

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
YP852						Public Psychiatry - Consultation/Service Functions	State			15 min	\$ 35.00	7/1/2012	6/30/2021	
YP851						Public Psychiatry - Administrative Functions	State			15 min	\$ 25.00	7/1/2012	6/30/2021	
YP835						Alcohol and/or Drug Group Counseling	State			15 min	\$ 5.08	4/1/2012	6/30/2021	
YP834						Behavioral Health Counseling - Family Therapy w/o Client	State			15 min	\$ 19.67	4/1/2012	6/30/2021	
YP833						Behavioral Health Counseling - Family Therapy w/ Client	State			15 min	\$ 19.67	4/1/2012	6/30/2021	
YP832						Behavioral Health Counseling - Group Therapy	State			15 min	\$ 7.25	4/1/2012	6/30/2021	
YP831						Behavioral Health Counseling	State			15 min	\$ 19.67	4/1/2012	6/30/2021	
YP830						Alcohol and/or Drug Assessment	State			15 min	\$ 13.78	4/1/2012	6/30/2021	
YP780						Group Living - High	State			per day	\$ 141.51	4/1/2012	6/30/2021	
YP770						Group Living - Moderate	State			per day	\$ 58.21	4/1/2012	6/30/2021	
YP750						Family Living Moderate	State			per day	\$ 46.83	4/1/2012	6/30/2021	
YP740						Family Living Low	State			per day	\$ 56.50	4/1/2012	6/30/2021	
YP730						Respite Care - Community Facility	State			per day	\$ 214.38	4/1/2012	6/30/2021	
YP720						Supervised Living Moderate	State			per day	\$ 53.92	10/1/2012	6/30/2021	
YP710						Supervised Living Low	State			per day	\$ 28.92	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
YP660						Day Activity	State			15 min	\$ 2.50	7/1/2012	6/30/2021	
YP650						Community Rehabilitation Program (Sheltered Workshop)	State			15 min	\$ 3.71	7/1/2013	6/30/2021	
YP640						Supported Employment - Group	State			15 min	\$ 2.53	7/1/2013	6/30/2021	
YP630	U6					Individual Supported Employment - TCL	State			15 min	\$ 19.02	10/6/2015	6/30/2021	TCL Initiative/Based on Meeting Fidelity
YP630						Supported Employment - Individual	State			15 min	\$ 14.22	5/1/2013	6/30/2021	
YP620						ADVP	State			15 min	\$ 1.94	4/1/2012	6/30/2021	
YP610						Developmental Day Activities	State			15 min	\$ 4.74	6/1/2012	6/30/2021	
YP020						Personal Assistance	State			15 min	\$ 4.46	4/1/2012	6/30/2021	
YP011						Hourly Respite - Group	State			15 min	\$ 1.67	4/1/2012	6/30/2021	
YP010						Hourly Respite - Individual	State			15 min	\$ 5.00	4/1/2012	6/30/2021	
YM850						Residential Supports	State			per day	\$ 189.79	4/1/2012	6/30/2021	
YM814						Supervised Living - 4 Resident	State			per day	\$ 93.17	4/1/2012	6/30/2021	
YM813						Supervised Living - 3 Resident	State			per day	\$ 133.50	4/1/2012	6/30/2021	
YM812						Supervised Living - 2 Resident	State			per day	\$ 161.99	4/1/2012	6/30/2021	
YM686						Guardianship	State			per day	\$ 208.18	7/1/2012	6/30/2021	

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YM120						Tenancy Support Team	State			15 min	\$ 13.40	11/1/2015	6/30/2021	For individuals of TCLI who receive a housing slot
YM114						Community Networking Group ADIDD	State			15 min	\$ 2.92	7/1/2012	6/30/2021	
YM113						Community Networking	State			15 min	\$ 5.24	7/1/2012	6/30/2021	
YM112						Supported Employment - Individual	State			15 min	\$ 7.24	7/1/2012	6/30/2021	
YM111						Supported Employment - Group ADIDD	State			15 min	\$ 1.86	7/1/2012	6/30/2021	
YM110						Specialized Consultative Services	State			15 min	\$ 17.40	7/1/2012	6/30/2021	
YM109						Residential Supports - Level 4	State			per day	\$ 160.14	7/1/2012	6/30/2021	
YM108						Residential Supports - Level 3	State			per day	\$ 141.31	7/1/2012	6/30/2021	
YM107						Residential Supports - Level 2	State			per day	\$ 122.46	7/1/2012	6/30/2021	
YM106						Residential Supports Lvl - 1 ADIDD	State			per day	\$ 84.78	7/1/2012	6/30/2021	
YM101						Day Supports - Individual	State			15 min	\$ 6.01	7/1/2012	6/30/2021	
YM100						Day Supports - Group	State			15 min	\$ 3.57	7/1/2012	6/30/2021	
YM050						Personal Care	State			15 min	\$ 3.36	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
YA390						Supported Employment - Individual - I/DD	State			15 min	\$ 11.21	7/1/2013	6/30/2021	
YA389						Long-Term Vocational Support - I/DD	State			15 min	\$ 11.21	7/1/2013	6/30/2021	
YA340						Wellness Education Group	State			per day	\$ 150.00	4/1/2012	6/30/2021	
YA328						TBI Long Term Residential Rehab	State			per day	\$ 140.00	4/1/2012	6/30/2021	
YA326						Crisis Respite	State			per day	\$ 20.00	4/1/2012	6/30/2021	
YA238						Room & Board - Level IV (5+ beds) (Current DSS Rate)	State			per day	\$ 20.10	4/1/2012	6/30/2021	
YA236						Room & Board - Level II (Age 13+) (Current DSS Rate \$465/mo)	State			per day	\$ 13.64	4/1/2012	6/30/2021	
YA235						Room & Board - Level II (Age 6-12 less) (Current DSS Rate \$415/mo)	State			per day	\$ 13.64	4/1/2012	6/30/2021	
YA234						Room & Board - Level II (Age 5 or less) (Current DSS Rate \$365/mo)	State			per day	\$ 12.00	4/1/2012	6/30/2021	
YA233						Room & Board - Level III (5+ Beds) (Current DSS Rate)	State			per day	\$ 16.50	4/1/2012	6/30/2021	
YA232						Room & Board - Level III (1-4 Beds) (Current DSS Rate)	State			per day	\$ 21.50	4/1/2012	6/30/2021	
YA213						Community Respite	State			per day	\$ 214.38	4/1/2012	6/30/2021	
YA125						Hourly Respite	State			15 min	\$ 5.00	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
V5336						Communication Device - Repairs	Innovations				Invoice	4/1/2012	6/30/2021	
T2041	U1	U4				Community Guide Training - Periodic	B3			15 min	\$ 9.68	7/1/2017	6/30/2021	
T2041	U1					Community Navigator Training - Employer	Innovations			15 min	\$ 9.68	12/1/2015	6/30/2021	
T2041	U4					Community Guide	B3			monthly	\$ 150.00	8/1/2016	6/30/2021	
T2041						Community Navigator	Innovations			monthly	\$ 150.00	7/1/2017	6/30/2021	
T2039	U4					Vehicle Adaptations	B3				Invoice	1/1/2014	6/30/2021	
T2039						Vehicle Adaptations	Innovations				Invoice	4/1/2012	6/30/2021	
T2038	U4					Community Transition Supports	B3			1 time	Invoice	1/1/2014	6/30/2021	
T2038						Community Transition Supports	Innovations			1 time	Invoice	11/1/2016	6/30/2021	
T2034	U4					Out of Home Crisis	B3			per day	\$ 251.45	7/1/2017	6/30/2021	
T2034						Out of Home Crisis	Innovations			per day	\$ 251.45	12/1/2015	6/30/2021	
T2033	U1					Supported Living Periodic	Innovations			15 min	\$ 4.71	7/1/2019	6/30/2021	
T2033	U2					Supported Living Transition	Innovations			15 min	\$ 4.71	7/1/2019	6/30/2021	
T2033	HI					Supported Living Level 2	Innovations			per day	\$ 184.09	11/1/2016	6/30/2021	
T2033	TF					Supported Living Level 3	Innovations			per day	\$ 215.17	11/1/2016	6/30/2021	
T2033						Supported Living Level 1	Innovations			per day	\$ 152.47	11/1/2016	6/30/2021	
T2029	U4					Assistive Technology - Equipment and Supplies	B3				Invoice	1/1/2014	6/30/2021	

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T2029						Assistive Technology - Equipment and Supplies	Innovations				Invoice	11/1/2016	6/30/2021	
T2028						Communication Device - Purchase	Innovations				Invoice	4/1/2012	6/30/2021	
T2027	U4					Day Supports - Developmental Day	B3			15 min	\$ 25.52	7/1/2017	6/30/2021	
T2027						Day Supports - Developmental Day	Innovations			hourly	\$ 25.52	11/1/2016	6/30/2021	
T2025	HO					Specialized Consultative Services - BCBA	Innovations			15 min	\$ 31.25	4/1/2012	6/30/2021	
T2025	U1					Financial Supports	Innovations			monthly	\$ 175.00	10/1/2018	6/30/2021	
T2025	U2					FM Supplies	Innovations				Invoice	4/1/2012	6/30/2021	
T2025	U3					Crisis Behavioral Consultation	Innovations			15 min	\$ 20.06	12/1/2015	6/30/2021	
T2025	HO	U4				Specialized Consultative Services - BCBA	B3			15 min	\$ 31.25	1/1/2014	6/30/2021	
T2025	U1	U4				Community Networking - Training	B3			per event	\$ 90.95	11/1/2016	6/30/2021	
T2025	U2	U4				Employer Supplies Transportation	B3				Invoice	1/1/2014	6/30/2021	
T2025	U3	U4				Crisis Consultation B3 IW Service	B3			15 min	\$ 20.06	1/1/2014	6/30/2021	
T2025	U4					Specialized Consultative Services	B3			15 min	\$ 31.25	12/15/2017	6/30/2021	
T2025						Specialized Consultative Services	Innovations			15 min	\$ 31.25	12/15/2017	6/30/2021	
T2021	HQ					Day Supports - Group	Innovations			hourly	\$ 15.28	11/1/2016	6/30/2021	

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T2021	HQ	U4				Day Supports-Group	B3			15 min	\$ 15.28	7/1/2017	6/30/2021	
T2021	U4					Day Supports-Individual	B3			15 min	\$ 25.72	7/1/2017	6/30/2021	
T2021						Day Supports - Individual	Innovations			hourly	\$ 25.72	11/1/2016	6/30/2021	
T2020	CG	U4				Residential Supports Level 3 AFL	B3			per day	\$ 155.45	1/1/2014	6/30/2021	
T2020	U4					Residential Supports Level 3	B3			per day	\$ 155.45	7/1/2017	6/30/2021	
T2020	CG					Residential Supports Level 3 - AFL	Innovations			per day	\$ 155.45	11/1/2016	10/31/2020	
T2020						Residential Supports Level 3	Innovations			per day	\$ 155.45	11/1/2016	10/31/2020	
T2020	CG					Residential Supports Level 3 - AFL	Innovations			per day	\$ 139.91	11/1/2020	6/30/2021	
T2020						Residential Supports Level 3	Innovations			per day	\$ 139.91	11/1/2020	6/30/2021	
T2016	HI	CG				Residential Supports Level 5 - AFL	Innovations			per day	\$ 219.35	12/1/2015	10/31/2020	
T2016	HI	CG				Residential Supports Level 5 - AFL	Innovations			per day	\$ 197.42	11/1/2020	6/30/2021	
T2016	HI					Residential Supports Level 5	Innovations			per day	\$ 214.00	12/1/2015	10/31/2020	
T2016	HI					Residential Supports Level 5	Innovations			per day	\$ 192.60	11/1/2020	6/30/2021	
T2016	U1	U5				Community Living Facilities and Supports Level 1	Medicaid B			per diem	\$ 84.00	7/1/2017	6/30/2021	
T2016	U2	U5				Community Living Facilities and Supports Level 2	Medicaid B			per diem	\$ 108.00	7/1/2017	6/30/2021	

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T2016	U3	U5				Community Living Facilities and Supports Level 3	Medicaid B			per diem	\$ 118.00	7/1/2017	6/30/2021	
T2016	U4	U5				Community Living Facilities and Supports Level 4	Medicaid B			per diem	\$ 128.00	7/1/2017	6/30/2021	
T2016	U5					Community Living Facilities and Supports Level 5	Medicaid B			per diem	\$ 138.21	7/1/2017	6/30/2021	
T2014	U4					Residential Supports Level 2	B3			per day	\$ 135.43	7/1/2017	6/30/2021	
T2014	CG					Residential Supports Level 2 - AFL	Innovations			per day	\$ 135.43	11/1/2016	10/31/2020	
T2014	CG					Residential Supports Level 2 - AFL	Innovations			per day	\$ 121.89	11/1/2020	6/30/2021	
T2014						Residential Supports Level 2	Innovations			per day	\$ 135.43	11/1/2016	10/31/2020	
T2014						Residential Supports Level 2	Innovations			per day	\$ 121.89	11/1/2020	6/30/2021	
T2013	TF	HQ	U4			Community Living and Supports Group	B3			15 min	\$ 3.10	11/1/2016	6/30/2021	
T2013	HQ	U4				In Home Skill Building - Group	B3			15 min	\$ 3.10	7/1/2017	6/30/2021	
T2013	U4					In Home Skill Building - Individual	B3			15 min	\$ 5.56	7/1/2017	6/30/2021	
T2013	TF	HQ				Community Living Supports - Group	Innovations			15 min	\$ 3.10	11/1/2016	6/30/2021	
T2013	TF					Community Living Supports - Individual	Innovations			15 min	\$ 5.56	11/1/2016	6/30/2021	
T1999	U4					Individual Goods and Services	B3			Invoice		1/1/2014	6/30/2021	
T1999						Individual Goods and Services	Innovations				Invoice	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
T1023						Diagnostic Assessment (MH/SA)	Medicaid B			event	\$ 231.30	4/1/2013	6/30/2021	
T1023						Diagnostic Assessment (MH/SA)	State			event	\$ 231.30	4/1/2013	6/30/2021	
T1019	U4					Individual Support	B3			15 min	\$ 12.00	7/1/2018	10/31/2020	
T1019	U4					Individual Support	B3			15 min	\$ 10.80	11/1/2020	6/30/2021	
T1015	U4	TD				Intensive In Home Support	B3			15 min	\$ 4.93	7/1/2017	6/30/2021	
