	per time limit	$ 78.30	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 58.73	10/1/2025	12/31/2099	8% Rate Reduction
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 66.56	10/1/2025	12/31/2099	8% Rate Reduction
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 66.56	10/1/2025	12/31/2099	8% Rate Reduction
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 58.73	10/1/2025	12/31/2099	8% Rate Reduction
90832**	HK				Psychotherapy, 16 - 37 mins TF-CBT	Medicaid B	129	LCAS	per time limit	$ 58.73	10/1/2025	12/31/2099	8% Rate Reduction
90833**					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	001	Physician	per time limit	$ 62.31	10/1/2025	12/31/2099	8% Rate Reduction
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.
90833**					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 52.96	10/1/2025	12/31/2099	8% Rate Reduction
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	$ 29.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833**	HK				Psychotherapy, 16 - 37 mins with E/M svc TF-CBT	Medicaid B	001	Physician	per time limit	$ 71.66	10/1/2025	12/31/2099	8% Rate Reduction
90833**	HK				Psychotherapy, 16 - 37 mins with E/M svc TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 60.91	10/1/2025	12/31/2099	8% Rate Reduction
90834**					Psychotherapy, 38 - 52 mins	Medicaid B	001	Physician	per time limit	$ 90.00	10/1/2025	12/31/2099	8% Rate Reduction
90834					Psychotherapy, 38 - 52 mins	State	001	Physician	per time limit	$ 97.83	11/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834**					Psychotherapy, 38 - 52 mins	Medicaid B	109	Licensed Psychologist	per time limit	$ 90.00	10/1/2025	12/31/2099	8% Rate Reduction
90834					Psychotherapy, 38 - 52 mins	State	109	Licensed Psychologist	per time limit	$ 97.83	11/1/224	12/31/2099	Bill all corresponding modifiers at the base rate.

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

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	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	State	110	LCSW, LPC & LMFT	per time limit	$ 73.37	11/1/2024	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	$ 76.51	10/1/2025	12/31/2099	8% Rate Reduction
90834					Psychotherapy, 38 - 52 mins	State	111	Certified Clinical Nurse Specialist	per time limit	$ 83.16	11/1/2024	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	$ 76.51	10/1/2025	12/31/2099	8% Rate Reduction
90834					Psychotherapy, 38 - 52 mins	State	112	Certified Nurse Practitioner	per time limit	$ 83.16	11/1/2024	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	$ 67.50	10/1/2025	12/31/2099	8% Rate Reduction
90834					Psychotherapy, 38 - 52 mins	State	128	Licensed Psychological Associate	per time limit	$ 73.37	11/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834**					Psychotherapy, 38 - 52 mins	Medicaid B	129	LCAS	per time limit	$ 67.50	10/1/2025	12/31/2099	8% Rate Reduction
90834					Psychotherapy, 38 - 52 mins	State	129	LCAS	per time limit	$ 73.37	11/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	001	Physician	per time limit	$ 103.50	10/1/2025	12/31/2099	8% Rate Reduction
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	109	Licensed Psychologist	per time limit	$ 103.50	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 77.63	10/1/2025	12/31/2099	8% Rate Reduction
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 87.98	10/1/2025	12/31/2099	8% Rate Reduction
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 87.98	10/1/2025	12/31/2099	8% Rate Reduction
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 77.63	10/1/2025	12/31/2099	8% Rate Reduction
90834**	HK				Psychotherapy, 38 - 52 mins TF-CBT	Medicaid B	129	LCAS	per time limit	$ 77.63	10/1/2025	12/31/2099	8% Rate Reduction
90836**					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	001	Physician	per time limit	$ 79.00	10/1/2025	12/31/2099	8% Rate Reduction
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	112	Certified Nurse Practitioner	per time limit	$ 67.15	10/1/2025	12/31/2099	8% Rate Reduction
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	$ 48.21	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836**	HK				Psychotherapy, 38 - 52 mins with E/M svc TF-CBT	Medicaid B	001	Physician	per time limit	$ 90.85	10/1/2025	12/31/2099	8% Rate Reduction
90836**	HK				Psychotherapy, 38 - 52 mins with E/M svc TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 77.22	10/1/2025	12/31/2099	8% Rate Reduction
90837**					Psychotherapy, 53+ mins	Medicaid B	001	Physician	per time limit	$ 132.50	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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	109	Licensed Psychologist	per time limit	$ 132.50	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 99.38	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 112.63	10/1/2025	12/31/2099	8% Rate Reduction
90837					Psychotherapy, 53+ mins	State	111	Certified Clinical Nurse Specialist	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	$ 112.63	10/1/2025	12/31/2099	8% Rate Reduction
90837					Psychotherapy, 53+ mins	State	112	Certified Nurse Practitioner	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	128	Licensed Psychological Associate	per time limit	$ 99.38	10/1/2025	12/31/2099	8% Rate Reduction
90837					Psychotherapy, 53+ mins	State	128	Licensed Psychological Associate	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	$ 99.38	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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.
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	001	Physician	per time limit	$ 152.37	10/1/2025	12/31/2099	8% Rate Reduction
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	109	Licensed Psychologist	per time limit	$ 152.37	10/1/2025	12/31/2099	8% Rate Reduction
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 114.28	10/1/2025	12/31/2099	8% Rate Reduction
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 129.52	10/1/2025	12/31/2099	8% Rate Reduction
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 129.52	10/1/2025	12/31/2099	8% Rate Reduction
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 114.28	10/1/2025	12/31/2099	8% Rate Reduction
90837**	HK				Psychotherapy, 53+ mins TF-CBT	Medicaid B	129	LCAS	per time limit	$ 114.28	10/1/2025	12/31/2099	8% Rate Reduction
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	001	Physician	per time limit	$ 104.48	10/1/2025	12/31/2099	8% Rate Reduction
90838					Psychotherapy, 53+ mins with E/M svc	State	001	Physician	per time limit	$ 100.75	10/1/2013	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 88.81	10/1/2025	12/31/2099	8% Rate Reduction
90838					Psychotherapy, 53+ mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	$ 77.85	1/1/2013	12/31/2099	
90838	HK**				Psychotherapy, 53+ mins with E/M svc TF-CBT	Medicaid B	001	Physician	per time limit	$ 120.14	10/1/2025	12/31/2099	8% Rate Reduction
90838	HK**				Psychotherapy, 53+ mins with E/M svc TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 102.13	10/1/2025	12/31/2099	8% Rate Reduction
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	001	Physician	per time limit	$ 127.06	10/1/2025	12/31/2099	8% Rate Reduction
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.

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

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	109	Licensed Psychologist	per time limit	$ 127.06	10/1/2025	12/31/2099	8% Rate Reduction
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.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 95.29	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 108.32	10/1/2025	12/31/2099	8% Rate Reduction
90839					Psychotherapy for Crisis, 30 - 74 mins	State	111	Certified Clinical Nurse Specialist	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	$ 111.80	10/1/2025	12/31/2099	8% Rate Reduction
90839					Psychotherapy for Crisis, 30 - 74 mins	State	112	Certified Nurse Practitioner	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	128	Licensed Psychological Associate	per time limit	$ 95.29	10/1/2025	12/31/2099	8% Rate Reduction
90839					Psychotherapy for Crisis, 30 - 74 mins	State	128	Licensed Psychological Associate	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	$ 95.29	10/1/2025	12/31/2099	8% Rate Reduction
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.
