

Changes for July 1, 2022 Revised

CR and GT CR modifiers terminated June 30, 2022 pursuant to Special Bulletin COVID-19 #251: Sunsetting of Temporary COVID-19 Flexibilities Tied to the NC State of Emergency.

H0038 Peer Support can no longer be billed with the CR or GT CR modifiers

H0019 Residential

H2020 Residential

Various Outpatient and E&M codes

Added Community Guide Self Directed - Innovations

Changes for July 1, 2022

Rate change effective May 1, 2022 for Intensive In Home Services. This rate change was previously communicated to impacted providers.

Mobile Crisis COVID rate has been made permanent by DHB

COVID rates have been extended

Rates effective prior to the current period have been removed. Please refer to other rate schedules.

New B3 services have been added.

New TBI services added effective July 1, 2022

Various other updates highlighted

Changes for April 1, 2022 revised

Added two new services under Medicaid B

Reinstated CR and GT CR for H0038 - Peer Support

Added GT for IPS B3 Services - H2023

Change for April 1, 2022

Per the NC Department of Health and Human Services NC Medicaid Special Bulletin COVID-19 #234, a number of changes have been made to the flexibilities implemented during the COVID-19 State of Emergency. There have been key services where the CR and GT CR are no longer valid for billing as of April 1, 2022.

H0038 - Peer Support

Outpatient services - 90785 - 90853

E&M services - 99202-99205

Some additional adjustments were made to T2012 related to the March 1st direct care worker adjustments.

Changes for March 1, 2022 updated

Additional codes were identified as needing rate adjustments pursuant to the language below. Please see highlighted rates on following pages. In addition, the rates for Supported Living 2 and 3 were modified.

Changes for March 1, 2022

Per North Carolina Senate Bill 105, the North Carolina General Assembly increased hourly wages for direct care workers of Home and Community Based Services (HCBS) to a minimum of \$15.00 per hour. The Department of Health and Human Services (DHHS) has identified services that are impacted by this increase. In the following pages, please note services that have a new rate as of March 1, 2022. Where a new rate has been assigned, the COVID rate has been removed.

In addition, please note that new COVID rates have been added for:

H0020 - Opioid Maintenance Therapy

H2011 - Mobile Crisis

H2022 - Intensive In Home

T1023 - Diagnostic Assessment

Please also note that the COVID rate for H2017 PSR is still in place. The adjusted HCBS rate of \$2.87 will be in place when Alliance discontinues the COVID rate.

Changes for February 1, 2022

10% rate increase to services subject to Electronic Visit Verification (EVV) – a 10% rate increase effective February 1, 2022 has been included for select Innovations, TBI, and 1915(b)(3) services that are subject to EVV compliance. Please note that if the base rate increased, the corresponding COVID rate increased as well.

Cardinal to Alliance Service Code Crosswalk

Alliance Health has created a Cardinal to Alliance Service Code Crosswalk to assist providers with transition of services to members from Mecklenburg and Orange counties. Please use this Crosswalk as a resource when requesting Service Authorization Requests (SARs) and/or submitting claims to Alliance Health as of December 1, 2021.

Service Category	Cardinal Code	Cardinal Service Description	Alliance Code	Alliance Service Description
Medicaid Services	H0040 TS	ACTT	H0040	ACTT
	H0040 U5	ACTT Step Down	H0040 TS	ACTT Step Down
	H0040 U5 CR	ACTT Step Down	H0040 TS CR	ACTT Step Down
	H0040 U5 GT CR	ACTT Step Down	H0040 TS GT CR	ACTT Step Down
	H0040 TS	ACTT Encounter	H0040 22	ACTT Encounter
	H0040 TS CR	ACTT Encounter		
	H0040 TS GT CR	ACTT Encounter		
	H2011 HF	Mobile Crisis	H2011	Mobile Crisis
	H2011 HF CR	Mobile Crisis	H2011 CR	Mobile Crisis
	H2011 HF GT CR	Mobile Crisis	H2011 GT CR	Mobile Crisis
	H0036 HK U5	Family Center Treatment	H2022 22 Z1	FCT - 3 Month Outcome
			H2022 22 Z2	FCT - Encounter
			H2022 22 Z3	FCT - 6 Month Outcome
			H2022 U3 HE	FCT - Core Monthly
	H2021U5U2	High Fidelity Wraparound	H0032 U3	High Fidelity Wraparound
	H2021U5	High Fidelity Wraparound encounter	H0032 U3 Z1	High Fidelity Wraparound encounter
	H0036 HK	Intercept model	H0036 U3 HK	Intercept Model
			H0036 22 IE	Intercept Encounter
			H0036 U3 HK HE	Intercept FES (Family Engagement Services)
	90791 22	Psychiatric Diagnostic Evaluation; Specialty Child Service	90791 22 Z2	Psychiatric Diagnostic Evaluation; Specialty Child Service
	90832 22	Specialty Therapy, 30 min	90832 22 Z1	TFCBT Individual therapy, 30 minutes
	90834 22	Specialty Therapy, 45 min	90834 22 Z1	TFCBT Individual therapy, 45 minutes
	90837 22	Specialty Therapy, 60 min	90837 22 Z1	TFCBT Individual therapy, 60 minutes
	90846 22	Family Therapy w/o Patient, Specialty Child Service	90846 22 Z1	Family Therapy w/o Patient, Specialty Child Service
	90847 22	Family Therapy w/ Patient, Specialty Child Service	90847 22 Z1	Family Therapy w/ Patient, Specialty Child Service