T1015						Intensive In Home Support	Innovations			15 min	\$ 4.93	12/1/2015	6/30/2021	
T1005	U4	TD				Respite Care Nursing - RN	B3			15 min	\$ 9.24	7/1/2107	6/30/2021	
T1005	U4	TE				Respite Care Nursing - LPN	B3			15 min	\$ 9.24	7/1/2017	6/30/2021	
T1005	TD					Respite Care Nursing - RN	Innovations			15 min	\$ 9.24	12/1/2015	6/30/2021	
T1005	TE					Respite Care Nursing - LPN	Innovations			15 min	\$ 9.24	12/1/2015	6/30/2021	
S9484	HA					Crisis Intervention (Facility Based Crisis) Child & Adolescents	Medicaid B			per hour	\$ 15.93	1/1/2016	6/30/2021	
S9484						Crisis Intervention (Facility Based Crisis) Adults	Medicaid B			per hour	\$ 15.93	4/1/2012	6/30/2021	
S9484						Crisis Intervention (Facility Based Crisis)	State			per hour	\$ 15.93	4/1/2012	6/30/2021	
S5165	U4					Home	B3				Invoice	1/1/2014	6/30/2021	
S5165						Home Modifications	Innovations				Invoice	11/1/2016	6/30/2021	
S5151						Respite Care-Community Facility	B3			per day	\$ 240.09	4/1/2012	6/30/2021	
S5150	HQ	U4				Respite Care-Community Group	B3			15 min	\$ 2.82	7/1/2017	6/30/2021	

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S5150	US	U4				Respite Care - Community Facility	B3			per event	\$ 120.91	3/1/2012	6/30/2021	
S5150	U4					Respite Care-Community Individual	B3			15 min	\$ 3.71	7/1/2017	6/30/2021	
S5150	HQ					Respite Care - Community Group	Innovations			15 min	\$ 2.82	12/1/2015	6/30/2021	
S5150	US					Respite Care - Community Facility	Innovations			per day	\$ 120.91	12/1/2015	6/30/2021	
S5150						Respite Care - Community Individual	Innovations			15 min	\$ 3.71	12/1/2015	10/31/2020	
S5150						Respite Care - Community Individual	Innovations			15 min	\$ 3.34	11/1/2020	6/30/2021	
S5145	HK					Intensive Alternative Family Services	Medicaid B			per diem	\$ 231.12	4/1/2013	6/30/2021	
S5145					0902	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	\$ 88.58	4/1/2013	6/30/2021	
S5145					0902	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	\$ 88.58	4/1/2013	6/30/2021	
S5145					0183	Foster Care, Therapeutic, Child Therapeutic Leave(HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	\$ 88.58	4/1/2013	6/30/2021	

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S5145					0183	Foster Care, Therapeutic, Child Therapeutic Leave (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	\$ 88.58	4/1/2013	6/30/2021	
S5125	U4					Personal Care	B3			15 min	\$ 4.28	7/1/2017	6/30/2021	
S5111	U4					Natural Supports Education - Conference	B3				Invoice	1/1/2014	6/30/2021	
S5111						Natural Supports Education - Conference	Innovations				Invoice	4/1/2012	6/30/2021	
S5110	U4					Natural Supports Education - Individual	B3			15 min	\$ 8.36	1/1/2014	6/30/2021	
S5110						Natural Supports Education	Innovations			15 min	\$ 8.36	4/1/2013	6/30/2021	
Q3014	GT					telehealth originating site facility fee	Medicaid B	001	Physician	per diem	\$ 23.38	10/1/2013	6/30/2021	
Q3014	GT					telehealth originating site facility fee	Medicaid B	112	CNP	per diem	\$ 20.83	4/1/2012	6/30/2021	
Q3014						telehealth originating site facility fee	Medicaid B	112	CNP	per diem	\$ 20.83	4/1/2012	6/30/2021	
Q3014						telehealth originating site facility fee	Medicaid B	001	Physician	per diem	\$ 23.38	10/1/2013	6/30/2021	
Q3014	GT					telehealth originating site facility fee	State	001	Physician	per diem	\$ 23.38	10/1/2013	6/30/2021	
H2035						SA Comprehensive Outpatient Treatment Program	Medicaid B			per hour	\$ 45.35	10/1/2012	6/30/2021	
H2035						SA Comprehensive Outpatient Treatment Program	State			per hour	\$ 45.35	10/1/2012	6/30/2021	

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H2034						SA Halfway House	State			per day	\$ 58.21	4/1/2012	6/30/2021	
H2033						Multi-Systemic Therapy (MST)	Medicaid B			15 min	\$ 36.57	10/1/2012	6/30/2021	
H2033						Multi-Systemic Therapy (MST)	State			15 min	\$ 36.57	10/1/2012	6/30/2021	
H2026	HQ	U4				Group Supported Employment Maintenance IDD only	B3			15 min	\$ 1.99	6/1/2019	6/30/2021	
H2026	U2	U4				MH Long Term Vocational Supports	B3			15 min	\$ 14.22	11/1/2013	6/30/2021	MH/SA Consumers
H2026	U3	U4				I/DD Long Term Vocational Supports	B3			15 min	\$ 11.21	4/1/2017	6/30/2021	I/DD Consumers only
H2025	HQ	U4				Supported Employment - Group Setting	B3			15 min	\$ 1.99	7/1/2017	6/30/2021	
H2025	TS	U4				Supported Employment Long Term Follow Up	B3			15 min	\$ 7.75	11/1/2016	6/30/2021	
H2025	U4					Supported Employment - Individual	B3			15 min	\$ 7.75	7/1/2017	6/30/2021	
H2025	TS	HQ				Support Employment - Long Term Follow-UP Group	Innovations			15 min	\$ 1.99	11/1/2016	6/30/2021	
H2025	HQ					Supported Employment Group Setting	Innovations			15 min	\$ 1.99	4/1/2012	6/30/2021	
H2025	TS					Supported Employment - Long Term Follow-Up	Innovations			15 min	\$ 7.75	11/1/2016	6/30/2021	
H2025						Supported Employment	Innovations			15 min	\$ 7.75	4/1/2012	6/30/2021	

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H2023	U2	U4				Initial Individual Supported Employment MH	B3			15 min	\$ 16.00	8/1/2016	6/30/2021	MH/SA Consumers
H2023	U3	U4				Initial Individual Supported Employment I/DD	B3			15 min	\$ 8.00	8/1/2016	6/30/2021	DD Consumers only
H2023	U6	U4				Initial Supported Employment - TCL	B3			15 min	\$ 19.02	10/6/2015	6/30/2021	TCL Initiative/Based on Meeting Fidelity
H2022	HE					Family Centered Treatment Non-Covered EPSDT Service	Medicaid B			per month	\$ 2,700.00	7/1/2017	6/30/2021	
H2022						Intensive In-Home Services	Medicaid B			per diem	\$ 239.66	4/1/2017	6/30/2021	
H2022						Intensive In-Home Services	State			per diem	\$ 239.66	4/1/2017	6/30/2021	
H2020					0902	Therapeutic Behavioral Services (HRI Level II-Group Homes)	Medicaid B			per diem	\$ 126.31	4/1/2013	6/30/2021	
H2020					0183	Therapeutic Behavioral Services Therapeutic Leave(HRI Level II-Group Homes)	Medicaid B			per diem	\$ 126.31	4/1/2013	6/30/2021	
H2017						DMH Psychosocial Rehabilitation (PSR)	Medicaid B			15 min	\$ 2.69	10/1/2012	6/30/2021	
H2017						DMH Psychosocial Rehabilitation (PSR)	State			15 min	\$ 2.69	10/1/2012	6/30/2021	
H2016	HI					Residential Supports Level 4	Innovations			per day	\$ 175.46	11/1/2016	10/31/2020	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
H2016	HI					Residential Supports Level 4	Innovations			per day	\$ 157.91	11/1/2020	6/30/2021	
H2016	HI	U4				Residential Supports Level 4	B3			per day	\$ 175.46	7/1/2017	6/30/2021	
H2016	U4					Residential Supports Level 1	B3			per day	\$ 103.98	7/1/2017	6/30/2021	
H2016	HI	CG				Residential Supports Level 4 - AFL	Innovations			per day	\$ 175.46	11/1/2016	10/31/2020	
H2016	HI	CG				Residential Supports Level 4 - AFL	Innovations			per day	\$ 157.91	11/1/2020	6/30/2021	
H2016	CG					Residential Supports Level 1 - AFL	Innovations			per day	\$ 103.98	11/1/2016	6/30/2021	
H2016						Residential Supports Level 1	Innovations			per day	\$ 103.98	11/1/2016	6/30/2021	
H2015	HQ	U4				Community Networking - Group	B3			15 min	\$ 3.12	7/1/2017	6/30/2021	
H2015	U1	U4				Community Networking - Class/Conferences	B3			Invoice		1/1/2014	6/30/2021	
H2015	U2	U4				Community Networking - Transportation	B3			Invoice		11/1/2016	6/30/2021	
H2015	U4					Community Networking - Individual	B3			15 min	\$ 5.61	7/1/2017	6/30/2021	
H2015	HQ					Community Networking - Group	Innovations			15 min	\$ 3.12	12/1/2015	6/30/2021	
H2015	U1					Community Networking - Classes/conferences	Innovations				Invoice	4/1/2012	6/30/2021	
H2015	U2					Community Networking Transportation	Innovations				Invoice	11/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
H2015						Community Networking - Individual	Innovations			15 min	\$ 5.61	12/1/2015	6/30/2021	
H2015	HT					Community Support Team (MH/SA)	Medicaid B			15 min	\$ 14.50	4/1/2012	6/30/2021	
H2015	HT					Community Support Team (MH/SA)	State			15 min	\$ 14.50	4/1/2012	6/30/2021	
H2014	HM					Developmental Therapy - PP	State			15 min	\$ 5.00	4/1/2012	6/30/2021	
H2012	HA					Child and Adolescent Day Treatment	Medicaid B			per hour	\$ 31.41	4/1/2012	6/30/2021	
H2012	HA					Child and Adolescent Day Treatment	State			per hour	\$ 31.41	4/1/2012	6/30/2021	
H2011	U4					Primary Crisis Response	B3			15 min	\$ 6.00	7/1/2017	6/30/2021	
H2011	U1					Primary Crisis Response	Innovations			15 min	\$ 6.00	12/1/2015	6/30/2021	
H2011						Mobile Crisis Management (MH/SA)	Medicaid B			15 min	\$ 33.68	4/1/2012	6/30/2021	
H2011						Mobile Crisis Management (MH/SA)	State			15 min	\$ 33.68	4/1/2012	6/30/2021	
H0046						Mental Health Services, Not Otherwise Specified (HRI Level I-Foster Care)	Medicaid B			per diem	\$ 49.75	4/1/2013	6/30/2021	
H0045	HQ	U4				Group Respite	B3			15 min	3.75	42583	44135	
H0045	HQ	U4				Group Respite	B3			15 min	3.37	44136	44377	
H0045	U4					Individual Respite	B3			15 min	6.25	42583	44135	
H0045	U4					Individual Respite	B3			15 min	5.63	44136	44377	
H0043	U4					Community Transition	B3			1 Time	Invoice	11/1/2013	6/30/2021	DD Consumers only

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
H0040	U1					Assertive Community Treatment Team (ACTT) - encounter claim code	Medicaid B			per unit	\$ 0.01	9/1/2017	6/30/2021	*Any add'l per diem visits should be billed at .01 per unit
H0040						Assertive Community Treatment Team (ACTT)	Medicaid B			per month	\$ 1,182.00	9/1/2017	6/30/2021	*To be billed on the first per diem contact of the month
H0040	U1					Assertive Community Treatment Team (ACTT) - encounter claim code	State			per unit	\$ 0.01	9/1/2017	6/30/2021	*Any add'l per diem visits should be billed at .01 per unit
H0040						Assertive Community Treatment Team (ACTT)	State			per month	\$ 1,182.00	9/1/2017	6/30/2021	*To be billed on the first per diem contact of the month
H0038	HQ	U4				Peer Support Group	B3			15 min	\$ 3.40	8/1/2016	6/30/2021	
H0038	U4					Peer Support	B3			15 min	\$ 12.15	8/1/2016	6/30/2021	
H0035						DMH Partial Hospitalization Per Diem - Child/Adults	Medicaid B			per diem	\$ 132.32	10/1/2012	6/30/2021	
H0035						DMH Partial Hospitalization Per Diem - Child/Adults	State			per diem	\$ 132.32	10/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
H0032						Target Case Management (Mental Health/ Substance Abuse)	Medicaid B			per diem	\$ 81.25	4/1/2012	6/30/2021	
H0031						Mental Health Assessment	Medicaid B			15 min	\$ 11.72	4/1/2012	6/30/2021	
H0031						Mental Health Assessment	State			15 min	\$ 11.72	4/1/2012	6/30/2021	
H0020						Alcohol and/or Drug Services; methadone administration	Medicaid B			per event	\$ 16.60	10/1/2012	6/30/2021	
H0020						Alcohol and/or Drug Services; methadone administration	State			per event	\$ 16.60	10/1/2012	6/30/2021	
H0019	HK					Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)	Medicaid B			per diem	\$ 315.71	5/3/2015	6/30/2021	
H0019	HQ					Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	\$ 232.88	5/3/2015	10/31/2020	
H0019	HQ					Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	\$ 209.59	11/1/2020	6/30/2021	
H0019	TJ					Behavioral Health Long Term Residential (HRI Level III-5 beds or more)	Medicaid B			per diem	\$ 189.75	5/3/2015	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
H0019	UR					Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)	Medicaid B			per diem	\$ 315.71	5/3/2015	6/30/2021	
H0019					902	Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	\$ 232.88	5/3/2015	6/30/2021	
H0019					902	Behavioral Health Long Term Residential (HRI Level III-5 beds or more)	Medicaid B			per diem	\$ 189.75	5/3/2015	6/30/2021	
H0019					902	Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)	Medicaid B			per diem	\$ 315.71	5/3/2015	6/30/2021	