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	001	Physician	per time limit	$ 141.52	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	109	Licensed Psychologist	per time limit	$ 141.52	10/1/2025	12/31/2099	8% Rate Reduction
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	per time limit	$ 109.59	10/1/2025	12/31/2099	8% Rate Reduction
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	$ 124.20	10/1/2025	12/31/2099	8% Rate Reduction
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 124.20	10/1/2025	12/31/2099	8% Rate Reduction
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	128	Licensed Psychological Associate	per time limit	$ 109.59	10/1/2025	12/31/2099	8% Rate Reduction
90839	HK**				Psychotherapy for Crisis, 30 - 74 mins TF-CBT	Medicaid B	129	LCAS	per time limit	$ 109.59	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 97.03	10/1/2025	12/31/2099	8% Rate Reduction
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
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	$ 97.03	10/1/2025	12/31/2099	8% Rate Reduction
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
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	$ 72.77	10/1/2025	12/31/2099	8% Rate Reduction
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
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	$ 82.48	10/1/2025	12/31/2099	8% Rate Reduction
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	111	Certified Clinical Nurse Specialist	per time limit	$ 89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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	$ 94.13	10/1/2025	12/31/2099	8% Rate Reduction
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	112	Certified Nurse Practitioner	per time limit	$ 89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the
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	$ 72.77	10/1/2025	12/31/2099	8% Rate Reduction
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	128	Licensed Psychological Associate	per time limit	$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the
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	$ 72.77	10/1/2025	12/31/2099	8% Rate Reduction
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
90846**					Family Therapy w/o Patient	Medicaid B	001	Physician	Event	$ 86.55	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	Event	$ 86.55	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 64.92	10/1/2025	12/31/2099	8% Rate Reduction
90846					Family Therapy w/o Patient	State	110	LCSW, LPC & LMFT	Event	$ 54.17	4/1/2013	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90846**					Family Therapy w/o Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 73.57	10/1/2025	12/31/2099	8% Rate Reduction
90846					Family Therapy w/o Patient	State	111	Certified Clinical Nurse Specialist	Event	$ 61.40	4/1/2013	12/31/2099	
90846**					Family Therapy w/o Patient	Medicaid B	112	Certified Nurse Practitioner	Event	$ 73.57	10/1/2025	12/31/2099	8% Rate Reduction
90846					Family Therapy w/o Patient	State	112	Certified Nurse Practitioner	Event	$ 61.40	4/1/2013	12/31/2099	
90846**					Family Therapy w/o Patient	Medicaid B	128	Licensed Psychological Associate	Event	$ 64.92	10/1/2025	12/31/2099	8% Rate Reduction
90846					Family Therapy w/o Patient	State	128	Licensed Psychological Associate	Event	$ 54.17	4/1/2013	12/31/2099	
90846**					Family Therapy w/o Patient	Medicaid B	129	LCAS	Event	$ 64.92	10/1/2025	12/31/2099	8% Rate Reduction
90846					Family Therapy w/o Patient	State	129	LCAS	Event	$ 54.17	4/1/2013	12/31/2099	
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	001	Physician	Event	$ 99.53	10/1/2025	12/31/2099	8% Rate Reduction
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	109	Licensed Psychologist	Event	$ 99.53	10/1/2025	12/31/2099	8% Rate Reduction
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 74.65	10/1/2025	12/31/2099	8% Rate Reduction
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 84.61	10/1/2025	12/31/2099	8% Rate Reduction
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	112	Certified Nurse Practitioner	Event	$ 84.61	10/1/2025	12/31/2099	8% Rate Reduction
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	128	Licensed Psychological Associate	Event	$ 74.65	10/1/2025	12/31/2099	8% Rate Reduction
90846**	HK				Family Therapy w/o Patient TF-CBT	Medicaid B	129	LCAS	Event	$ 74.65	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90847					Family Therapy w/ Patient	Medicaid B	001	Physician	Event	$ 92.63	10/1/2025	12/31/2099	8% Rate Reduction
90847					Family Therapy w/ Patient	State	001	Physician	Event	$ 100.68	10/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	109	Licensed Psychologist	Event	$ 92.63	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 69.47	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 78.73	10/1/2025	12/31/2099	8% Rate Reduction
90847					Family Therapy w/ Patient	State	111	Certified Clinical Nurse Specialist	Event	$ 76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	112	Certified Nurse Practitioner	Event	$ 81.68	10/1/2025	12/31/2099	8% Rate Reduction
90847					Family Therapy w/ Patient	State	112	Certified Nurse Practitioner	Event	$ 76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	128	Licensed Psychological Associate	Event	$ 69.47	10/1/2025	12/31/2099	8% Rate Reduction
90847					Family Therapy w/ Patient	State	128	Licensed Psychological Associate	Event	$ 67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	129	LCAS	Event	$ 69.47	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90847					Family Therapy w/ Patient	State	129	LCAS	Event	$ 67.28	4/1/2013	12/31/2099	
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	001	Physician	Event	$ 103.79	10/1/2025	12/31/2099	8% Rate Reduction
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	109	Licensed Psychologist	Event	$ 103.79	10/1/2025	12/31/2099	8% Rate Reduction
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 77.85	10/1/2025	12/31/2099	8% Rate Reduction
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 88.23	10/1/2025	12/31/2099	8% Rate Reduction
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	112	Certified Nurse Practitioner	Event	$ 88.23	10/1/2025	12/31/2099	8% Rate Reduction
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	128	Licensed Psychological Associate	Event	$ 77.85	10/1/2025	12/31/2099	8% Rate Reduction
90847	HK**				Family Therapy w/ Patient TF-CBT	Medicaid B	129	LCAS	Event	$ 77.85	10/1/2025	12/31/2099	8% Rate Reduction
90849**					Group Therapy	Medicaid B	001	Physician	Event	$ 33.02	10/1/2025	12/31/2099	8% Rate Reduction
90849					Group Therapy	State	001	Physician	Event	$ 30.20	10/1/2013	12/31/2099	
90849**					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	$ 33.02	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 24.77	10/1/2025	12/31/2099	8% Rate Reduction
90849					Group Therapy	State	110	LCSW, LPC & LMFT	Event	$ 26.92	11/1/2024	12/31/2099	
90849**					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 28.07	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90849					Group Therapy	State	111	Certified Clinical Nurse Specialist	Event	$ 22.87	4/1/2013	12/31/2099	
90849**					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	$ 28.07	10/1/2025	12/31/2099	8% Rate Reduction
90849					Group Therapy	State	112	Certified Nurse Practitioner	Event	$ 22.87	4/1/2013	12/31/2099	
90849**					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	$ 24.77	10/1/2025	12/31/2099	8% Rate Reduction
90849					Group Therapy	State	128	Licensed Psychological Associate	Event	$ 20.18	4/1/2013	12/31/2099	
90849**					Group Therapy	Medicaid B	129	LCAS	Event	$ 24.77	10/1/2025	12/31/2099	8% Rate Reduction
90849					Group Therapy	State	129	LCAS	Event	$ 26.92	11/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	001	Physician	Event	$ 26.40	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	001	Physician	Event	$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	$ 26.40	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	109	Licensed Psychologist	Event	$ 28.70	11/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 19.81	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	110	LCSW, LPC & LMFT	Event	$ 21.53	11/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 22.45	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	111	Certified Clinical Nurse Specialist	Event	$ 21.74	1/1/2024	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