Service Category	Cardinal Code	Cardinal Service Description	Alliance Code	Alliance Service Description
B3 Services	H0045 HQ U4	Group Respite	H0045 HQ U4	Respite B3 Group Child
			H0045 HQ HB U4	Respite B3 Group Adult
	H0045 U4	Individual Respite	H0045 U4	Respite B3 Individual Child
			H0045 HB U4	Respite B3 Individual Adult
	T2021 HQ U4	Day Supports Group	T2021 22 HQ U4	Day Supports Group - Hourly
	T2021 U4	Day Support Individual	T2021 22 U4	Day Supports Individual - Hourly
	T2027 U4	DI Developmental Day	T2027 22 U4	Developmental Day - Hourly
H2011 U4	B3 DI Services - Crisis Intervention	H2011 HI U4	Primary Crisis Response	
T2013 TF U4	In Home Skill Building - Moderate	T2013 U4	In Home Skill Building	
T2013 U4	In Home Skill Building - High			
Innovations	H2011	Crisis Intervention	H2011 HI	Primary Crisis Response
	T2021	Day Support Individual	T2021 22	Day Supports - Individual
	T2021 CR XU	Day Support Individual	T2021 22 CR XU	Day Supports - Individual
	T2021 GT CR	Day Support Individual	T2021 22 GT CR	Day Supports - Individual
	T2021 HQ	Day Support Group	T2021 22 HQ	Day Supports - Group
	T2021 HQ CR XU	Day Support Group	T2021 22 HQ CR XU	Day Supports - Group
	T2021 HQ GT CR	Day Support Group	T2021 22 HQ GT CR	Day Supports - Group
T2027	Developmental Day - Hourly	T2027 22	Developmental Day - Hourly	
T2041 UA	Community Navigator (AWC	T2041 22 Z1	Community Guide Training for Employer of Record	
T2041 UB	Community Navigator (EOR members)			

**ALLIANCE HEALTH
B3 SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation**	CR can be billed	GT CR can be billed	GT can be billed
99241	U4	outpt. consult, minor- phys time approx. 15 min.	Per event	\$ 55.00	Bill with license 101 - MD			
99242	U4	outpt. consult, moderate- phys time approx. 30 min.	Per event	\$ 90.00	Bill with license 101 - MD			
99244	U4	outpt. consult, severe- phys time approx. 60 min.	Per event	\$ 168.00	Bill with license 101 - MD			
H0038	HK U4	Peer Bridger	15 minutes	\$ 16.86				
H0043	U4	One time transition - MH	1 time	\$ 5,000.00				
H0043	U4 22	One time transition - MH	1 time	\$ 2,500.00				
H0045	U4	Respite B3 Individual Child	15 minutes	\$ 5.54				
H0045	HQ U4	Respite B3 Group Child	15 minutes	\$ 3.27				
H0045	HB U4	Respite B3 Individual Adult	15 minutes	\$ 5.54				
H0045	HQ HB U4	Respite B3 Group Adult	15 minutes	\$ 3.27				
H2023	U4	Initial Individual Supported Employment - I/DD	15 minutes	\$ 11.75				
H2023	HQ U4	Initial Group Supported Employment - I/DD	15 minutes	\$ 2.80				
H2026	U4	Maintenance Individual Supported Employment - I/DD	15 minutes	\$ 11.75				
H2026	HQ U4	Maintenance Group Supported Employment - I/DD	15 minutes	\$ 1.54				
S5125	U4	Personal Care	15 minutes	\$ 3.54				
T1019	U4	Individual Support	15 minutes	\$ 13.74				
T1019	U4 22 Z1	Individual Support - TCL ONLY	Monthly	\$ 1,196.00				
T1019	U4 22 Z1 EN	Individual Support - TCL ONLY Encounter	Per event	\$ 0.01				
H2023	U4 Z1	IPS Engagement	15 minutes	\$ 24.63				X
H2023	U4 Z2	IPS Intake/Career Profile	1 time	\$ 2,000.00				X
H2023	U4 Z3	IPS Job development w/retention	1 time	\$ 3,200.00				
H2023	U4 Z4	IPS Job Support	1 time	\$ 1,600.00				X
H2023	U4 Z5	IPS VR Closure	1 time	\$ 2,000.00				
H2023	U4 Z6	IPS Follow-along supports	Monthly	\$ 750.00				X
H2023	U4 Z7	IPS Vocational Advancement	Per event	\$ 500.00				X
H2023	U4 Z8	IPS Educational Attainment	Per event	\$ 700.00				X
H2023	U4 Z9	IPS Successful Closure	1 time	\$ 2,000.00				

