

Fee Schedule for Providers of Community-Based Behavioral Health Services

Effective: 8/1/2018

Service Name	HCPC Code	Modifiers		Units	State Max		Add-On (Effective 8/1/18-6/30/19)	Total State Max	
		1	2		On-Site	Off-Site		On-Site	Off-Site
Group A - billable by BHC, CMHC, LCSW, LCP, and psychiatrist									
Assessment and Treatment Planning									
Integrated Assessment and Treatment Planning (IATP)	H2000	HN		1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
Integrated Assessment and Treatment Planning (IATP)	H2000	HO		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
IATP: Psychological Assessment	H2000	AH		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
IATP: Psychological Assessment	H2000	HP		1/4 hr	\$ 24.89	\$ 28.88	\$5.00	\$ 29.89	\$ 33.88
IATP: LOCUS Assessment	H2000	HN	HE	1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
Crisis Services									
Crisis Intervention	H2011	HN		1/4 hr	\$ 30.93	\$ 35.88	\$7.00	\$ 37.93	\$ 42.88
Therapy/Counseling Services									
Therapy/Counseling - Individual	H0004	HN		1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Therapy/Counseling - Individual	H0004	HO		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
Therapy/Counseling - Group	H0004	HN	HQ	1/4 hr	\$ 4.29	\$ 4.98	\$0.00	\$ 4.29	\$ 4.98
Therapy/Counseling - Group	H0004	HO	HQ	1/4 hr	\$ 6.20	\$ 7.19	\$0.00	\$ 6.20	\$ 7.19
Therapy/Counseling - Family	H0004	HN	HR	1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Therapy/Counseling - Family	H0004	HO	HR	1/4 hr	\$ 18.60	\$ 21.57	\$0.00	\$ 18.60	\$ 21.57
Group B - billable by BHC and CMHC									
General Medicaid Rehabilitation Option Services									
Community Support - Individual	H2015	HM		1/4 hr	\$ 14.12	\$ 16.38	\$0.00	\$ 14.12	\$ 16.38
Community Support - Individual	H2015	HN		1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Community Support - Individual	H2015	HO		1/4 hr	\$ 18.60	\$ 21.57	\$0.00	\$ 18.60	\$ 21.57
Community Support - Group	H2015	HM	HQ	1/4 hr	\$ 3.53	\$ 4.10	\$0.00	\$ 3.53	\$ 4.10
Community Support - Group	H2015	HN	HQ	1/4 hr	\$ 4.29	\$ 4.98	\$0.00	\$ 4.29	\$ 4.98
Community Support - Group	H2015	HO	HQ	1/4 hr	\$ 6.20	\$ 7.19	\$0.00	\$ 6.20	\$ 7.19
Medication Administration	T1502	TE		Event	\$ 10.54	\$ 12.22	\$0.00	\$ 10.54	\$ 12.22
Medication Administration	T1502	SA		Event	\$ 12.69	\$ 14.73	\$0.00	\$ 12.69	\$ 14.73
Medication Monitoring	H2010	52		1/4 hr	\$ 20.66	\$ 20.66	\$0.00	\$ 20.66	\$ 20.66
Medication Monitoring	H2010	SA		1/4 hr	\$ 24.89	\$ 24.89	\$0.00	\$ 24.89	\$ 24.89
Medication Monitoring	H2010	AF		1/4 hr	\$ 25.22	\$ 25.22	\$10.00	\$ 35.22	\$ 35.22
Medication Training - Individual	H0034	52		1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
Medication Training - Individual	H0034	SA		1/4 hr	\$ 24.89	\$ 28.88	\$0.00	\$ 24.89	\$ 28.88
Medication Training - Group	H0034	52	HQ	1/4 hr	\$ 5.73	\$ 6.65	\$0.00	\$ 5.73	\$ 6.65
Medication Training - Group	H0034	SA	HQ	1/4 hr	\$ 8.30	\$ 9.63	\$0.00	\$ 8.30	\$ 9.63
Targeted Case Management Services									
Case Management - Client-Centered Consultation	T1016	HM	HS	1/4 hr	\$ 14.12	\$ 16.38	\$0.00	\$ 14.12	\$ 16.38
Case Management - Client-Centered Consultation	T1016	HN	HS	1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Case Management - Mental Health	T1016	HM		1/4 hr	\$ 14.12	\$ 16.38	\$0.00	\$ 14.12	\$ 16.38
Case Management - Mental Health	T1016	HN		1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Case Management - Transition Linkage and Aftercare	T1016	HN	TS	1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Case Management - Transition Linkage and Aftercare	T1016	HO	TS	1/4 hr	\$ 18.60	\$ 21.57	\$0.00	\$ 18.60	\$ 21.57
Crisis Services									
Crisis Intervention - Team	H2011	HT		1/4 hr	N/A	\$ 49.30	\$0.00	N/A	\$ 49.30
Crisis Stabilization	T1019	HN		1 hr	\$ 50.00	\$ 50.00	\$0.00	\$ 50.00	\$ 50.00
Mobile Crisis Response	S9484	HN		Event	\$ 123.72	\$ 143.52	\$0.00	\$ 123.72	\$ 143.52
Mobile Crisis Response - Team	S9484	HT		Event	N/A	\$ 197.20	\$0.00	N/A	\$ 197.20
Intensive Services Requiring Program Certification									
Community Support Team*	H2016	HT		1/4 hr	\$ 18.60	\$ 21.57	\$9.00	\$ 27.60	\$ 30.57
Mental Health Intensive Outpatient - Adult Program	S9480	HO	HB	1 hr	\$ 16.53	\$ 16.53	\$0.00	\$ 16.53	\$ 16.53
Mental Health Intensive Outpatient - Child Program	S9480	HO	HA	1 hr	\$ 33.07	\$ 33.07	\$0.00	\$ 33.07	\$ 33.07