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	Medicaid B	112	Certified Nurse Practitioner	Event	$ 23.29	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	112	Certified Nurse Practitioner	Event	$ 25.31	11/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	$ 19.81	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	128	Licensed Psychological Associate	Event	$ 21.53	11/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	129	LCAS	Event	$ 19.81	10/1/2025	12/31/2099	8% Rate Reduction
90853					Group Therapy	State	129	LCAS	Event	$ 21.53	11/1/2024	12/31/2099	
90853	HK**				Group Therapy	TF-CBT	Medicaid B	001	Physician	Event	$ 27.66	10/1/2025	12/31/2099	8% Rate Reduction
90853	HK**				Group Therapy	TF-CBT	Medicaid B	109	Licensed Psychologist	Event	$ 27.66	10/1/2025	12/31/2099	8% Rate Reduction
90853	HK**				Group Therapy	TF-CBT	Medicaid B	110	LCSW, LPC & LMFT	Event	$ 20.75	10/1/2025	12/31/2099	8% Rate Reduction
90853	HK**				Group Therapy	TF-CBT	Medicaid B	111	Certified Clinical Nurse Specialist	Event	$ 23.52	10/1/2025	12/31/2099	8% Rate Reduction
90853	HK**				Group Therapy	TF-CBT	Medicaid B	112	Certified Nurse Practitioner	Event	$ 23.52	10/1/2025	12/31/2099	8% Rate Reduction
90853	HK**				Group Therapy	TF-CBT	Medicaid B	128	Licensed Psychological Associate	Event	$ 20.75	10/1/2025	12/31/2099	8% Rate Reduction
90853	HK**				Group Therapy	TF-CBT	Medicaid B	129	LCAS	Event	$ 20.75	10/1/2025	12/31/2099	8% Rate Reduction
90865					narcosynthesis for psychiatric diagnostic and therapeutic		Medicaid B	001	Physician	Event	$ 130.83	10/1/2025	12/31/2099	8% Rate Reduction
90865					narcosynthesis for psychiatric diagnostic and therapeutic		Medicaid B	130	Physician Assistant	Event	$ 118.94	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90870					Electroconvulsive Therapy	Medicaid B	001	Physician	Event	$ 152.79	10/1/2025	12/31/2099	8% Rate Reduction
90870					Electroconvulsive Therapy	Medicaid B	130	Physician Assistant	Event	$ 152.79	10/1/2025	12/31/2099	8% Rate Reduction
96110**					Development Testing (limited)	Medicaid B	001	Physician	Event	$ 11.03	10/1/2025	12/31/2099	8% Rate Reduction
96110**					Development Testing (limited)	Medicaid B	109	Licensed Psychologist	Event	$ 11.03	10/1/2025	12/31/2099	8% Rate Reduction
96110**					Development Testing (limited)	Medicaid B	128	Licensed Psychological Associate	Event	$ 8.27	10/1/2025	12/31/2099	8% Rate Reduction
96112**					Developmental Test Administration	Medicaid B	001	Physician	hourly	$ 135.73	10/1/2025	12/31/2099	8% Rate Reduction
96112					Developmental Test Administration	State	001	Physician	hourly	$ 114.97	1/1/2019	12/31/2099	
96112**					Developmental Test Administration	Medicaid B	109	Licensed Psychologist	hourly	$ 135.73	10/1/2025	12/31/2099	8% Rate Reduction
96112					Developmental Test Administration	State	109	Licensed Psychologist	hourly	$ 143.71	1/1/2019	12/31/2099	
96112**					Developmental Test Administration	Medicaid B	128	Licensed Psychological Associate	hourly	$ 101.80	10/1/2025	12/31/2099	8% Rate Reduction
96112					Developmental Test Administration	State	128	Licensed Psychological Associate	hourly	$ 107.79	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	001	Physician	30 minutes	$ 64.14	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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	109	Licensed Psychologist	30 minutes	$ 64.14	10/1/2025	12/31/2099	8% Rate Reduction
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	128	Licensed Psychological Associate	30 minutes	$ 48.11	10/1/2025	12/31/2099	8% Rate Reduction
96113					Developmental Test Administration (additional 30 minutes)	State	128	Licensed Psychological Associate	30 minutes	$ 48.10	1/1/2019	12/31/2099	
96116**					Neurobehavioral Status Exam	Medicaid B	001	Physician	hourly	$ 99.90	10/1/2025	12/31/2099	8% Rate Reduction
96116**					Neurobehavioral Status Exam	Medicaid B	109	Licensed Psychologist	hourly	$ 99.90	10/1/2025	12/31/2099	8% Rate Reduction
96116**					Neurobehavioral Status Exam	Medicaid B	128	Licensed Psychological Associate	hourly	$ 74.92	10/1/2025	12/31/2099	8% Rate Reduction
96121**					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	001	Physician	hourly	$ 82.08	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	hourly	$ 82.08	10/1/2025	12/31/2099	8% Rate Reduction
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	109	Licensed Psychologist	hourly	$ 87.53	1/1/2019	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96121**					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	128	Licensed Psychological Associate	hourly	$ 60.40	10/1/2025	12/31/2099	8% Rate Reduction
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	128	Licensed Psychological Associate	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	Medicaid B	001	Physician	per time limit	$ 110.00	10/1/2025	12/31/2099	8% Rate Reduction
96130**					Psychological Testing by QHP, First 60 minutes	Medicaid B	001	Physician	hourly	$ 129.41	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	hourly	$ 129.41	10/1/2025	12/31/2099	8% Rate Reduction
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	128	Licensed Psychological Associate	hourly	$ 97.06	10/1/2025	12/31/2099	8% Rate Reduction
96130					Psychological Testing by QHP, First 60 minutes	State	128	Licensed Psychological Associate	hourly	$ 93.71	1/1/2019	12/31/2099	
96131**					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	001	Physician	hourly	$ 93.86	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	hourly	$ 93.86	10/1/2025	12/31/2099	8% Rate Reduction
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	128	Licensed Psychological Associate	hourly	$ 70.40	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96131					Psychological Testing by QHP, Additional 60 minutes	State	128	Licensed Psychological Associate	hourly	$ 71.35	1/1/2019	12/31/2099	
96132**					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	001	Physician	hourly	$ 139.47	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	hourly	$ 139.47	10/1/2025	12/31/2099	8% Rate Reduction
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	128	Licensed Psychological Associate	hourly	$ 104.60	10/1/2025	12/31/2099	8% Rate Reduction
96132					Neuropsychological Testing by QHP, first 60 minutes	State	128	Licensed Psychological Associate	hourly	$ 104.88	1/1/2019	12/31/2099	
96133**					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	001	Physician	hourly	$ 106.35	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	hourly	$ 106.35	10/1/2025	12/31/2099	8% Rate Reduction
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	128	Licensed Psychological Associate	hourly	$ 79.76	10/1/2025	12/31/2099	8% Rate Reduction
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	128	Licensed Psychological Associate	hourly	$ 80.01	1/1/2019	12/31/2099	
96136**					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	001	Physician	30 minutes	$ 45.06	10/1/2025	12/31/2099	8% Rate Reduction
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	Medicaid B	109	Licensed Psychologist	30 minutes	$ 45.23	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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	$ 33.93	10/1/2025	12/31/2099	8% Rate Reduction
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	128	Licensed Psychological Associate	30 minutes	$ 36.88	1/1/2019	12/31/2099	
96137**					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	001	Physician	30 minutes	$ 41.78	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	30 minutes	$ 41.78	10/1/2025	12/31/2099	8% Rate Reduction
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	128	Licensed Psychological Associate	30 minutes	$ 31.34	10/1/2025	12/31/2099	8% Rate Reduction
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	128	Licensed Psychological Associate	30 minutes	$ 34.06	1/1/2019	12/31/2099	
96138**					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	001	Physician	30 minutes	$ 34.95	10/1/2025	12/31/2099	8% Rate Reduction
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	001	Physician	30 minutes	$ 31.09	1/1/2019	12/31/2099	
96138**					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	$ 34.95	10/1/2025	12/31/2099	8% Rate Reduction
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	109	Licensed Psychologist	30 minutes	$ 31.09	1/1/2019	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96138**					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	128	Licensed Psychological Associate	30 minutes	$ 34.95	10/1/2025	12/31/2099	8% Rate Reduction
96139**					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	001	Physician	30 minutes	$ 36.00	10/1/2025	12/31/2099	8% Rate Reduction
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	109	Licensed Psychologist	30 minutes	$ 36.00	10/1/2025	12/31/2099	8% Rate Reduction
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	109	Licensed Psychologist	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	$ 36.00	10/1/2025	12/31/2099	8% Rate Reduction