H0019					902	Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)	Medicaid B			per diem	\$ 315.71	5/3/2015	6/30/2021	
H0018						Crisis Respite	Medicaid B			per diem	\$ 160.00	4/1/2012	6/30/2021	
H0015						Substance Abuse Intensive Outpatient Program	Medicaid B			per diem	\$ 131.56	10/1/2012	6/30/2021	
H0015						Substance Abuse Intensive Outpatient Program	State			per diem	\$ 131.56	10/1/2012	6/30/2021	
H0014						Ambulatory Detoxification	Medicaid B			15 min	\$ 21.25	10/1/2012	6/30/2021	
H0013						Medically Monitored Community Residential Treatment	Medicaid B			per diem	\$ 241.81	4/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
H0012	HB					Non-Hospital Community Residential Treatment - Adult	Medicaid B			per diem	\$ 155.81	4/1/2013	6/30/2021	
H0010						Non-Hospital Medical Detoxification	Medicaid B			per diem	\$ 325.58	4/1/2013	6/30/2021	
99409						outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 60.41	4/1/2012	6/30/2021	
99408	XE					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 30.73	1/1/2015	6/30/2021	
99408	XP					outpatient treatment screening and eval by provisionally licensed staff Seperate Practitioner	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 30.73	1/1/2015	6/30/2021	
99408	XS					outpatient treatment screening and eval by provisionally licensed staff Seperate Structure	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 30.73	1/1/2015	6/30/2021	
99408	XU					outpatient treatment screening and eval by provisionally licensed staff Unusual non overlapping service	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 30.73	1/1/2015	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99407						EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B	001	Physician	per time limit	\$ 22.36	4/1/2014	6/30/2021	
99357						prolonged physician service in inpatient setting, requiring	Medicaid B	112	CNP	per time limit	\$ 66.10	1/1/2013	6/30/2021	
99357						prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	\$ 85.54	10/1/2013	6/30/2021	
99356						prolonged physician service in inpatient setting, requiring	Medicaid B	112	CNP	per time limit	\$ 65.65	1/1/2013	6/30/2021	
99356						prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	\$ 84.95	10/1/2013	6/30/2021	
99355						prolonged physician service in office or outpatient setting	Medicaid B	112	CNP	per time limit	\$ 71.16	1/1/2013	6/30/2021	
99355						prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	\$ 92.09	10/1/2013	6/30/2021	
99354						prolonged physician service in office or outpatient setting	Medicaid B	112	CNP	per time limit	\$ 71.88	1/1/2013	6/30/2021	
99354						prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	\$ 93.03	10/1/2013	6/30/2021	
99350						home visit for the evaluation and mgmt of established patient	Medicaid B	112	CNP	per time limit	\$ 126.22	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99350						home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	per time limit	\$ 163.34	10/1/2013	6/30/2021	
99350						home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	per time limit	\$ 148.49	1/1/2013	6/30/2021	
99349						home visit for the evaluation and mgmt of established patient	Medicaid B	112	CNP	per time limit	\$ 90.53	1/1/2013	6/30/2021	
99349						home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	per time limit	\$ 117.16	10/1/2013	6/30/2021	
99349						home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	per time limit	\$ 106.51	1/1/2013	6/30/2021	
99348						home visit for the evaluation and mgmt of established patient	Medicaid B	112	CNP	per time limit	\$ 62.17	1/1/2013	6/30/2021	
99348						home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	per time limit	\$ 80.45	10/1/2013	6/30/2021	
99348						home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	per time limit	\$ 73.14	1/1/2013	6/30/2021	
99347						home visit for the evaluation and mgmt of established patient	Medicaid B	112	CNP	per time limit	\$ 41.17	1/1/2013	6/30/2021	
99347						home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	per time limit	\$ 53.28	10/1/2013	6/30/2021	
99347						home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	per time limit	\$ 48.44	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99345						home visit for the evaluation and mgmt of a new patient	Medicaid B	112	CNP	per time limit	\$ 156.28	1/1/2013	6/30/2021	
99345						home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	per time limit	\$ 202.25	10/1/2013	6/30/2021	
99345						home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	per time limit	\$ 183.86	1/1/2013	6/30/2021	
99344						home visit for the evaluation and mgmt of a new patient	Medicaid B	112	CNP	per time limit	\$ 129.93	1/1/2013	6/30/2021	
99344						home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	per time limit	\$ 168.15	10/1/2013	6/30/2021	
99344						home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	per time limit	\$ 152.86	1/1/2013	6/30/2021	
99343						home visit for the evaluation and mgmt of a new patient	Medicaid B	112	CNP	per time limit	\$ 98.97	1/1/2013	6/30/2021	
99343						home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	per time limit	\$ 128.07	10/1/2013	6/30/2021	
99343						home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	per time limit	\$ 116.43	1/1/2013	6/30/2021	
99342						home visit for the evaluation and mgmt of a new patient	Medicaid B	112	CNP	per time limit	\$ 61.46	1/1/2013	6/30/2021	
99342						home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	per time limit	\$ 79.53	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99342						home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	per time limit	\$ 72.30	1/1/2013	6/30/2021	
99341						home visit for the evaluation and mgmt of a new patient	Medicaid B	112	CNP	per time limit	\$ 42.19	1/1/2013	6/30/2021	
99341						home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	per time limit	\$ 54.60	10/1/2013	6/30/2021	
99341						home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	per time limit	\$ 49.64	1/1/2013	6/30/2021	
99337						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 136.30	1/1/2013	6/30/2021	
99337						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 176.39	10/1/2013	6/30/2021	
99337						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 160.35	1/1/2013	6/30/2021	
99336						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 94.86	1/1/2013	6/30/2021	
99336						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 122.76	10/1/2013	6/30/2021	
99336						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 111.60	1/1/2013	6/30/2021	
99335						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 67.36	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99335						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 87.18	10/1/2013	6/30/2021	
99335						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 79.25	1/1/2013	6/30/2021	
99334						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 43.49	1/1/2013	6/30/2021	
99334						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 56.28	10/1/2013	6/30/2021	
99334						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 51.16	1/1/2013	6/30/2021	
99328						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 201.91	10/1/2013	6/30/2021	
99328						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 183.55	1/1/2013	6/30/2021	
99327						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 132.53	1/1/2013	6/30/2021	
99326						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 101.61	1/1/2013	6/30/2021	
99326						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 131.49	10/1/2013	6/30/2021	
99326						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 119.54	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99325						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 61.46	1/1/2013	6/30/2021	
99325						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 79.53	10/1/2013	6/30/2021	
99325						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 72.30	1/1/2013	6/30/2021	
99324						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	CNP	per time limit	\$ 42.19	1/1/2013	6/30/2021	
99324						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	per time limit	\$ 54.60	10/1/2013	6/30/2021	
99324						domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	per time limit	\$ 49.64	1/1/2013	6/30/2021	
99318						evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	112	CNP	per time limit	\$ 65.81	1/1/2013	6/30/2021	
99318						evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	001	Physician	per time limit	\$ 85.16	10/1/2013	6/30/2021	
99318						evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	130	Physician Assistant	per time limit	\$ 77.42	1/1/2013	6/30/2021	
99316						nursing facility discharge 30 min or less more than 30 min	Medicaid B	112	CNP	per time limit	\$ 59.34	1/1/2013	6/30/2021	
99316						nursing facility discharge 30 min or less more than 30 min	Medicaid B	001	Physician	per time limit	\$ 76.79	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99316						nursing facility discharge 30 min or less more than 30 min	Medicaid B	130	Physician Assistant	per time limit	\$ 69.81	1/1/2013	6/30/2021	
99315						nursing facility discharge day management; 30 min or less	Medicaid B	112	CNP	per time limit	\$ 45.42	1/1/2013	6/30/2021	
99315						nursing facility discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	\$ 58.77	10/1/2013	6/30/2021	
99315						nursing facility discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	\$ 53.43	1/1/2013	6/30/2021	
99310						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	CNP	per day	\$ 93.08	1/1/2013	6/30/2021	
99310						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per day	\$ 120.46	10/1/2013	6/30/2021	
99310						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per day	\$ 109.51	1/1/2013	6/30/2021	
99309						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	CNP	per day	\$ 62.95	1/1/2013	6/30/2021	
99309						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per day	\$ 81.47	10/1/2013	6/30/2021	
99309						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per day	\$ 74.06	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99308						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	CNP	per day	\$ 47.46	1/1/2013	6/30/2021	
99308						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per day	\$ 61.41	10/1/2013	6/30/2021	
99308						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per day	\$ 55.83	1/1/2013	6/30/2021	
99307						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	CNP	per day	\$ 31.04	1/1/2013	6/30/2021	
99307						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per day	\$ 40.17	10/1/2013	6/30/2021	
99307						subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per day	\$ 36.52	1/1/2013	6/30/2021	
99306						initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per day	\$ 146.25	10/1/2013	6/30/2021	
99305						initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per day	\$ 113.81	10/1/2013	6/30/2021	
99304						initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per day	\$ 81.40	10/1/2013	6/30/2021	
99291						critical care, evaluation and management of the unstable critically ill	Medicaid B	001	Physician	per event	\$ 225.61	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99285						er visit for the evaluation and mgmt of a patient,	Medicaid B	001	Physician	per event	\$ 157.22	10/1/2013	6/30/2021	