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Behavioral Health Screening Services									
Developmental Screening	96110	TF		Event	\$ 16.07	\$ 16.07	\$0.00	\$ 16.07	\$ 16.07
Developmental Testing	96111	TF		Event	\$ 16.07	\$ 16.07	\$0.00	\$ 16.07	\$ 16.07
Mental Health Risk Assessment	96127	TF		Event	\$ 14.60	\$ 14.60	\$0.00	\$ 14.60	\$ 14.60
Prenatal Care At-Risk Assessment	H1000	TF		Event	\$ 14.60	\$ 14.60	\$0.00	\$ 14.60	\$ 14.60
Family Support Program (FSP) Services									
FSP Application Assistance	G9012	HN	SE	Event	\$ 75.00	\$ 75.00	\$0.00	\$ 75.00	\$ 75.00
FSP Clinical Case Participation	T1016	HN	SE	1/4 hr	\$ 19.31	\$ 19.31	\$0.00	\$ 19.31	\$ 19.31
FSP Family Support Services	T1999	SE		Event	Event-based purchasing				
FSP Therapeutic Support Services	H0046	SE		Event	Event-based purchasing				
Group C - billable by CMHC only									
Telehealth Services									
Telepsychiatry: Originating Site	Q3014			Event	\$ 25.00	N/A	\$0.00	\$ 25.00	N/A
Intensive Services Requiring Program Certification									
Assertive Community Treatment - Individual*	H0039			1/4 hr	\$ 27.31	\$ 31.68	\$12.00	\$ 39.31	\$ 43.68
Assertive Community Treatment - Group*	H0039	HQ		1/4 hr	\$ 9.10	\$ 10.56	\$0.00	\$ 9.10	\$ 10.56
Psychosocial Rehabilitation - Individual	H2017	HM		1/4 hr	\$ 14.12	N/A	\$0.00	\$ 14.12	N/A
Psychosocial Rehabilitation - Individual	H2017	HN		1/4 hr	\$ 17.18	N/A	\$0.00	\$ 17.18	N/A
Psychosocial Rehabilitation - Individual	H2017	HO		1/4 hr	\$ 18.60	N/A	\$0.00	\$ 18.60	N/A
Psychosocial Rehabilitation - Group	H2017	HM	HQ	1/4 hr	\$ 3.53	N/A	\$0.00	\$ 3.53	N/A
Psychosocial Rehabilitation - Group	H2017	HN	HQ	1/4 hr	\$ 4.29	N/A	\$0.00	\$ 4.29	N/A
Psychosocial Rehabilitation - Group	H2017	HO	HQ	1/4 hr	\$ 6.20	N/A	\$0.00	\$ 6.20	N/A

*ACT and CST services must be billed with an additional modifier indicating the practitioner level delivering the unit(s) of service from the acceptable list of modifiers. See the Handbook for Providers of Community Based Mental Health for more information.

Allowable Place of Service Codes	
On-Site	Off-Site
11 - Office	03 - School
15 - Mobile Unit	04 - Homeless Shelter
20 - Urgent Care Facility	12 - Home
53 - Community Mental Health Center	13 - Assisted Living Facility
	14 - Group Home
	21 - Inpatient Hospital
	22 - On-Campus Outpatient Hospital
	23 - Emergency Room - Hospital
	26 - Military Treatment Facility
	31 - Skilled Nursing Facility
	32 - Nursing Facility
	33 - Custodial Care Facility
	34 - Hospice
	51 - Inpatient Psychiatric Facility
	52 - Psychiatric Facility - Partial Hospitalization
	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities
	55 - Residential Substance Abuse Treatment Facility
	56 - Psychiatric Residential Treatment Center
	57 - Non-residential Substance Abuse Treatment Facility
	71 - Public Health Clinic
	99 - Other Place of Service

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Modifier Key									
	Modifier	Description							
	52	Lower level of care							
	AF	Specialty physician							
	AH	Clinical psychologist							
	ET	Emergency services							
	H9	Court-ordered							
	HA	Child/adolescent program							
	HB	Adult program, nongeriatric							
	HE	LOCUS assessment							
	HH	Substance Use Disorder (SUD) worker							
	HJ	Employee assistance program							
	HK	Specialized mental health programs for high-risk populations							
	HM	RSA							
	HN	MHP							
	HO	QMHP							
	HP	Doctoral level							
	HQ	Group setting							
	HR	Family/couple							
	HS	Client not present							
	HT	Multidisciplinary team							
	HW	Funded by state mental health agency							
	SA	APN							
	SE	FSP service							
	SF	Second opinion ordered							
	TD	RN							
	TE	LPN/LVN							
	TF	LPHA							
	TG	Complex level of care							
	TS	Follow-up/transition service							