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	128	Licensed Psychological Associate	30 minutes	$ 23.32	1/1/2019	12/31/2099	
96146**					Psychological or Neuropsychological Test Admin	Medicaid B	001	Physician	Event	$ 2.36	10/1/2025	12/31/2099	8% Rate Reduction
96146					Psychological or Neuropsychological Test Admin	State	001	Physician	Event	$ 1.66	1/1/2019	12/31/2099	
96146**					Psychological or Neuropsychological Test Admin	Medicaid B	109	Licensed Psychologist	Event	$ 2.36	10/1/2025	12/31/2099	8% Rate Reduction
96146					Psychological or Neuropsychological Test Admin	State	109	Licensed Psychologist	Event	$ 1.66	1/1/2019	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	001	Physician	Event	$ 17.24	10/1/2025	12/31/2099	8% Rate Reduction
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	001	Physician	Event	$ 18.74	10/1/2013	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	112	Certified Nurse Practitioner	Event	$ 15.21	10/1/2025	12/31/2099	8% Rate Reduction
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	112	Certified Nurse Practitioner	Event	$ 14.19	4/1/2013	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	Medicaid B	130	Physician Assistant	Event	$ 15.21	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 14.80	10/1/2025	12/31/2099	8% Rate Reduction
96373					injection (specify substance or drug) intra-arterial	Medicaid B	112	Certified Nurse Practitioner	Event	$ 13.05	10/1/2025	12/31/2099	8% Rate Reduction
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	001	Physician	Event	$ 44.13	10/1/2025	12/31/2099	8% Rate Reduction
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	112	Certified Nurse Practitioner	Event	$ 38.92	10/1/2025	12/31/2099	8% Rate Reduction
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new	Medicaid B	001	Physician	Event	$ 19.14	10/1/2025	12/31/2099	8% Rate Reduction
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new	Medicaid B	130	Physician Assistant	Event	$ 16.73	10/1/2025	12/31/2099	8% Rate Reduction
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new	Medicaid B	112	Certified Nurse Practitioner	Event	$ 16.87	10/1/2025	12/31/2099	8% Rate Reduction
97151**					Behavior Identification Assessment	Medicaid B			15 Minutes	$ 27.50	10/1/2025	12/31/2099	10% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
97152**					Observational behavioral assessment and follow up	Medicaid B			15 Minutes	$ 55.56	10/1/2025	12/31/2099	10% Rate Reduction
97153**					Direct Intervention by a Paraprofessional	Medicaid B			15 Minutes	$ 18.73	10/1/2025	12/31/2099	10% Rate Reduction
97154**					Group Adaptive Behavioral Protocol	Medicaid B			15 Minutes	$ 10.23	10/1/2025	12/31/2099	10% Rate Reduction
97155**					Modifications to the protocol by BCBA-LP	Medicaid B			15 Minutes	$ 29.00	10/1/2025	12/31/2099	10% Rate Reduction
97156**					Family Caregiver Training by a BCBA	Medicaid B			15 Minutes	$ 21.33	10/1/2025	12/31/2099	10% Rate Reduction
97157**					Family Training Program (Multi-Family Groups)	Medicaid B			15 Minutes	$ 10.36	10/1/2025	12/31/2099	10% Rate Reduction
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	001	Physician	per time limit	$ 66.87	10/1/2025	12/31/2099	8% Rate Reduction
99202					ov new pt, moderate - phys time approx 20 min	State	001	Physician	per time limit	$ 72.68	11/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 56.84	10/1/2025	12/31/2099	8% Rate Reduction
99202					ov new pt, moderate - phys time approx 20 min	State	112	Certified Nurse Practitioner	per time limit	$ 61.78	11/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	130	Physician Assistant	per time limit	$ 58.05	10/1/2025	12/31/2099	8% Rate Reduction
99202					ov new pt, moderate - phys time approx 20 min	State	130	Physician Assistant	per time limit	$ 63.10	11/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	001	Physician	per time limit	$ 98.90	10/1/2025	12/31/2099	8% Rate Reduction
99203					ov new pt, moderate -phys time approx 30 min	State	001	Physician	per time limit	$ 107.50	11/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 84.07	10/1/2025	12/31/2099	8% Rate Reduction
99203					ov new pt, moderate -phys time approx 30 min	State	112	Certified Nurse Practitioner	per time limit	$ 91.38	11/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 90.00	10/1/2025	12/31/2099	8% Rate Reduction
99203					ov new pt, moderate -phys time approx 30 min	State	130	Physician Assistant	per time limit	$ 97.83	11/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	$ 147.36	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99204					ov new pt, complex - phys time approx 45 min	State	001	Physician	per time limit	$ 160.17	11/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 125.25	10/1/2025	12/31/2099	8% Rate Reduction
99204					ov new pt, complex - phys time approx 45 min	State	112	Certified Nurse Practitioner	per time limit	$ 136.14	11/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	130	Physician Assistant	per time limit	$ 134.09	10/1/2025	12/31/2099	8% Rate Reduction
99204					ov new pt, complex - phys time approx 45 min	State	130	Physician Assistant	per time limit	$ 145.75	11/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	$ 194.61	10/1/2025	12/31/2099	8% Rate Reduction
99205					ov new pt, severe - phys time approx 60 min	State	001	Physician	per time limit	$ 211.53	11/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 165.42	10/1/2025	12/31/2099	8% Rate Reduction
99205					ov new pt, severe - phys time approx 60 min	State	112	Certified Nurse Practitioner	per time limit	$ 179.80	11/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	$ 177.09	10/1/2025	12/31/2099	8% Rate Reduction
99205					ov new pt, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	$ 192.49	11/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	001	Physician	per time limit	$ 20.30	10/1/2025	12/31/2099	8% Rate Reduction
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	001	Physician	per time limit	$ 22.06	11/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 17.25	10/1/2025	12/31/2099	8% Rate Reduction
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	112	Certified Nurse Practitioner	per time limit	$ 18.75	11/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	130	Physician Assistant	per time limit	$ 18.46	10/1/2025	12/31/2099	8% Rate Reduction
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	130	Physician Assistant	per time limit	$ 20.07	11/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	001	Physician	per time limit	$ 49.80	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

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	State	001	Physician	per time limit	$ 54.13	11/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 42.33	10/1/2025	12/31/2099	8% Rate Reduction
99212					ov estab pt, minor - phys time approx 10 min	State	112	Certified Nurse Practitioner	per time limit	$ 46.01	11/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	130	Physician Assistant	per time limit	$ 45.32	10/1/2025	12/31/2099	8% Rate Reduction
99212					ov estab pt, minor - phys time approx 10 min	State	130	Physician Assistant	per time limit	$ 49.26	11/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	001	Physician	per time limit	$ 79.84	10/1/2025	12/31/2099	8% Rate Reduction
99213					ov estab pt, moderate - phys time approx 15 min	State	001	Physician	per time limit	$ 86.78	11/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 67.86	10/1/2025	12/31/2099	8% Rate Reduction
99213					ov estab pt, moderate - phys time approx 15 min	State	112	Certified Nurse Practitioner	per time limit	$ 73.76	11/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	$ 72.65	10/1/2025	12/31/2099	8% Rate Reduction
99213					ov estab pt, moderate - phys time approx 15 min	State	130	Physician Assistant	per time limit	$ 78.97	11/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	001	Physician	per time limit	$ 113.10	10/1/2025	12/31/2099	8% Rate Reduction
99214					ov estab pt, severe - phys time approx 25 min	State	001	Physician	per time limit	$ 122.93	11/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 96.13	10/1/2025	12/31/2099	8% Rate Reduction
99214					ov estab pt, severe - phys time approx 25 min	State	112	Certified Nurse Practitioner	per time limit	$ 104.49	11/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	$ 102.92	10/1/2025	12/31/2099	8% Rate Reduction
99214					ov estab pt, severe - phys time approx 25 min	State	130	Physician Assistant	per time limit	$ 111.87	11/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	001	Physician	per time limit	$ 158.68	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99215					ov estab pt, severe phys time approx 40 min	State	001	Physician	per time limit	$ 172.48	11/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 134.88	10/1/2025	12/31/2099	8% Rate Reduction