99285						er visit for the evaluation and mgmt of a patient,	Medicaid B	112	CNP	per event	\$ 138.64	4/1/2012	6/30/2021	
99284						er visit, high severity	Medicaid B	001	Physician	per event	\$ 105.75	10/1/2013	6/30/2021	
99284						er visit, high severity	Medicaid B	130	Physician Assistant	per event	\$ 96.14	4/1/2013	6/30/2021	
99283						er visit, moderate severity	Medicaid B	001	Physician	per event	\$ 56.49	10/1/2013	6/30/2021	
99282						er visit, low severity	Medicaid B	001	Physician	per event	\$ 36.44	10/1/2013	6/30/2021	
99282						er visit, low severity	Medicaid B	112	CNP	per event	\$ 32.14	1/1/2013	6/30/2021	
99281						er visit, minor	Medicaid B	001	Physician	per event	\$ 18.73	10/1/2013	6/30/2021	
99255						initial inpt consult - phys time approx 110 min	Medicaid B	112	CNP	per time limit	\$ 143.85	1/1/2013	6/30/2021	
99255						initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	\$ 186.15	10/1/2013	6/30/2021	
99254						initial inpt consult - phys time approx 80 min	Medicaid B	112	CNP	per time limit	\$ 118.06	1/1/2013	6/30/2021	
99254						initial inpt consult - phys time approx 80 min	Medicaid B	001	Physician	per time limit	\$ 152.78	10/1/2013	6/30/2021	
99254						initial inpt consult - phys time approx 80 min	Medicaid B	130	Physician Assistant	per time limit	\$ 138.86	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99253						initial inpt consult - phys time approx 55 min	Medicaid B	112	CNP	per time limit	\$ 81.62	1/1/2013	6/30/2021	
99253						initial inpt consult - phys time approx 55 min	Medicaid B	001	Physician	per time limit	\$ 105.62	10/1/2013	6/30/2021	
99252						initial inpt consult - phys time approx 40 min	Medicaid B	112	CNP	per time limit	\$ 53.76	1/1/2013	6/30/2021	
99252						initial inpt consult - phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 69.58	10/1/2013	6/30/2021	
99251						initial inpt consult - phys time approx 20 min	Medicaid B	112	CNP	per time limit	\$ 34.70	1/1/2013	6/30/2021	
99251						initial inpt consult - phys time approx 20 min	Medicaid B	001	Physician	per time limit	\$ 44.90	10/1/2013	6/30/2021	
99245						outpt. consult, severe - phys time approx 80 min	Medicaid B	112	CNP	per time limit	\$ 159.83	1/1/2013	6/30/2021	
99245						outpt. consult, severe - phys time approx 80 min	Medicaid B	001	Physician	per time limit	\$ 206.83	10/1/2013	6/30/2021	
99245						outpt. consult, severe - phys time approx 80 min	State	112	CNP	per time limit	\$ 159.83	1/1/2013	6/30/2021	
99245						outpt. consult, severe - phys time approx 80 min	State	001	Physician	per time limit	\$ 206.83	10/1/2013	6/30/2021	
99244						outpt. consult, severe - phys time approx 60 min	Medicaid B	112	CNP	per time limit	\$ 130.04	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99244						outpt. consult, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	\$ 168.29	10/1/2013	6/30/2021	
99244						outpt. consult, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	\$ 152.99	1/1/2013	6/30/2021	
99244						outpt. consult, severe - phys time approx 60 min	State	112	CNP	per time limit	\$ 130.04	1/1/2013	6/30/2021	
99244						outpt. consult, severe - phys time approx 60 min	State	001	Physician	per time limit	\$ 168.29	10/1/2013	6/30/2021	
99244						outpt. consult, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	\$ 152.99	1/1/2013	6/30/2021	
99244	U4					Psychiatric Consultation - approx 60 min	B3	001	Physician	per day	\$ 168.00	7/1/2015	6/30/2021	
99243						outpt. consult, severe - phys time approx 40 min	Medicaid B	112	CNP	per time limit	\$ 87.55	1/1/2013	6/30/2021	
99243						outpt. consult, severe - phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 113.30	10/1/2013	6/30/2021	
99243						outpt. consult, severe - phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	\$ 103.00	1/1/2013	6/30/2021	
99243						outpt. consult, severe - phys time approx 40 min	State	112	CNP	per time limit	\$ 87.55	1/1/2013	6/30/2021	
99243						outpt. consult, severe - phys time approx 40 min	State	001	Physician	per time limit	\$ 113.30	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99243						outpt. consult, severe - phys time approx 40 min	State	130	Physician Assistant	per time limit	\$ 103.00	1/1/2013	6/30/2021	
99242						outpt. consult, moderate - phys time approx 30 min	Medicaid B	112	CNP	per time limit	\$ 63.67	1/1/2013	6/30/2021	
99242						outpt. consult, moderate - phys time approx 30 min	Medicaid B	001	Physician	per time limit	\$ 82.39	10/1/2013	6/30/2021	
99242						outpt. consult, moderate - phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	\$ 74.90	1/1/2013	6/30/2021	
99242						outpt. consult, moderate - phys time approx 30 min	State	112	CNP	per time limit	\$ 63.67	1/1/2013	6/30/2021	
99242						outpt. consult, moderate - phys time approx 30 min	State	001	Physician	per time limit	\$ 82.39	10/1/2013	6/30/2021	
99242						outpt. consult, moderate - phys time approx 30 min	State	130	Physician Assistant	per time limit	\$ 74.90	1/1/2013	6/30/2021	
99242	U4					Psychiatric Consultation - approx 30 min	B3	001	Physician	per day	\$ 90.00	7/1/2015	6/30/2021	
99241						outpt. consult, minor - phys time approx 15 min	Medicaid B	112	CNP	per time limit	\$ 33.98	1/1/2013	6/30/2021	
99241						outpt. consult, minor - phys time approx 15 min	Medicaid B	001	Physician	per time limit	\$ 43.98	10/1/2013	6/30/2021	
99241						outpt. consult, minor - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	\$ 39.98	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99241						outpt. consult, minor - phys time approx 15 min	State	112	CNP	per time limit	\$ 33.98	1/1/2013	6/30/2021	
99241						outpt. consult, minor - phys time approx 15 min	State	001	Physician	per time limit	\$ 43.98	10/1/2013	6/30/2021	
99241						outpt. consult, minor - phys time approx 15 min	State	130	Physician Assistant	per time limit	\$ 39.98	1/1/2013	6/30/2021	
99241	U4					Psychiatric Consultation - approx 15 min	B3	001	Physician	per day	\$ 55.00	7/1/2015	6/30/2021	
99239						hospital discharge day management; more than 30 min	Medicaid B	112	CNP	per time limit	\$ 75.49	1/1/2013	6/30/2021	
99239						hospital discharge day management; more than 30 min	Medicaid B	001	Physician	per time limit	\$ 97.69	10/1/2013	6/30/2021	
99238						hospital discharge day management; 30 min or less	Medicaid B	112	CNP	per time limit	\$ 51.94	1/1/2013	6/30/2021	
99238						hospital discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	\$ 67.22	10/1/2013	6/30/2021	
99238						hospital discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	\$ 61.11	1/1/2013	6/30/2021	
99236						observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	CNP	per event	\$ 162.60	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99236						observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	per event	\$ 210.42	10/1/2013	6/30/2021	
99235						observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	CNP	per event	\$ 130.82	1/1/2013	6/30/2021	
99235						observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	per event	\$ 169.30	10/1/2013	6/30/2021	
99234						observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	CNP	per event	\$ 99.59	1/1/2013	6/30/2021	
99234						observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	per event	\$ 128.88	10/1/2013	6/30/2021	
99233						subsequent hosp care, complex - phys time approx 35 min	Medicaid B	112	CNP	per time limit	\$ 75.25	1/1/2013	6/30/2021	
99233						subsequent hosp care, complex - phys time approx 35 min	Medicaid B	001	Physician	per time limit	\$ 97.38	10/1/2013	6/30/2021	
99233						subsequent hosp care, complex - phys time approx 35 min	Medicaid B	130	Physician Assistant	per time limit	\$ 88.53	1/1/2013	6/30/2021	
99232						subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	112	CNP	per time limit	\$ 52.54	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99232						subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	001	Physician	per time limit	\$ 67.99	10/1/2013	6/30/2021	
99232						subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	\$ 61.81	1/1/2013	6/30/2021	
99231						subsequent hosp care, stable - phys time approx 15 min	Medicaid B	112	CNP	per time limit	\$ 29.16	1/1/2013	6/30/2021	
99231						subsequent hosp care, stable - phys time approx 15 min	Medicaid B	001	Physician	per time limit	\$ 37.73	10/1/2013	6/30/2021	
99231						subsequent hosp care, stable - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	\$ 34.30	1/1/2013	6/30/2021	
99226						Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	001	Physician	per day	\$ 68.05	10/1/2013	6/30/2021	
99226						Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	130	Physician Assistant	per day	\$ 61.86	1/1/2013	6/30/2021	
99226						Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	112	CNP	per day	\$ 52.58	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99226						Subsequent observation care, per day, for the evaluation and management high complexity	State	001	Physician	per day	\$ 68.05	10/1/2013	6/30/2021	
99226						Subsequent observation care, per day, for the evaluation and management high complexity	State	130	Physician Assistant	per day	\$ 61.86	1/1/2013	6/30/2021	
99226						Subsequent observation care, per day, for the evaluation and management high complexity	State	112	CNP	per day	\$ 52.58	4/1/2012	6/30/2021	
99225						Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	001	Physician	per day	\$ 45.51	10/1/2013	6/30/2021	
99225						Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	130	Physician Assistant	per day	\$ 41.37	1/1/2013	6/30/2021	
99225						Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	112	CNP	per day	\$ 35.16	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99225						Subsequent observation care, per day, for the evaluation and management moderate complexity	State	001	Physician	per day	\$ 45.51	10/1/2013	6/30/2021	
99225						Subsequent observation care, per day, for the evaluation and management moderate complexity	State	130	Physician Assistant	per day	\$ 41.37	1/1/2013	6/30/2021	
99225						Subsequent observation care, per day, for the evaluation and management moderate complexity	State	112	CNP	per day	\$ 35.16	4/1/2012	6/30/2021	
99224						Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	112	CNP	per day	\$ 19.80	4/1/2012	6/30/2021	
99224						Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	001	Physician	per day	\$ 25.62	10/1/2013	6/30/2021	
99224						Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	130	Physician Assistant	per day	\$ 23.29	1/1/2013	6/30/2021	
99224						Subsequent Observation Care, Per Day, for the Evaluation and	State	112	CNP	per day	\$ 19.80	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99224						Subsequent Observation Care, Per Day, for the Evaluation and	State	001	Physician	per day	\$ 25.62	10/1/2013	6/30/2021	
99224						Subsequent Observation Care, Per Day, for the Evaluation and	State	130	Physician Assistant	per day	\$ 23.29	1/1/2013	6/30/2021	
99223						initial hosp care, severe - phys time approx 70 min	Medicaid B	112	CNP	per day	\$ 141.86	1/1/2013	6/30/2021	
99223						initial hosp care, severe - phys time approx 70 min	Medicaid B	001	Physician	per day	\$ 183.58	10/1/2013	6/30/2021	
99223						initial hosp care, severe - phys time approx 70 min	Medicaid B	130	Physician Assistant	per day	\$ 166.89	1/1/2013	6/30/2021	
99222						Initial hospital care, moderate, phys	Medicaid B	112	CNP	per day	\$ 96.34	1/1/2013	6/30/2021	
99222						Initial hospital care, moderate, phys	Medicaid B	001	Physician	per day	\$ 124.67	10/1/2013	6/30/2021	
99222						Initial hospital care, moderate, phys	Medicaid B	130	Physician Assistant	per day	\$ 113.34	1/1/2013	6/30/2021	
99221						Initial hospital care, minor, phys	Medicaid B	112	CNP	per day	\$ 70.59	1/1/2013	6/30/2021	
99221						Initial hospital care, minor, phys	Medicaid B	001	Physician	per day	\$ 91.36	10/1/2013	6/30/2021	
99221						Initial hospital care, minor, phys	Medicaid B	130	Physician Assistant	per day	\$ 83.05	1/1/2013	6/30/2021	
99220						initial observation care, per day, high complexity	Medicaid B	112	CNP	per day	\$ 114.18	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99220						initial observation care, per day, high complexity	Medicaid B	001	Physician	per day	\$ 147.76	10/1/2013	6/30/2021	
99219						initial observation care, per day, moderate complexity	Medicaid B	112	CNP	per day	\$ 81.41	1/1/2013	6/30/2021	
99219						initial observation care, per day, moderate complexity	Medicaid B	001	Physician	per day	\$ 105.36	10/1/2013	6/30/2021	
99219						initial observation care, per day, moderate complexity	Medicaid B	130	Physician Assistant	per day	\$ 95.78	1/1/2013	6/30/2021	
99218						initial observation care, per day, low complexity	Medicaid B	112	CNP	per day	\$ 49.16	1/1/2013	6/30/2021	
99218						initial observation care, per day, low complexity	Medicaid B	001	Physician	per day	\$ 63.62	10/1/2013	6/30/2021	
99217						observation care discharge day management	Medicaid B	112	CNP	per event	\$ 52.12	1/1/2013	6/30/2021	
99217						observation care discharge day management	Medicaid B	001	Physician	per event	\$ 67.45	10/1/2013	6/30/2021	
99215						ov estab pt, severe phys time approx 40 min	Medicaid B	112	CNP	per time limit	\$ 96.90	1/1/2013	6/30/2021	
99215						ov estab pt, severe phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 125.40	10/1/2013	6/30/2021	
99215						ov estab pt, severe phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	\$ 114.00	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99215						ov estab pt, severe phys time approx 40 min	State	112	CNP	per time limit	\$ 96.90	1/1/2013	6/30/2021	
99215						ov estab pt, severe phys time approx 40 min	State	001	Physician	per time limit	\$ 125.40	10/1/2013	6/30/2021	
99215						ov estab pt, severe phys time approx 40 min	State	130	Physician Assistant	per time limit	\$ 114.00	1/1/2013	6/30/2021	
99214						ov estab pt, severe - phys time approx 25 min	Medicaid B	112	CNP	per time limit	\$ 71.65	1/1/2013	6/30/2021	
99214						ov estab pt, severe - phys time approx 25 min	Medicaid B	001	Physician	per time limit	\$ 92.72	10/1/2013	6/30/2021	
99214						ov estab pt, severe - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	\$ 84.29	1/1/2013	6/30/2021	
99214						ov estab pt, severe - phys time approx 25 min	State	112	CNP	per time limit	\$ 71.65	1/1/2013	6/30/2021	
99214						ov estab pt, severe - phys time approx 25 min	State	001	Physician	per time limit	\$ 92.72	10/1/2013	6/30/2021	
99214						ov estab pt, severe - phys time approx 25 min	State	130	Physician Assistant	per time limit	\$ 84.29	1/1/2013	6/30/2021	
99213						ov estab pt, moderate - phys time approx 15 min	Medicaid B	112	CNP	per time limit	\$ 47.55	1/1/2013	6/30/2021	
99213						ov estab pt, moderate - phys time approx 15 min	Medicaid B	001	Physician	per time limit	\$ 61.53	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99213						ov estab pt, moderate - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	\$ 55.94	1/1/2013	6/30/2021	
99213						ov estab pt, moderate - phys time approx 15 min	State	112	CNP	per time limit	\$ 47.55	1/1/2013	6/30/2021	
99213						ov estab pt, moderate - phys time approx 15 min	State	001	Physician	per time limit	\$ 61.53	10/1/2013	6/30/2021	
99213						ov estab pt, moderate - phys time approx 15 min	State	130	Physician Assistant	per time limit	\$ 55.94	1/1/2013	6/30/2021	
99212						ov estab pt, minor - phys time approx 10 min	Medicaid B	112	CNP	per time limit	\$ 28.48	1/1/2013	6/30/2021	
99212						ov estab pt, minor - phys time approx 10 min	Medicaid B	001	Physician	per time limit	\$ 36.85	10/1/2013	6/30/2021	
99212						ov estab pt, minor - phys time approx 10 min	Medicaid B	130	Physician Assistant	per time limit	\$ 33.50	1/1/2013	6/30/2021	
99212						ov estab pt, minor - phys time approx 10 min	State	112	CNP	per time limit	\$ 28.48	1/1/2013	6/30/2021	
99212						ov estab pt, minor - phys time approx 10 min	State	001	Physician	per time limit	\$ 36.85	10/1/2013	6/30/2021	
99212						ov estab pt, minor - phys time approx 10 min	State	130	Physician Assistant	per time limit	\$ 33.50	1/1/2013	6/30/2021	
99211						ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	112	CNP	per time limit	\$ 14.30	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99211						ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	001	Physician	per time limit	\$ 18.50	10/1/2013	6/30/2021	
99211						ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	130	Physician Assistant	per time limit	\$ 16.82	1/1/2013	6/30/2021	
99211						ov estab pt, minimal w/wo phys, time approx 5 min	State	112	CNP	per time limit	\$ 14.30	1/1/2013	6/30/2021	
99211						ov estab pt, minimal w/wo phys, time approx 5 min	State	001	Physician	per time limit	\$ 18.50	10/1/2013	6/30/2021	
99211						ov estab pt, minimal w/wo phys, time approx 5 min	State	130	Physician Assistant	per time limit	\$ 16.82	1/1/2013	6/30/2021	
99205						ov new pt, severe - phys time approx 60 min	Medicaid B	112	CNP	per time limit	\$ 138.90	1/1/2013	6/30/2021	
99205						ov new pt, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	\$ 179.75	10/1/2013	6/30/2021	
99205						ov new pt, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	\$ 163.41	1/1/2013	6/30/2021	
99205						ov new pt, severe - phys time approx 60 min	State	112	CNP	per time limit	\$ 138.90	1/1/2013	6/30/2021	
99205						ov new pt, severe - phys time approx 60 min	State	001	Physician	per time limit	\$ 179.75	10/1/2013	6/30/2021	
99205						ov new pt, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	\$ 163.41	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99204						ov new pt, complex - phys time approx 45 min	Medicaid B	112	CNP	per time limit	\$ 109.88	1/1/2013	6/30/2021	
99204						ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	\$ 142.20	10/1/2013	6/30/2021	
99204						ov new pt, complex - phys time approx 45 min	Medicaid B	130	Physician Assistant	per time limit	\$ 129.27	1/1/2013	6/30/2021	
99204						ov new pt, complex - phys time approx 45 min	State	112	CNP	per time limit	\$ 109.88	1/1/2013	6/30/2021	
99204						ov new pt, complex - phys time approx 45 min	State	001	Physician	per time limit	\$ 142.20	10/1/2013	6/30/2021	
99204						ov new pt, complex - phys time approx 45 min	State	130	Physician Assistant	per time limit	\$ 129.27	1/1/2013	6/30/2021	
99203						ov new pt, moderate - phys time approx 30 min	Medicaid B	112	CNP	per time limit	\$ 70.86	1/1/2013	6/30/2021	
99203						ov new pt, moderate - phys time approx 30 min	Medicaid B	001	Physician	per time limit	\$ 91.70	10/1/2013	6/30/2021	
99203						ov new pt, moderate - phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	\$ 83.36	1/1/2013	6/30/2021	
99203						ov new pt, moderate - phys time approx 30 min	State	112	CNP	per time limit	\$ 70.86	1/1/2013	6/30/2021	
99203						ov new pt, moderate - phys time approx 30 min	State	001	Physician	per time limit	\$ 91.70	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99203						ov new pt, moderate - phys time approx 30 min	State	130	Physician Assistant	per time limit	\$ 83.36	1/1/2013	6/30/2021	
99202						ov new pt, moderate - phys time approx 20 min	Medicaid B	112	CNP	per time limit	\$ 48.91	1/1/2013	6/30/2021	
99202						ov new pt, moderate - phys time approx 20 min	Medicaid B	001	Physician	per time limit	\$ 63.29	10/1/2013	6/30/2021	
99202						ov new pt, moderate - phys time approx 20 min	Medicaid B	130	Physician Assistant	per time limit	\$ 57.54	1/1/2013	6/30/2021	
99202						ov new pt, moderate - phys time approx 20 min	State	112	CNP	per time limit	\$ 48.91	1/1/2013	6/30/2021	
99202						ov new pt, moderate - phys time approx 20 min	State	001	Physician	per time limit	\$ 63.29	10/1/2013	6/30/2021	
99202						ov new pt, moderate - phys time approx 20 min	State	130	Physician Assistant	per time limit	\$ 57.54	1/1/2013	6/30/2021	
99201						ov new pt, minor - phys time approx 10 min	Medicaid B	112	CNP	per time limit	\$ 28.20	1/1/2013	6/30/2021	
99201						ov new pt, minor - phys time approx 10 min	Medicaid B	001	Physician	per time limit	\$ 36.50	10/1/2013	6/30/2021	
99201						ov new pt, minor - phys time approx 10 min	Medicaid B	130	Physician Assistant	per time limit	\$ 33.18	1/1/2013	6/30/2021	
99201						ov new pt, minor - phys time approx 10 min	State	112	CNP	per time limit	\$ 28.20	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
99201						ov new pt, minor - phys time approx 10 min	State	001	Physician	per time limit	\$ 36.50	10/1/2013	6/30/2021	
99201						ov new pt, minor - phys time approx 10 min	State	130	Physician Assistant	per time limit	\$ 33.18	1/1/2013	6/30/2021	
97157						Family Training Program (Multi-Family Groups)	Medicaid B			15 minutes	\$ 10.00	7/1/2019	10/31/2020	
97157						Family Training Program (Multi-Family Groups)	Medicaid B			15 minutes	\$ 9.00	11/1/2020	6/30/2021	
97156						Family Caregiver Training by a BCBA	Medicaid B			15 minutes	\$ 20.60	7/1/2019	10/31/2020	
97156						Family Caregiver Training by a BCBA	Medicaid B			15 minutes	\$ 18.54	11/1/2020	6/30/2021	
97155						Modifications to the protocol by BCBA-LP	Medicaid B			15 minutes	\$ 28.00	7/1/2019	10/31/2020	
97155						Modifications to the protocol by BCBA-LP	Medicaid B			15 minutes	\$ 25.20	11/1/2020	6/30/2021	
97154						Group Adaptive Behavioral Protocol	Medicaid B			15 minutes	\$ 9.88	7/1/2019	10/31/2020	
97154						Group Adaptive Behavioral Protocol	Medicaid B			15 minutes	\$ 8.89	11/1/2020	6/30/2021	
97153						Direct Intervention by a Paraprofessional	Medicaid B			15 minutes	\$ 18.09	7/1/2019	10/31/2020	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
97153						Direct Intervention by a Paraprofessional	Medicaid B			15 minutes	\$ 16.28	11/1/2020	6/30/2021	
97152						Observational behavioral assessment and follow up	Medicaid B			15 minutes	\$ 53.65	7/1/2019	10/31/2020	
97152						Observational behavioral assessment and follow up	Medicaid B			15 minutes	\$ 48.29	11/1/2020	6/30/2021	
97151						Behavior Identification Assessment	Medicaid B			15 minutes	\$ 26.56	7/1/2019	10/31/2020	
97151						Behavior Identification Assessment	Medicaid B			15 minutes	\$ 23.90	11/1/2020	6/30/2021	
96375						therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	Medicaid B	112	CNP	per event	\$ 16.07	4/1/2012	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96375						therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	Medicaid B	001	Physician	per event	\$ 20.80	10/1/2013	6/30/2021	
96374						injection (specify substance or drug) intravenous push initial	Medicaid B	112	CNP	per event	\$ 37.07	4/1/2012	6/30/2021	
96374						injection (specify substance or drug) intravenous push initial	Medicaid B	001	Physician	per event	\$ 47.97	10/1/2013	6/30/2021	
96373						injection (specify substance or drug) intra-arterial	Medicaid B	112	CNP	per event	\$ 12.44	4/1/2012	6/30/2021	
96373						injection (specify substance or drug) intra-arterial	Medicaid B	001	Physician	per event	\$ 16.09	10/1/2013	6/30/2021	
96372						injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	112	CNP	per event	\$ 14.19	4/1/2013	6/30/2021	