99215					ov estab pt, severe phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	$ 96.90	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	$ 146.61	11/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	$ 144.40	10/1/2025	12/31/2099	8% Rate Reduction
99221					Initial hospital care, minor, phys	Medicaid B	001	Physician	per diem	$ 91.39	10/1/2025	12/31/2099	8% Rate Reduction
99221					Initial hospital care, minor, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 77.68	10/1/2025	12/31/2099	8% Rate Reduction
99221					Initial hospital care, minor, phys	Medicaid B	130	Physician Assistant	per diem	$ 77.68	10/1/2025	12/31/2099	8% Rate Reduction
99222					Initial hospital care, moderate, phys	Medicaid B	001	Physician	per diem	$ 123.65	10/1/2025	12/31/2099	8% Rate Reduction
99222					Initial hospital care, moderate, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 105.10	10/1/2025	12/31/2099	8% Rate Reduction
99222					Initial hospital care, moderate, phys	Medicaid B	130	Physician Assistant	per diem	$ 105.48	10/1/2025	12/31/2099	8% Rate Reduction
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	001	Physician	per diem	$ 183.54	10/1/2025	12/31/2099	8% Rate Reduction
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 156.01	10/1/2025	12/31/2099	8% Rate Reduction
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	130	Physician Assistant	per diem	$ 156.01	10/1/2025	12/31/2099	8% Rate Reduction
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	001	Physician	per time limit	$ 44.18	10/1/2025	12/31/2099	8% Rate Reduction
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 44.18	10/1/2025	12/31/2099	8% Rate Reduction
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	$ 40.20	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	001	Physician	per time limit	$ 70.55	10/1/2025	12/31/2099	8% Rate Reduction
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 59.97	10/1/2025	12/31/2099	8% Rate Reduction
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	$ 64.21	10/1/2025	12/31/2099	8% Rate Reduction
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	001	Physician	per time limit	$ 106.15	10/1/2025	12/31/2099	8% Rate Reduction
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 90.22	10/1/2025	12/31/2099	8% Rate Reduction
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	130	Physician Assistant	per time limit	$ 96.60	10/1/2025	12/31/2099	8% Rate Reduction
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	$ 121.12	10/1/2025	12/31/2099	8% Rate Reduction
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	$ 105.61	10/1/2025	12/31/2099	8% Rate Reduction
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	130	Physician Assistant	Event	$ 105.61	10/1/2025	12/31/2099	8% Rate Reduction
99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	$ 155.76	10/1/2025	12/31/2099	8% Rate Reduction
99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	$ 142.17	10/1/2025	12/31/2099	8% Rate Reduction
99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	130	Physician Assistant	Event	$ 141.74	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	$ 219.26	10/1/2025	12/31/2099	8% Rate Reduction
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	$ 186.37	10/1/2025	12/31/2099	8% Rate Reduction
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	130	Physician Assistant	Event	$ 199.53	10/1/2025	12/31/2099	8% Rate Reduction
99238					hospital discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	$ 71.85	10/1/2025	12/31/2099	8% Rate Reduction
99238					hospital discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 61.08	10/1/2025	12/31/2099	8% Rate Reduction
99238					hospital discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	$ 65.38	10/1/2025	12/31/2099	8% Rate Reduction
99239					hospital discharge day management; more than 30 min	Medicaid B	001	Physician	per time limit	$ 101.88	10/1/2025	12/31/2099	8% Rate Reduction
99239					hospital discharge day management; more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 86.60	10/1/2025	12/31/2099	8% Rate Reduction
99239					hospital discharge day management; more than 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 92.71	10/1/2025	12/31/2099	8% Rate Reduction
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	001	Physician	per time limit	$ 81.07	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 68.91	10/1/2025	12/31/2099	8% Rate Reduction
99242					outpt. consult, moderate - phys time approx 30 min	State	112	Certified Nurse Practitioner	per time limit	$ 74.90	11/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 73.77	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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	$ 108.26	10/1/2025	12/31/2099	8% Rate Reduction
99243					outpt. consult, severe - phys time approx 40 min	State	001	Physician	per time limit	$ 117.67	11/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 92.02	10/1/2025	12/31/2099	8% Rate Reduction
99243					outpt. consult, severe - phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	$ 87.55	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	$ 87.55	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	$ 94.85	10/1/2025	12/31/2099	8% Rate Reduction
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					outpt. consult, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	$ 162.10	10/1/2025	12/31/2099	8% Rate Reduction
99244					outpt. consult, severe - phys time approx 60 min	State	001	Physician	per time limit	$ 176.20	11/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 137.79	10/1/2025	12/31/2099	8% Rate Reduction
99244					outpt. consult, severe - phys time approx 60 min	State	112	Certified Nurse Practitioner	per time limit	$ 149.77	11/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	$ 140.89	10/1/2025	12/31/2099	8% Rate Reduction
99244					outpt. consult, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	$ 153.14	11/12024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	001	Physician	per time limit	$ 197.73	10/1/2025	12/31/2099	8% Rate Reduction
99245					outpt. consult, severe - phys time approx 80 min	State	001	Physician	per time limit	$ 214.92	11/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 168.07	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99245					outpt. consult, severe - phys time approx 80 min	State	112	Certified Nurse Practitioner	per time limit	$ 182.68	11/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	130	Physician Assistant	per time limit	$ 173.16	10/1/2025	12/31/2099	8% Rate Reduction
99252					initial inpt consult - phys time approx 40 min	Medicaid B	001	Physician	per time limit	$ 75.42	10/1/2025	12/31/2099	8% Rate Reduction
99252					initial inpt consult - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 64.11	10/1/2025	12/31/2099	8% Rate Reduction
99252					initial inpt consult - phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	$ 68.63	10/1/2025	12/31/2099	8% Rate Reduction
99253					initial inpt consult - phys time approx 55 min	Medicaid B	001	Physician	per time limit	$ 105.18	10/1/2025	12/31/2099	8% Rate Reduction
99253					initial inpt consult - phys time approx 55 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 89.41	10/1/2025	12/31/2099	8% Rate Reduction
99253					initial inpt consult - phys time approx 55 min	Medicaid B	130	Physician Assistant	per time limit	$ 95.72	10/1/2025	12/31/2099	8% Rate Reduction
99254					initial inpt consult - phys time approx 80 min	Medicaid B	001	Physician	per time limit	$ 148.77	10/1/2025	12/31/2099	8% Rate Reduction
99254					initial inpt consult - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 126.45	10/1/2025	12/31/2099	8% Rate Reduction
99254					initial inpt consult - phys time approx 80 min	Medicaid B	130	Physician Assistant	per time limit	$ 133.06	10/1/2025	12/31/2099	8% Rate Reduction
99255					initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	$ 196.52	10/1/2025	12/31/2099	8% Rate Reduction
99255					initial inpt consult - phys time approx 110 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 167.04	10/1/2025	12/31/2099	8% Rate Reduction
99255					initial inpt consult - phys time approx 110 min	Medicaid B	130	Physician Assistant	per time limit	$ 178.84	10/1/2025	12/31/2099	8% Rate Reduction
99281					er visit, minor	Medicaid B	001	Physician	Event	$ 18.80	10/1/2025	12/31/2099	8% Rate Reduction
99281					er visit, minor	Medicaid B	112	Certified Nurse Practitioner	Event	$ 15.98	10/1/2025	12/31/2099	8% Rate Reduction
99281					er visit, minor	Medicaid B	130	Physician Assistant	Event	$ 15.98	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99282					er visit, low severity	Medicaid B	001	Physician	Event	$ 36.65	10/1/2025	12/31/2099	8% Rate Reduction
99282					er visit, low severity	Medicaid B	112	Certified Nurse Practitioner	Event	$ 31.15	10/1/2025	12/31/2099	8% Rate Reduction
99282					er visit, low severity	Medicaid B	130	Physician Assistant	Event	$ 31.15	10/1/2025	12/31/2099	8% Rate Reduction
99283					er visit, moderate severity	Medicaid B	001	Physician	Event	$ 54.86	10/1/2025	12/31/2099	8% Rate Reduction
99283					er visit, moderate severity	Medicaid B	112	Certified Nurse Practitioner	Event	$ 46.64	10/1/2025	12/31/2099	8% Rate Reduction
99283					er visit, moderate severity	Medicaid B	130	Physician Assistant	Event	$ 46.64	10/1/2025	12/31/2099	8% Rate Reduction
99284					er visit, high severity	Medicaid B	001	Physician	Event	$ 104.11	10/1/2025	12/31/2099	8% Rate Reduction
99284					er visit, high severity	Medicaid B	112	Certified Nurse Practitioner	Event	$ 88.50	10/1/2025	12/31/2099	8% Rate Reduction
99284					er visit, high severity	Medicaid B	130	Physician Assistant	Event	$ 88.50	10/1/2025	12/31/2099	8% Rate Reduction
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	001	Physician	Event	$ 153.40	10/1/2025	12/31/2099	8% Rate Reduction
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	112	Certified Nurse Practitioner	Event	$ 130.38	10/1/2025	12/31/2099	8% Rate Reduction
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	130	Physician Assistant	Event	$ 130.38	10/1/2025	12/31/2099	8% Rate Reduction
99291					critical care, evaluation and management of the unstable critically ill	Medicaid B	001	Physician	Event	$ 207.56	10/1/2025	12/31/2099	8% Rate Reduction
99304					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	$ 82.44	10/1/2025	12/31/2099	8% Rate Reduction
99305					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	$ 118.51	10/1/2025	12/31/2099	8% Rate Reduction
99306					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	$ 162.18	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 35.17	10/1/2025	12/31/2099	8% Rate Reduction
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 32.61	10/1/2025	12/31/2099	8% Rate Reduction
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 34.17	10/1/2025	12/31/2099	8% Rate Reduction
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 65.41	10/1/2025	12/31/2099	8% Rate Reduction
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 55.60	10/1/2025	12/31/2099	8% Rate Reduction
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 59.52	10/1/2025	12/31/2099	8% Rate Reduction
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 94.71	10/1/2025	12/31/2099	8% Rate Reduction
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 80.51	10/1/2025	12/31/2099	8% Rate Reduction
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 86.19	10/1/2025	12/31/2099	8% Rate Reduction
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	$ 136.20	10/1/2025	12/31/2099	8% Rate Reduction
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 115.76	10/1/2025	12/31/2099	8% Rate Reduction
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	$ 123.94	10/1/2025	12/31/2099	8% Rate Reduction
99315					nursing facility discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	$ 72.49	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99315					nursing facility discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 61.61	10/1/2025	12/31/2099	8% Rate Reduction
99315					nursing facility discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	$ 65.96	10/1/2025	12/31/2099	8% Rate Reduction
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	001	Physician	per time limit	$ 116.78	10/1/2025	12/31/2099	8% Rate Reduction
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	$ 99.27	10/1/2025	12/31/2099	8% Rate Reduction
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	130	Physician Assistant	per time limit	$ 106.28	10/1/2025	12/31/2099	8% Rate Reduction
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	15 minutes	$ 51.37	10/1/2025	12/31/2099	8% Rate Reduction
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	15 minutes	$ 44.74	10/1/2025	12/31/2099	8% Rate Reduction
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	15 minutes	$ 46.75	10/1/2025	12/31/2099	8% Rate Reduction
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	30 minutes	$ 82.07	10/1/2025	12/31/2099	8% Rate Reduction
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	$ 69.76	10/1/2025	12/31/2099	8% Rate Reduction
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	30 minutes	$ 74.69	10/1/2025	12/31/2099	8% Rate Reduction
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	45 minutes	$ 117.82	10/1/2025	12/31/2099	8% Rate Reduction
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	45 minutes	$ 103.90	10/1/2025	12/31/2099	8% Rate Reduction
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	45 minutes	$ 107.12	10/1/2025	12/31/2099	8% Rate Reduction
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	60 minutes	$ 164.87	10/1/2025	12/31/2099	8% Rate Reduction
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	$ 140.54	10/1/2025	12/31/2099	8% Rate Reduction
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	60 minutes	$ 140.63	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	75 minutes	$ 212.01	10/1/2025	12/31/2099	8% Rate Reduction
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	75 minutes	$ 180.21	10/1/2025	12/31/2099	8% Rate Reduction
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	75 minutes	$ 192.93	10/1/2025	12/31/2099	8% Rate Reduction
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	15 minutes	$ 49.84	10/1/2025	12/31/2099	8% Rate Reduction
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	15 minutes	$ 43.66	10/1/2025	12/31/2099	8% Rate Reduction
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	15 minutes	$ 44.93	10/1/2025	12/31/2099	8% Rate Reduction
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	30 minutes	$ 79.98	10/1/2025	12/31/2099	8% Rate Reduction
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	$ 67.98	10/1/2025	12/31/2099	8% Rate Reduction
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	30 minutes	$ 72.78	10/1/2025	12/31/2099	8% Rate Reduction
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	40 minutes	$ 116.32	10/1/2025	12/31/2099	8% Rate Reduction
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	40 minutes	$ 98.87	10/1/2025	12/31/2099	8% Rate Reduction
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	40 minutes	$ 103.31	10/1/2025	12/31/2099	8% Rate Reduction
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	60 minutes	$ 165.70	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	$ 140.84	10/1/2025	12/31/2099	8% Rate Reduction
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	60 minutes	$ 150.79	10/1/2025	12/31/2099	8% Rate Reduction
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	001	Physician	per time limit	$ 13.15	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 11.18	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 11.96	10/1/2025	12/31/2099	8% Rate Reduction
99407					EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B	001	Physician	per diem	$ 25.44	10/1/2025	12/31/2099	8% Rate Reduction
99407					EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B	130	Physician Assistant	per diem	$ 25.44	10/1/2025	12/31/2099	8% Rate Reduction
99407					EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 25.44	10/1/2025	12/31/2099	8% Rate Reduction
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	001	Physician	per diem	$ 31.47	10/1/2025	12/31/2099	8% Rate Reduction
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	109	Licensed Psychologist	per diem	$ 31.01	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	110	LCSW, LPC & LMFT	per diem	$ 23.26	10/1/2025	12/31/2099	8% Rate Reduction
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	$ 31.01	10/1/2025	12/31/2099	8% Rate Reduction
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	128	Licensed Psychological Associate	per diem	$ 23.26	10/1/2025	12/31/2099	8% Rate Reduction
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	129	LCAS	per diem	$ 23.26	10/1/2025	12/31/2099	8% Rate Reduction
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	130	Physician Assistant	per diem	$ 31.01	10/1/2025	12/31/2099	8% Rate Reduction
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	001	Physician	event	$ 61.09	10/1/2025	12/31/2099	8% Rate Reduction