96372						injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	001	Physician	per event	\$ 18.74	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96372						Therapeutic, prophylactic or diagnostic injection	Medicaid B	130	Physician Assistant	per event	\$ 17.04	1/1/2013	6/30/2021	
96372						injection (specify substance or drug) subcutaneous or intramuscular	State	112	CNP	per event	\$ 14.19	4/1/2013	6/30/2021	
96372						injection (specify substance or drug) subcutaneous or intramuscular	State	001	Physician	per event	\$ 18.74	10/1/2013	6/30/2021	
96372						Therapeutic, prophylactic or diagnostic injection	State	130	Physician Assistant	per event	\$ 17.04	1/1/2013	6/30/2021	
96151						h & b assess, 15 min face to face with pt, reassessment	Medicaid B	001	Physician	per time limit	\$ 20.49	10/1/2013	6/30/2021	
96150						h & b assess, 15 min face to face with pt, initial assessment	Medicaid B	001	Physician	per time limit	\$ 21.18	10/1/2013	6/30/2021	
96146						Psychological or Neuropsychological Test Admin	State	109	Licensed Psychologist	per event	\$ 1.66	1/1/2019	6/30/2021	
96146						Psychological or Neuropsychological Test Admin	Medicaid B	109	Licensed Psychologist	per event	\$ 1.66	1/1/2019	6/30/2021	
96146						Psychological or Neuropsychological Test Admin	State	001	Physician	per event	\$ 1.66	1/1/2019	6/30/2021	
96146						Psychological or Neuropsychological Test Admin	Medicaid B	001	Physician	per event	\$ 1.66	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96139						Psychological or Neuropsychological Test by Tech, additional 30 min	State	109	Licensed Psychologist	30 min	\$ 31.09	1/1/2019	6/30/2021	
96139						Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	109	Licensed Psychologist	30 min	\$ 31.09	1/1/2019	6/30/2021	
96139						Psychological or Neuropsychological Test by Tech, additional 30 min	State	001	Physician	30 min	\$ 31.09	1/1/2019	6/30/2021	
96139						Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	001	Physician	30 min	\$ 31.09	1/1/2019	6/30/2021	
96139						Psychological or Neuropsychological Test by Tech, additional 30 min	State	128	LPA	30 min	\$ 23.32	1/1/2019	6/30/2021	
96139						Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	128	LPA	30 min	\$ 23.32	1/1/2019	6/30/2021	
96138						Psychological or Neuropsychological Test by Tech, first 30 min	State	109	Licensed Psychologist	30 min	\$ 31.09	1/1/2019	6/30/2021	
96138						Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	109	Licensed Psychologist	30 min	\$ 31.09	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96138						Psychological or Neuropsychological Test by Tech, first 30 min	State	001	Physician	30 min	\$ 31.09	1/1/2019	6/30/2021	
96138						Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	001	Physician	30 min	\$ 31.09	1/1/2019	6/30/2021	
96138						Psychological or Neuropsychological Test by Tech, first 30 min	State	128	LPA	30 min	\$ 23.32	1/1/2019	6/30/2021	
96138						Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	128	LPA	30 min	\$ 23.32	1/1/2019	6/30/2021	
96137						Psychological or Neuropsych Test Adm; each additional 30 minutes	State	109	Licensed Psychologist	30 min	\$ 36.33	1/1/2019	6/30/2021	
96137						Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	109	Licensed Psychologist	30 min	\$ 36.33	1/1/2019	6/30/2021	
96137						Psychological or Neuropsych Test Adm; each additional 30 minutes	State	001	Physician	30 min	\$ 36.33	1/1/2019	6/30/2021	
96137						Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	001	Physician	30 min	\$ 36.33	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96137						Psychological or Neuropsych Test Adm; each additional 30 minutes	State	128	LPA	30 min	\$ 27.25	1/1/2019	6/30/2021	
96137						Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	128	LPA	30 min	\$ 27.25	1/1/2019	6/30/2021	
96136						Psychological or Neuropsych Test Adm; first 30 minutes	State	109	Licensed Psychologist	30 min	\$ 39.33	1/1/2019	6/30/2021	
96136						Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	109	Licensed Psychologist	30 min	\$ 39.33	1/1/2019	6/30/2021	
96136						Psychological or Neuropsych Test Adm; first 30 minutes	State	001	Physician	30 min	\$ 39.33	1/1/2019	6/30/2021	
96136						Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	001	Physician	30 min	\$ 39.33	1/1/2019	6/30/2021	
96136						Psychological or Neuropsych Test Adm; first 30 minutes	State	128	LPA	30 min	\$ 29.50	1/1/2019	6/30/2021	
96136						Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	128	LPA	30 min	\$ 29.50	1/1/2019	6/30/2021	
96133						Neuropsychological Testing by QHP, additional 60 minutes	State	109	Licensed Psychologist	per hour	\$ 85.34	1/1/2019	6/30/2021	
96133						Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	109	Licensed Psychologist	per hour	\$ 85.34	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96133						Neuropsychological Testing by QHP, additional 60 minutes	State	001	Physician	per hour	\$ 85.34	1/1/2019	6/30/2021	
96133						Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	001	Physician	per hour	\$ 85.34	1/1/2019	6/30/2021	
96133						Neuropsychological Testing by QHP, additional 60 minutes	State	128	LPA	per hour	\$ 64.01	1/1/2019	6/30/2021	
96133						Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	128	LPA	per hour	\$ 64.01	1/1/2019	6/30/2021	
96132						Neuropsychological Testing by QHP, first 60 minutes	State	109	Licensed Psychologist	per hour	\$ 111.87	1/1/2019	6/30/2021	
96132						Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	109	Licensed Psychologist	per hour	\$ 111.87	1/1/2019	6/30/2021	
96132						Neuropsychological Testing by QHP, first 60 minutes	State	001	Physician	per hour	\$ 111.87	1/1/2019	6/30/2021	
96132						Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	001	Physician	per hour	\$ 111.87	1/1/2019	6/30/2021	
96132						Neuropsychological Testing by QHP, first 60 minutes	State	128	LPA	per hour	\$ 83.90	1/1/2019	6/30/2021	
96132						Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	128	LPA	per hour	\$ 83.90	1/1/2019	6/30/2021	
96131						Psychological Testing by QHP, Additional 60 minutes	State	109	Licensed Psychologist	per hour	\$ 76.11	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96131						Psychological Testing by QHP, Additional 60 minutes	Medicaid B	109	Licensed Psychologist	per hour	\$ 76.11	1/1/2019	6/30/2021	
96131						Psychological Testing by QHP, Additional 60 minutes	State	001	Physician	per hour	\$ 76.11	1/1/2019	6/30/2021	
96131						Psychological Testing by QHP, Additional 60 minutes	Medicaid B	001	Physician	per hour	\$ 76.11	1/1/2019	6/30/2021	
96131						Psychological Testing by QHP, Additional 60 minutes	State	128	LPA	per hour	\$ 57.08	1/1/2019	6/30/2021	
96131						Psychological Testing by QHP, Additional 60 minutes	Medicaid B	128	LPA	per hour	\$ 57.08	1/1/2019	6/30/2021	
96130						Psychological Testing by QHP, First 60 minutes	State	109	Licensed Psychologist	per hour	\$ 99.96	1/1/2019	6/30/2021	
96130						Psychological Testing by QHP, First 60 minutes	Medicaid B	109	Licensed Psychologist	per hour	\$ 99.96	1/1/2019	6/30/2021	
96130						Psychological Testing by QHP, First 60 minutes	State	001	Physician	per hour	\$ 99.96	1/1/2019	6/30/2021	
96130						Psychological Testing by QHP, First 60 minutes	Medicaid B	001	Physician	per hour	\$ 99.96	1/1/2019	6/30/2021	
96130						Psychological Testing by QHP, First 60 minutes	State	128	LPA	per hour	\$ 74.97	1/1/2019	6/30/2021	
96130						Psychological Testing by QHP, First 60 minutes	Medicaid B	128	LPA	per hour	\$ 74.97	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96125						standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid B	001	Physician	per time limit	\$ 86.22	10/1/2013	6/30/2021	
96121						Neurobehavioral Status Examination (additional 60 minutes)	State	109	Licensed Psychologist	per hour	\$ 70.02	1/1/2019	6/30/2021	
96121						Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	109	Licensed Psychologist	per hour	\$ 70.02	1/1/2019	6/30/2021	
96121						Neurobehavioral Status Examination (additional 60 minutes)	State	001	Physician	per hour	\$ 70.02	1/1/2019	6/30/2021	
96121						Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	001	Physician	per hour	\$ 70.02	1/1/2019	6/30/2021	
96121						Neurobehavioral Status Examination (additional 60 minutes)	State	128	LPA	per hour	\$ 52.52	1/1/2019	6/30/2021	
96121						Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	128	LPA	per hour	\$ 52.52	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96118						Neuropsychological Testing	Medicaid B	109	Licensed Psychologist	per hour	\$ 96.21	6/1/2013	6/30/2021	
96118						Neuropsychological Testing	Medicaid B	128	LPA	per hour	\$ 72.15	6/1/2013	6/30/2021	
96118						Neuropsychological Testing	Medicaid B	001	Physician	per hour	\$ 98.16	10/1/2013	6/30/2021	
96116						Neurobehavioral Status Exam	Medicaid B	109	Licensed Psychologist	per hour	\$ 77.56	4/1/2013	6/30/2021	
96116						Neurobehavioral Status Exam	Medicaid B	128	LPA	per hour	\$ 58.18	4/1/2013	6/30/2021	
96116						Neurobehavioral Status Exam	Medicaid B	001	Physician	per hour	\$ 87.05	10/1/2013	6/30/2021	
96113						Developmental Test Administration (additional 30 minutes)	State	109	Licensed Psychologist	30 min	\$ 51.31	1/1/2019	6/30/2021	
96113						Developmental Test Administration (additional 30 minutes)	Medicaid B	109	Licensed Psychologist	30 min	\$ 51.31	1/1/2019	6/30/2021	
96113						Developmental Test Administration (additional 30 minutes)	State	001	Physician	30 min	\$ 51.31	1/1/2019	6/30/2021	
96113						Developmental Test Administration (additional 30 minutes)	Medicaid B	001	Physician	30 min	\$ 51.31	1/1/2019	6/30/2021	
96113						Developmental Test Administration (additional 30 minutes)	State	128	LPA	30 min	\$ 38.48	1/1/2019	6/30/2021	
96113						Developmental Test Administration (additional 30 minutes)	Medicaid B	128	LPA	30 min	\$ 38.48	1/1/2019	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96112						Developmental Test Administration	State	109	Licensed Psychologist	per hour	\$ 114.97	1/1/2019	6/30/2021	
96112						Developmental Test Administration	Medicaid B	109	Licensed Psychologist	per hour	\$ 114.97	1/1/2019	6/30/2021	
96112						Developmental Test Administration	State	001	Physician	per hour	\$ 114.97	1/1/2019	6/30/2021	
96112						Developmental Test Administration	Medicaid B	001	Physician	per hour	\$ 114.97	1/1/2019	6/30/2021	
96112						Developmental Test Administration	State	128	LPA	per hour	\$ 86.23	1/1/2019	6/30/2021	
96112						Developmental Test Administration	Medicaid B	128	LPA	per hour	\$ 86.23	1/1/2019	6/30/2021	
96111						Development Testing (extended)	Medicaid B	109	Licensed Psychologist	per hour	\$ 117.03	6/1/2013	6/30/2021	
96111						Development Testing (extended)	Medicaid B	128	LPA	per hour	\$ 87.77	6/1/2013	6/30/2021	
96111						Development Testing (extended)	Medicaid B	001	Physician	per hour	\$ 119.42	10/1/2013	6/30/2021	
96110						Development Testing (limited)	Medicaid B	109	Licensed Psychologist	per event	\$ 8.58	4/1/2013	6/30/2021	
96110						Development Testing (limited)	Medicaid B	128	LPA	per event	\$ 6.43	4/1/2013	6/30/2021	
96110						Development Testing (limited)	Medicaid B	001	Physician	per event	\$ 9.63	10/1/2013	6/30/2021	
96110						Development Testing (limited)	Medicaid B	130	Physician Assistant	per event	\$ 8.75	4/1/2013	6/30/2021	
96101						Psychological Testing	State	109	Licensed Psychologist	per hour	\$ 76.95	6/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