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	109	Licensed Psychologist	event	$ 59.43	10/1/2025	12/31/2099	8% Rate Reduction
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	110	LCSW, LPC & LMFT	event	$ 44.57	10/1/2025	12/31/2099	8% Rate Reduction
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	112	Certified Nurse Practitioner	event	$ 54.45	10/1/2025	12/31/2099	8% Rate Reduction
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	128	Licensed Psychological Associate	event	$ 44.57	10/1/2025	12/31/2099	8% Rate Reduction
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	129	LCAS	event	$ 44.57	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	130	Physician Assistant	event	$ 61.09	10/1/2025	12/31/2099	8% Rate Reduction
H0010					Non-Hospital Medical Detoxification	Medicaid B			per diem	$ 733.95	10/1/2025	12/31/2099	3% Rate Reduction
H0012	HB				Non-Hospital Community Residential Treatment - Adult	Medicaid B			per diem	$ 151.14	10/1/2025	12/31/2099	3% Rate Reduction
H0013					Medically Monitored Community Residential Treatment	Medicaid B			per diem	$ 234.56	10/1/2025	12/31/2099	3% Rate Reduction
H0014					Ambulatory Detoxification	Medicaid B			15 Minutes	$ 30.23	10/1/2025	12/31/2099	3% Rate Reduction
H0015					Substance Abuse Intensive Outpatient Program	Medicaid B			per diem	$ 164.93	10/1/2025	12/31/2099	3% Rate Reduction
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	$ 155.20	10/1/2025	12/31/2099	3% Rate Reduction
H0019	HK				Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)	Medicaid B			per diem	$ 389.41	10/1/2025	12/31/2099	3% Rate Reduction
H0019	HQ				Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	$ 287.24	10/1/2025	12/31/2099	3% Rate Reduction
H0019	TJ				Behavioral Health Long Term Residential (HRI Level III-5 beds or more)	Medicaid B			per diem	$ 234.04	10/1/2025	12/31/2099	3% Rate Reduction
H0019	UR				Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)	Medicaid B			per diem	$ 389.41	10/1/2025	12/31/2099	3% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H0020					Alcohol and/or Drug Services; methadone administration	Medicaid B			per week	$ 247.28	10/1/2025	12/31/2099	3% Rate Reduction
H0020					Alcohol and/or Drug Services; methadone administration	State			per week	$ 257.48	11/1/2024	12/31/2099	
H0031	59				Mental Health Assessment	Medicaid B			15 Minutes	$ 19.22	10/1/2025	12/31/2099	3% Rate Reduction
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	$ 165.88	10/1/2025	12/31/2099	3% Rate Reduction
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	State			per diem	$ 132.32	10/1/2012	12/31/2099	
H0038	HQ				Peer Support Group	Medicaid B			15 Minutes	$ 13.00	10/1/2025	12/31/2099	3% Rate Reduction
H0038					Peer Support	Medicaid B			15 Minutes	$ 15.04	10/1/2025	12/31/2099	3% Rate Reduction
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	1/1/2024	12/31/2099	
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

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H0040					Assertive Community Treatment Team (ACTT)	Medicaid B			monthly	$2,089.57	10/1/2025	12/31/2099	3% Rate Reduction
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	10/1/2025	12/31/2099	3% Rate Reduction
H0045	HQ	U4			Group Respite	1915i			15 Minutes	$ 4.68	10/1/2025	12/31/2099	3% Rate Reduction
H0045	U4				Individual Respite	1915i			15 Minutes	$ 7.68	10/1/2025	12/31/2099	3% Rate Reduction
H0046					Mental Health Services, Not Otherwise Specified (HRI Level I-Foster Care)	Medicaid B			per diem	$ 83.66	10/1/2025	12/31/2099	3% Rate Reduction
H2011	U1				Crisis Intervention and Stablization Supports	Innovations			15 Minutes	$ 5.82	10/1/2025	12/31/2099	3% Rate Reduction
H2011**					Mobile Crisis Management (MH/SA)	Medicaid B			15 Minutes	$ 139.95	10/1/2025	12/31/2099	3% Rate Reduction
H2011**					Mobile Crisis Management (MH/SA)	State			15 Minutes	$ 90.00	1/1/2024	6/30/2025	**Unified Rate
H2011**					Mobile Crisis Management (MH/SA)	State			15 Minutes	$ 135.00	7/1/2025	12/31/2099	**Unified Rate

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H2012**	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	$ 40.98	10/1/2025	12/31/2099	3% Rate Reduction
H2012	HA				Child and Adolescent Day Treatment	State			hourly	$ 31.41	4/1/2012	12/31/2099	
H2015	HQ				Community Networking - Group	Innovations			15 Minutes	$ 3.84	10/1/2025	12/31/2099	3% Rate Reduction
H2015	HT	HF			Community Support Team (MH/SA) Licensed Substance Abuse Professional	Medicaid B			15 Minutes	$ 28.43	10/1/2025	12/31/2099	3% Rate Reduction
H2015	HT	HN			Community Support Team (MH/SA) Qualified Professional	Medicaid B			15 Minutes	$ 28.43	10/1/2025	12/31/2099	3% Rate Reduction
H2015	HT	HM			Community Support Team (MH/SA) Paraprofessional	Medicaid B			15 Minutes	$ 28.43	10/1/2025	12/31/2099	3% Rate Reduction
H2015	HT	HO			Community Support Team (MH/SA) Licensed Team Lead	Medicaid B			15 Minutes	$ 28.43	10/1/2025	12/31/2099	3% Rate Reduction
H2015	HT	U1			Community Support Team (MH/SA) Peer Support Specialist	Medicaid B			15 Minutes	$ 28.43	10/1/2025	12/31/2099	3% Rate Reduction
H2015	U1				Community Networking - Classes/conferences	Innovations				Invoice	10/1/2025	12/31/2099	3% Rate Reduction
H2015	U2				Community Networking Transportation	Innovations				Invoice	10/1/2025	12/31/2099	3% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H2015					Community Networking - Individual	Innovations			15 Minutes	$ 7.06	10/1/2025	12/31/2099	3% Rate Reduction
H2016	CG				Residential Supports Level 1 - AFL	Innovations			per diem	$ 149.11	10/1/2025	12/31/2099	3% Rate Reduction
H2016	HI	CG			Residential Supports Level 4 - AFL	Innovations			per diem	$ 234.66	10/1/2025	12/31/2099	3% Rate Reduction
H2016	HI				Residential Supports Level 4	Innovations			per diem	$ 234.66	10/1/2025	12/31/2099	3% Rate Reduction
H2016					Residential Supports Level 1	Innovations			per diem	$ 149.11	10/1/2025	12/31/2099	3% Rate Reduction
H2017					DMH Psychosocial Rehabilitation (PSR)	Medicaid B			15 Minutes	$ 3.38	10/1/2025	12/31/2099	3% Rate Reduction
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	$ 155.79	10/1/2025	12/31/2099	3% Rate Reduction
H2020				0183	Therapeutic Behavioral Services Therapeutic Leave(HRI Level II-Group Homes)	Medicaid B			per diem	$ 155.79	10/1/2025	12/31/2099	3% Rate Reduction
H2022	HE				Child First	Medicaid B				#########	10/1/2025	12/31/2099	3% Rate Reduction
H2022**					Intensive In-Home Services	Medicaid B			per diem	$ 289.21	10/1/2025	12/31/2099	3% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H2022					Intensive In-Home Services	State			per diem	$ 239.66	4/1/2017	12/31/2099	
H2023	HQ	U4			Supported Employment Initial Group	1915i			15 Minutes	$ 2.46	10/1/2025	12/31/2099	3% Rate Reduction
H2023	U3	U4			Initial Individual Supported Employemt I/DD	1915i			15 Minutes	$ 9.45	10/1/2025	12/31/2099	3% Rate Reduction
H2025	HQ				Supported Employment Group Setting	Innovations			15 Minutes	$ 2.75	10/1/2025	12/31/2099	3% Rate Reduction
H2025	TS	HQ			Support Employment - Long Term Follow-UP Group	Innovations			15 Minutes	$ 2.75	10/1/2025	12/31/2099	3% Rate Reduction
H2025	TS	U2			Supported Employment Long Term Follow Up-Transportation	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
H2025	TS				Supported Employment - Long Term Follow-Up	Innovations			15 Minutes	$ 9.54	10/1/2025	12/31/2099	3% Rate Reduction
H2025					Supported Employment	Innovations			15 Minutes	$ 9.54	10/1/2025	12/31/2099	3% Rate Reduction
H2026	HQ	U4			Group Supported Employment Maintenance IDD only	1915i			15 Minutes	$ 2.75	10/1/2025	12/31/2099	3% Rate Reduction
H2026	U3	U4			I/DD Long Term Vocational Supports	1915i			15 Minutes	$ 13.68	10/1/2025	12/31/2099	3% Rate Reduction
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	$ 56.85	10/1/2025	12/31/2099	3% Rate Reduction
H2035					SA Comprehensive Outpatient Treatment Program	State			hourly	$ 45.35	7/1/2024	12/31/2099	
Q3014					telehealth originating site facility fee	Medicaid B	001	Physician	per diem	$ 21.51	10/1/2025	12/31/2099	8% Rate Reduction
Q3014					telehealth originating site facility fee	Medicaid B	130	Physician Assistant	per diem	$ 21.51	10/1/2025	12/31/2099	8% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
Q3014					telehealth originating site facility fee	Medicaid B	112	Certified Nurse Practitioner	per diem	$ 21.51	10/1/2025	12/31/2099	8% Rate Reduction
Q3014					telehealth originating site facility fee	State			per diem	$ 23.38	########	12/31/2099	
S5110					Natural Supports Education	Innovations			15 Minutes	$ 8.11	10/1/2025	12/31/2099	3% Rate Reduction
S5111					Natural Supports Education - Conference	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
S5145	HK				Intensive Alternative Family Services	Medicaid B			per diem	$ 263.95	10/1/2025	12/31/2099	3% Rate Reduction
S5145				0902	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	$ 169.75	10/1/2025	12/31/2099	3% Rate Reduction
S5145				0183	Foster Care, Therapeutic, Child Therapeutic Leave (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	$ 169.75	10/1/2025	12/31/2099	3% Rate Reduction
S5150	HQ				Respite Care - Community Group	Innovations			15 Minutes	$ 3.58	10/1/2025	12/31/2099	3% Rate Reduction
S5150	US				Respite Care - Community Facility	Innovations			per diem	$ 151.84	10/1/2025	12/31/2099	3% Rate Reduction
S5150					Respite Care - Community Individual	Innovations			15 Minutes	$ 5.22	10/1/2025	12/31/2099	3% Rate Reduction
S5165					Home Modifications	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
S9484	HA				Crisis Intervention (Facility Based Crisis) Child &	State			hourly	$ 30.00	7/1/2021	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Child &	Medicaid B			hourly	$ 38.31	10/1/2025	12/31/2099	3% Rate Reduction
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	$ 38.31	10/1/2025	12/31/2099	3% Rate Reduction
T1005	TD				Respite Care Nursing - RN	Innovations			15 Minutes	$ 10.83	10/1/2025	12/31/2099	3% Rate Reduction

Revised: November 2025

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T1005	TE				Respite Care Nursing - LPN	Innovations			15 Minutes	$ 10.83	10/1/2025	12/31/2099	3% Rate Reduction
T1015					Intensive In Home Support	Innovations			15 Minutes	$ 4.78	10/1/2025	12/31/2099	3% Rate Reduction
T1017	HE	HB			Case Management Crisis Response, Prevention,	Medicaid B			15 Minutes	$ 59.18	10/1/2025	12/31/2099	3% Rate Reduction
T1019	U4				Individual Support	1915i			15 Minutes	$ 19.97	10/1/2025	12/31/2099	3% Rate Reduction
T1019	U4	TS			Individual Support	1915i			15 Minutes	$ 14.61	10/1/2025	12/31/2099	3% Rate Reduction
T1023**					Diagnostic Assessment (MH/SA)	Medicaid B			Event	$ 289.96	10/1/2025	12/31/2099	3% Rate Reduction
T1023					Diagnostic Assessment (MH/SA)	State			Event	$ 231.30	4/1/2013	12/31/2099	
T1999					Individual Goods and Services	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
T2012	HQ				Community Living and Supports-Community Group	Innovations			15 Minutes	$ 4.45	10/1/2025	12/31/2099	3% Rate Reduction
T2012					Community Living and Supports-Community	Innovations			15 Minutes	$ 7.61	10/1/2025	12/31/2099	3% Rate Reduction
T2012	U4				Community Living and Supports-Community	1915i			15 Minutes	$ 7.61	10/1/2025	12/31/2099	3% Rate Reduction
T2012	GC	U4			Community Living and Supports-Community	1915i			15 Minutes	$ 7.61	10/1/2025	12/31/2099	3% Rate Reduction
T2012	HQ	U4			Community Living and Supports-Community	1915i			15 Minutes	$ 4.45	10/1/2025	12/31/2099	3% Rate Reduction
T2012	GC	HQ	U4		Community Living and Supports-Community	1915i			15 Minutes	$ 4.45	10/1/2025	12/31/2099	3% Rate Reduction
T2012	CG				Community Living and Supports-Community	Innovations			15 Minutes	$ 7.61	10/1/2025	12/31/2099	3% Rate Reduction
T2012	CG	HQ			Community Living and Supports-Community	Innovations			15 Minutes	$ 4.45	10/1/2025	12/31/2099	3% Rate Reduction
T2013	TF	HQ	U4		Community Living and Supports Group	1915i			15 Minutes	$ 4.45	10/1/2025	12/31/2099	3% Rate Reduction
T2013	TF	HQ			Community Living and Supports Group	Innovations			15 Minutes	$ 4.45	10/1/2025	12/31/2099	3% Rate Reduction
T2013	TF	U4			Community Living and Supports	1915i			15 Minutes	$ 7.61	10/1/2025	12/31/2099	3% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T2013	TF				Community Living Supports - Individual	Innovations			15 Minutes	$ 7.61	10/1/2025	12/31/2099	3% Rate Reduction
T2014	CG				Residential Supports Level 2 - AFL	Innovations			per diem	$ 184.17	10/1/2025	12/31/2099	3% Rate Reduction
T2014					Residential Supports Level 2	Innovations			per diem	$ 184.17	10/1/2025	12/31/2099	3% Rate Reduction
T2016	U5	U1			Community Living Facilities and Supports Level 1	Medicaid B			per diem	$ 161.16	4/1/2023	12/31/2099	3% Rate Reduction
T2016	U5	U2			Community Living Facilities and Supports Level 2	Medicaid B			per diem	$ 202.03	4/1/2023	12/31/2099	3% Rate Reduction
T2016	U5	U3			Community Living Facilities and Supports Level 3	Medicaid B			per diem	$ 271.64	4/1/2023	12/31/2099	3% Rate Reduction
T2016	U5	U4			Community Living Facilities and Supports Level 4	Medicaid B			per diem	$ 268.03	4/1/2023	12/31/2099	3% Rate Reduction
T2016	U5	U6			Community Living Facilities and Supports Level 5	Medicaid B			per diem	$ 275.27	4/1/2023	12/31/2099	3% Rate Reduction
T2016	U5				Behavorial Health Crisis Assessment and Intervention	Medicaid B			per diem	$ 525.00	4/1/2023	12/31/2099	3% Rate Reduction
T2020					Residential Supports Level 3	Innovations			per diem	$ 209.43	10/1/2025	12/31/2099	3% Rate Reduction
T2020	CG				Residential Supports Level 3- AFL	Innovations			per diem	$ 209.43	10/1/2025	12/31/2099	3% Rate Reduction
T2021	HQ				Day Supports - Group	Innovations			hourly	$ 18.62	10/1/2025	12/31/2099	3% Rate Reduction
T2021					Day Supports - Individual	Innovations			hourly	$ 31.43	10/1/2025	12/31/2099	3% Rate Reduction
T2025	HO				Specialized Consultative Services - BCBA	Innovations			15 Minutes	$ 30.31	10/1/2025	12/31/2099	3% Rate Reduction
T2025	U1				Financial Supports	Innovations			monthly	$ 169.75	10/1/2025	12/31/2099	3% Rate Reduction
T2025	U2				FM Supplies	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
T2025	U3				Crisis Behavioral Consultation	Innovations			15 Minutes	$ 19.46	10/1/2025	12/31/2099	3% Rate Reduction
T2025					Specialized Consultative Services	Innovations			15 Minutes	$ 30.31	10/1/2025	12/31/2099	3% Rate Reduction
T2027					Day Supports - Developmental Day	Innovations			hourly	$ 29.66	10/1/2025	12/31/2099	3% Rate Reduction
T2028					Communication Device - Purchase	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
T2029					Assistive Technology - Equipment and Supplies	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T2033	HI				Supported Living Level 2	Innovations			per diem	$ 307.15	10/1/2025	12/31/2099	3% Rate Reduction
T2033	TF				Supported Living Level 3	Innovations			per diem	$ 364.23	10/1/2025	12/31/2099	3% Rate Reduction
T2033	U1				Supported Living Periodic	Innovations			15 Minutes	$ 7.40	10/1/2025	12/31/2099	3% Rate Reduction
T2033	U2				Supported Living Transition	Innovations			15 Minutes	$ 7.40	10/1/2025	12/31/2099	3% Rate Reduction
T2033					Supported Living Level 1	Innovations			per diem	$ 219.47	10/1/2025	12/31/2099	3% Rate Reduction
T2034					Out of Home Crisis	Innovations			per diem	$ 243.91	10/1/2025	12/31/2099	3% Rate Reduction
T2038					Community Transition Supports	Innovations			1 time	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
T2039					Vehicle Adaptations	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
T2041	U1				Community Navigator Training - Employer	Innovations			15 Minutes	$ 9.39	10/1/2025	12/31/2099	3% Rate Reduction
T2041					Community Navigator	Innovations			monthly	$ 145.50	10/1/2025	12/31/2099	3% Rate Reduction
V5336					Communication Device - Repairs	Innovations			Invoice	Invoice	10/1/2025	12/31/2099	3% Rate Reduction
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	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
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	
YM120					Tenancy Support Team	State			15 Minutes	$ 13.40	1/1/2024	12/31/2099	For individuals of TCLI who
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	$ 4.59	11/1/2024	12/31/2099	
YP012					Respite Adult Individual	State			15 Minutes	$ 7.92	11/1/2024	12/31/2099	
YP013					Respite Adult Group	State			15 Minutes	$ 4.82	11/1/2024	12/31/2099	
YP014					Respite Individual Child	State			15 Minutes	$ 7.92	11/1/2024	12/31/2099	
YP015					Respite Group Child	State			15 Minutes	$ 4.82	11/1/2024	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	
YP642	BD				Pre-Employment	State			15 Minutes	$ 6.53	8/1/2024	12/31/2099	

All Trillium Rate Table FY 26-27

Legacy Sandhills and Eastpointe providers should bill legacy rates as applicable unless noted.
(**= Unified Rate amongst legacy MCOs)

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
YP642	BF				Long Term Support	State			15 Minutes	$ 6.53	8/1/2024	12/31/2099	
YP642	BG				Career Planning/Reassessment	State			15 Minutes	$ 6.53	8/1/2024	12/31/2099	
YP642	BE				Employment Stabilzation	State			15 Minutes	$ 6.53	8/1/2024	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	$ 75.48	4/1/2025	12/31/2099	
YP770					Group Living - Moderate	State			per diem	$ 58.21	4/1/2012	3/31/2025	
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	7/1/2012	12/31/2099	
YP852					Public Psychiatry - Consultation/Service Functions	State			15 Minutes	35	7/1/2012	12/31/2099	