96101						Psychological Testing	State	128	LPA	per hour	\$ 57.72	6/1/2013	6/30/2021	
96101						Psychological Testing	State	001	Physician	per hour	\$ 78.52	10/1/2013	6/30/2021	
90870						Electroconvulsive Therapy	Medicaid B	001	Physician	per event	\$ 124.67	10/1/2013	6/30/2021	
90870						Electroconvulsive Therapy	Medicaid B	130	Physician Assistant	per event	\$ 113.34	1/1/2013	6/30/2021	
90865						narcosynthesis for psychiatric diagnostic and therapeutic	Medicaid B	001	Physician	per event	\$ 142.21	10/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	per event	\$ 21.74	4/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	112	CNP	per event	\$ 21.74	4/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	129	LCAS	per event	\$ 19.18	4/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 19.18	4/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	109	Licensed Psychologist	per event	\$ 25.57	4/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	128	LPA	per event	\$ 19.18	4/1/2013	6/30/2021	
90853						Group Therapy	Medicaid B	001	Physician	per event	\$ 28.70	10/1/2013	6/30/2021	
90853						Group Therapy	State	111	Certified Clinical Nurse Specialist	per event	\$ 21.74	4/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90853						Group Therapy	State	112	CNP	per event	\$ 21.74	4/1/2013	6/30/2021	
90853						Group Therapy	State	129	LCAS	per event	\$ 19.18	4/1/2013	6/30/2021	
90853						Group Therapy	State	110	LCSW, LPC & LMFT	per event	\$ 19.18	4/1/2013	6/30/2021	
90853						Group Therapy	State	109	Licensed Psychologist	per event	\$ 25.57	4/1/2013	6/30/2021	
90853						Group Therapy	State	128	LPA	per event	\$ 19.18	4/1/2013	6/30/2021	
90853						Group Therapy	State	001	Physician	per event	\$ 28.70	10/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	per event	\$ 22.87	4/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	112	CNP	per event	\$ 22.87	4/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	129	LCAS	per event	\$ 20.18	4/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 20.18	4/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	109	Licensed Psychologist	per event	\$ 26.90	4/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	128	LPA	per event	\$ 20.18	4/1/2013	6/30/2021	
90849						Group Therapy	Medicaid B	001	Physician	per event	\$ 30.20	10/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90849						Group Therapy	State	111	Certified Clinical Nurse Specialist	per event	\$ 22.87	4/1/2013	6/30/2021	
90849						Group Therapy	State	112	CNP	per event	\$ 22.87	4/1/2013	6/30/2021	
90849						Group Therapy	State	129	LCAS	per event	\$ 20.18	4/1/2013	6/30/2021	
90849						Group Therapy	State	110	LCSW, LPC & LMFT	per event	\$ 20.18	4/1/2013	6/30/2021	
90849						Group Therapy	State	109	Licensed Psychologist	per event	\$ 26.90	4/1/2013	6/30/2021	
90849						Group Therapy	State	128	LPA	per event	\$ 20.18	4/1/2013	6/30/2021	
90849						Group Therapy	State	001	Physician	per event	\$ 30.20	10/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	Medicaid B	111	Certified Clinical Nurse Specialist	per event	\$ 76.24	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	Medicaid B	112	CNP	per event	\$ 76.24	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	Medicaid B	129	LCAS	per event	\$ 67.28	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 67.28	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	Medicaid B	109	Licensed Psychologist	per event	\$ 89.70	4/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90847						Family Therapy w/ Patient	Medicaid B	128	LPA	per event	\$ 67.28	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	Medicaid B	001	Physician	per event	\$ 100.68	10/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	111	Certified Clinical Nurse Specialist	per event	\$ 76.24	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	112	CNP	per event	\$ 76.24	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	129	LCAS	per event	\$ 67.28	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	110	LCSW, LPC & LMFT	per event	\$ 67.28	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	109	Licensed Psycholog ist	per event	\$ 89.70	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	128	LPA	per event	\$ 67.28	4/1/2013	6/30/2021	
90847						Family Therapy w/ Patient	State	001	Physician	per event	\$ 100.68	10/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	Medicaid B	111	Certified Clinical Nurse Specialist	per event	\$ 61.40	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	Medicaid B	112	CNP	per event	\$ 61.40	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	Medicaid B	129	LCAS	per event	\$ 54.17	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 54.17	4/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90846						Family Therapy w/o Patient	Medicaid B	109	Licensed Psychologist	per event	\$ 72.24	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	Medicaid B	128	LPA	per event	\$ 54.17	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	Medicaid B	001	Physician	per event	\$ 81.08	10/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	111	Certified Clinical Nurse Specialist	per event	\$ 61.40	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	112	CNP	per event	\$ 61.40	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	129	LCAS	per event	\$ 54.17	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	110	LCSW, LPC & LMFT	per event	\$ 54.17	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	109	Licensed Psychologist	per event	\$ 72.24	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	128	LPA	per event	\$ 54.17	4/1/2013	6/30/2021	
90846						Family Therapy w/o Patient	State	001	Physician	per event	\$ 81.08	10/1/2013	6/30/2021	
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 121.82	1/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	109	Licensed Psychologist	per time limit	\$ 110.74	1/1/2016	6/30/2021	
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 83.06	1/1/2016	6/30/2021	
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 94.13	1/1/2016	6/30/2021	
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 94.13	1/1/2016	6/30/2021	
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 83.06	1/1/2016	6/30/2021	
90840	HK	XE				Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter	Medicaid B	129	LCAS	per time limit	\$ 83.06	1/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	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	111	Certified Clinical Nurse Specialist	per time limit	\$ 89.65	1/1/2013	6/30/2021	
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	112	CNP	per time limit	\$ 89.65	1/1/2013	6/30/2021	
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	129	LCAS	per time limit	\$ 79.10	1/1/2013	6/30/2021	
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 79.10	1/1/2013	6/30/2021	
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	109	Licensed Psychologist	per time limit	\$ 105.47	1/1/2013	6/30/2021	
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	128	LPA	per time limit	\$ 79.10	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	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	001	Physician	per time limit	\$ 116.02	10/1/2013	6/30/2021	
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	6/30/2021	
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	112	CNP	per time limit	\$ 89.65	1/1/2013	6/30/2021	
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	6/30/2021	
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	6/30/2021	
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	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90840						Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	128	LPA	per time limit	\$ 79.10	1/1/2013	6/30/2021	
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	6/30/2021	
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	001	Physician	per time limit	\$ 144.70	1/1/2016	6/30/2021	
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	109	Licensed Psychologist	per time limit	\$ 131.54	1/1/2016	6/30/2021	
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 98.66	1/1/2016	6/30/2021	
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 111.81	1/1/2016	6/30/2021	
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 111.81	1/1/2016	6/30/2021	
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 98.66	1/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90839	HK	XE				Psychotherapy for crisis first 30-74 minutes TFCBT	Medicaid B	129	LCAS	per time limit	\$ 98.66	1/1/2016	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 106.49	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	112	CNP	per time limit	\$ 106.49	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	129	LCAS	per time limit	\$ 93.96	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 93.96	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 125.28	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	128	LPA	per time limit	\$ 93.96	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	001	Physician	per time limit	\$ 137.81	10/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 106.49	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	State	112	CNP	per time limit	\$ 106.49	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90839						Psychotherapy for Crisis, 30 - 74 mins	State	129	LCAS	per time limit	\$ 93.96	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 93.96	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	State	109	Licensed Psychologist	per time limit	\$ 125.28	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	State	128	LPA	per time limit	\$ 93.96	1/1/2013	6/30/2021	
90839						Psychotherapy for Crisis, 30 - 74 mins	State	001	Physician	per time limit	\$ 137.81	10/1/2013	6/30/2021	
90838	HK	XE				Psychotherapy add on 53+ minutes with E/M Service listed separately TFCBT	Medicaid B	001	Physician	per time limit	\$ 105.79	1/1/2016	6/30/2021	
90838	HK	XE				Psychotherapy add on 53+ minutes with E/M Service listed separately TFCBT	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 81.74	1/1/2016	6/30/2021	
90838						Psychotherapy, 53+ mins with E/M svc	Medicaid B	112	CNP	per time limit	\$ 77.85	1/1/2013	6/30/2021	
90838						Psychotherapy, 53+ mins with E/M svc	Medicaid B	001	Physician	per time limit	\$ 100.75	10/1/2013	6/30/2021	
90838						Psychotherapy, 53+ mins with E/M svc	State	112	CNP	per time limit	\$ 77.85	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90838						Psychotherapy, 53+ mins with E/M svc	State	001	Physician	per time limit	\$ 100.75	10/1/2013	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 114.83	1/1/2016	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	109	Licensed Psychologist	per time limit	\$ 104.39	1/1/2016	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 78.30	1/1/2016	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 88.74	1/1/2016	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 88.74	1/1/2016	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 78.30	1/1/2016	6/30/2021	
90837	HK	XE				Psychotherapy - 53+ minutes TFCBT; Separate Encounter	Medicaid B	129	LCAS	per time limit	\$ 78.30	1/1/2016	6/30/2021	
90837						Psychotherapy, 53+ mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 84.51	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90837						Psychotherapy, 53+ mins	Medicaid B	112	CNP	per time limit	\$ 84.51	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	Medicaid B	129	LCAS	per time limit	\$ 74.57	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 74.57	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 99.42	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	Medicaid B	128	LPA	per time limit	\$ 74.57	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	Medicaid B	001	Physician	per time limit	\$ 109.36	10/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 84.51	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	State	112	CNP	per time limit	\$ 84.51	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	State	129	LCAS	per time limit	\$ 74.57	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 74.57	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90837						Psychotherapy, 53+ mins	State	109	Licensed Psychologist	per time limit	\$ 99.42	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	State	128	LPA	per time limit	\$ 74.57	1/1/2013	6/30/2021	
90837						Psychotherapy, 53+ mins	State	001	Physician	per time limit	\$ 109.36	10/1/2013	6/30/2021	
90836	HK	XE				Psychotherapy - 38-52 minutes with E/M Service listed separately TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 65.51	1/1/2016	6/30/2021	
90836	HK	XE				Psychotherapy - 38-52 minutes with E/M Service listed separately TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 50.62	1/1/2016	6/30/2021	
90836						Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	112	CNP	per time limit	\$ 48.21	1/1/2013	6/30/2021	
90836						Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	001	Physician	per time limit	\$ 62.39	10/1/2013	6/30/2021	
90836						Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	130	Physician Assistant	per time limit	\$ 39.46	1/1/2013	6/30/2021	
90836						Psychotherapy, 38 - 52 mins with E/M svc	State	112	CNP	per time limit	\$ 48.21	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90836						Psychotherapy, 38 - 52 mins with E/M svc	State	001	Physician	per time limit	\$ 62.39	10/1/2013	6/30/2021	
90836						Psychotherapy, 38 - 52 mins with E/M svc	State	130	Physician Assistant	per time limit	\$ 39.46	1/1/2013	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 78.37	1/1/2016	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	109	Licensed Psychologist	per time limit	\$ 71.24	1/1/2016	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 53.43	1/1/2016	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 60.55	1/1/2016	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 60.55	1/1/2016	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 53.43	1/1/2016	6/30/2021	
90834	HK	XE				Psychotherapy - 38-52 minutes TFCBT; Separate Encounter	Medicaid B	129	LCAS	per time limit	\$ 53.43	1/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90834						Psychotherapy, 38 - 52 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 57.67	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	Medicaid B	112	CNP	per time limit	\$ 57.67	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	Medicaid B	129	LCAS	per time limit	\$ 50.89	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 50.89	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 67.85	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	Medicaid B	128	LPA	per time limit	\$ 50.89	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	Medicaid B	001	Physician	per time limit	\$ 74.64	10/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins Associate Level Incident to Physician	Medicaid B	001	Physician	per time limit	\$ 74.64	10/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 57.67	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	State	112	CNP	per time limit	\$ 57.67	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90834						Psychotherapy, 38 - 52 mins	State	129	LCAS	per time limit	\$ 50.89	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 50.89	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	State	109	Licensed Psychologist	per time limit	\$ 67.85	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	State	128	LPA	per time limit	\$ 50.89	1/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins	State	001	Physician	per time limit	\$ 74.64	10/1/2013	6/30/2021	
90834						Psychotherapy, 38 - 52 mins Associate Level Incident to Physician	State	001	Physician	per time limit	\$ 74.64	10/1/2013	6/30/2021	
90833	HK	XE				Psychotherapy add on 16-37 minutes with E/M service listed separately; TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 40.32	1/1/2016	6/30/2021	
90833	HK	XE				Psychotherapy add on 16-37 minutes with E/M service listed separately; TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 31.15	1/1/2016	6/30/2021	
90833						Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	112	CNP	per time limit	\$ 29.67	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90833						Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	001	Physician	per time limit	\$ 38.40	10/1/2013	6/30/2021	
90833						Psychotherapy, 16 - 37 mins with E/M svc	State	112	CNP	per time limit	\$ 29.67	1/1/2013	6/30/2021	
90833						Psychotherapy, 16 - 37 mins with E/M svc	State	001	Physician	per time limit	\$ 38.40	10/1/2013	6/30/2021	
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 60.33	1/1/2016	6/30/2021	
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	109	Licensed Psychologist	per time limit	\$ 54.85	1/1/2016	6/30/2021	
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 41.14	1/1/2016	6/30/2021	
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 46.62	1/1/2016	6/30/2021	
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 46.62	1/1/2016	6/30/2021	
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 41.14	1/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90832	HK	XE				Psychotherapy - 16-37 minutes TFCBT; Separate Encounter	Medicaid B	129	LCAS	per time limit	\$ 41.14	1/1/2016	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 44.40	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	112	CNP	per time limit	\$ 44.40	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	129	LCAS	per time limit	\$ 39.18	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 39.18	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 52.24	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	128	LPA	per time limit	\$ 39.18	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	Medicaid B	001	Physician	per time limit	\$ 57.46	10/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 44.40	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	State	112	CNP	per time limit	\$ 44.40	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90832						Psychotherapy, 16 - 37 mins	State	129	LCAS	per time limit	\$ 39.18	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 39.18	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	State	109	Licensed Psychologist	per time limit	\$ 52.24	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	State	128	LPA	per time limit	\$ 39.18	1/1/2013	6/30/2021	
90832						Psychotherapy, 16 - 37 mins	State	001	Physician	per time limit	\$ 57.46	10/1/2013	6/30/2021	
90792						Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	112	CNP	per event	\$ 88.89	1/1/2013	6/30/2021	
90792						Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	001	Physician	per event	\$ 115.04	10/1/2013	6/30/2021	
90792						Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	130	Physician Assistant	per event	\$ 75.00	1/1/2013	6/30/2021	
90792						Psychiatric Diagnostic Evaluation w/ medical svc	State	112	CNP	per event	\$ 88.89	1/1/2013	6/30/2021	
90792						Psychiatric Diagnostic Evaluation w/ medical svc	State	001	Physician	per event	\$ 115.04	10/1/2013	6/30/2021	
90792						Psychiatric Diagnostic Evaluation w/ medical svc	State	130	Physician Assistant	per event	\$ 75.00	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90791						Psychiatric Diagnostic Evaluation	Medicaid B	111	Certified Clinical Nurse Specialist	per event	\$ 106.58	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	112	CNP	per event	\$ 106.58	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	129	LCAS	per event	\$ 94.04	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	110	LCSW, LPC & LMFT	per event	\$ 94.04	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	109	Licensed Psychologist	per event	\$ 125.39	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	128	LPA	per event	\$ 94.04	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	001	Physician	per event	\$ 137.93	10/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	Medicaid B	130	Physician Assistant	per event	\$ 90.39	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	111	Certified Clinical Nurse Specialist	per event	\$ 106.58	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	112	CNP	per event	\$ 106.58	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	129	LCAS	per event	\$ 94.04	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	110	LCSW, LPC & LMFT	per event	\$ 94.04	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90791						Psychiatric Diagnostic Evaluation	State	109	Licensed Psychologist	per event	\$ 125.39	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	128	LPA	per event	\$ 94.04	1/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	001	Physician	per event	\$ 137.93	10/1/2013	6/30/2021	
90791						Psychiatric Diagnostic Evaluation	State	130	Physician Assistant	per event	\$ 90.39	1/1/2013	6/30/2021	
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	001	Physician	per time limit	\$ 4.58	1/1/2016	6/30/2021	
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	109	Licensed Psychologist	per time limit	\$ 4.16	1/1/2016	6/30/2021	
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 3.12	1/1/2016	6/30/2021	
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 3.54	1/1/2016	6/30/2021	
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 3.12	1/1/2016	6/30/2021	
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 3.12	1/1/2016	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90785	HK	XE				Interactive Complexity Add-on TFCBT; Separate Encounter	Medicaid B	129	LCAS	per time limit	\$ 3.12	1/1/2016	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 3.37	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	112	CNP	per time limit	\$ 3.37	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	129	LCAS	per time limit	\$ 2.97	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 2.97	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	109	Licensed Psychologist	per time limit	\$ 3.96	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	128	LPA	per time limit	\$ 2.97	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	Medicaid B	001	Physician	per time limit	\$ 4.36	10/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 3.37	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	State	112	CNP	per time limit	\$ 3.37	1/1/2013	6/30/2021	

Service Code	Mod1	Mod2	Mod3	Mod4	Rev Code	Service Description	Funding	Specialty	Spec Name	Rate Unit	UnitRate	Effective date	End Date	Notes
90785						Interactive Complexity Add-on	State	129	LCAS	per time limit	\$ 2.97	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	State	110	LCSW, LPC & LMFT	per time limit	\$ 2.97	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	State	109	Licensed Psychologist	per time limit	\$ 3.96	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	State	128	LPA	per time limit	\$ 2.97	1/1/2013	6/30/2021	
90785						Interactive Complexity Add-on	State	001	Physician	per time limit	\$ 4.36	10/1/2013	6/30/2021	
90772						Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Medicaid B	001	Physician	per event	\$ 16.62	7/1/2013	6/30/2021	