**ALLIANCE HEALTH
B3 SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation**	CR can be billed	GT CR can be billed	GT can be billed
Additional B3 Services*								
H2011	HI U4	Primary Crisis Response	15 minutes	\$ 8.14				
H2015	U4	Community Networking	15 minutes	\$ 5.89				
H2015	HQ U4	Community Networking - Group	15 minutes	\$ 3.16				
H2015	U1 U4	Community Networking - Classes/conferences	By invoice		\$1,000 per waiver year			
H2015	U2 U4	Community Networking - Transportation	By invoice		\$1,000 per waiver year			
H2016	U4	Residential Supports Level 1	Per diem	\$ 112.85				
H2016	U2 U4	Residential Supports Level 1 - AFL	Per diem	\$ 114.83				
H2016	HI U4	Residential Supports Level 4	Per diem	\$ 184.36				
H2016	HI U2 U4	Residential Supports Level 4 - AFL	Per diem	\$ 187.28				
H2016	HI U4 22	Enhanced Residential Supports Level 4	Per diem	\$ 298.45				
H2016	HI U2 U4 22	Enhanced Residential Supports Level 4 - AFL	Per diem	\$ 298.45				
H2025	U4	Supported Employment Services - Individual	15 minutes	\$ 7.93				
H2025	HQ U4	Supported Employment Services - Group	15 minutes	\$ 2.17				
H2025	TS U4	Supported Employment Long Term Follow Up	15 minutes	\$ 7.39				
H2025	TS HQ U4	Supported Employment Long Term Follow Up - Group	15 minutes	\$ 1.90				
S5110	U4	Natural Supports Education	15 minutes	\$ 8.53				
S5111	U4	Natural Supports Education - Conference	by invoice		\$1,000 per waiver year			
S5150	U4	Respite Care - Individual	15 minutes	\$ 4.25				
S5150	HQ U4	Respite Care - Group	15 minutes	\$ 2.96				
S5150	US U4	Respite Care - Facility	Per diem	\$ 240.00				
S5165	U4	Home Modifications	By invoice		\$50,000 over the life of the waiver, combined with T2029 ATES			
T1005	TD U4	Respite Care Nursing - RN	15 minutes	\$ 9.90				

**ALLIANCE HEALTH
B3 SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation**	CR can be billed	GT CR can be billed	GT can be billed
T1005	TE U4	Respite Care Nursing - LPN	15 minutes	\$ 9.90				
T1015	U4	Intensive In Home Support	15 minutes	\$ 5.12				
T1999	U4	Individual Goods and Services	by invoice		\$2,000 per waiver year			
T2012	GC U4	Community Living and Supports RAP Individual	15 minutes	\$ 5.80				
T2012	GC HQ U4	Community Living and Support RAP Group B3DI	15 minutes	\$ 3.73				
T2012	U4	Community Living and Supports Individual (Community)	15 minutes	\$ 5.80				
T2012	HQ U4	Community Living and Supports Group (Community)	15 minutes	\$ 3.73				
T2012	GC U4 22	Enhanced Program Community Living and Supports RAP	15 minutes	\$ 7.05				
T2012	U4 22	Enhanced Community Living and Supports	15 minutes	\$ 7.05				
T2013	U4	In Home Skill Building	15 minutes	\$ 12.60				
T2013	TF U4	Community Living and Supports - Individual	15 minutes	\$ 6.33				
T2013	TF HQ U4	Community Living and Supports - Group	15 minutes	\$ 4.07				
T2013	TF U4 22	Enhanced Community Living and Supports - Individual	15 minutes	\$ 7.05		X		
T2014	U4	Residential Supports Level 2	Per diem	\$ 140.35				
T2014	U2 U4	Residential Supports Level 2 - AFL	Per diem	\$ 147.68				
T2020	U4	Residential Supports Level 3	Per diem	\$ 162.36				
T2020	U2 U4	Residential Supports Level 3 - AFL	Per diem	\$ 167.49				
T2021	22 U4	Day Supports - Individual	Hourly	\$ 26.68				
T2021	22 HQ U4	Day Supports - Group	Hourly	\$ 15.28				
T2021	22 Z1 U4	Enhanced Day Supports - Individual	Hourly	\$ 27.31				
T2025	U4	Specialized Consultative Services	15 minutes	\$ 38.00				
T2025	U1 U4	EOR Management of Funds	Monthly	\$ 175.00				
T2025	U2 U4	EOR Employer Supplies (Effective 8/1/2018)	By invoice		\$2,000 per waiver year***			
T2025	U3 U4	Crisis Behavioral Consultation	15 minutes	\$ 18.75				
T2027	22 U4	Developmental Day	Hourly	\$ 25.06				

**ALLIANCE HEALTH
B3 SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation**	CR can be billed	GT CR can be billed	GT can be billed
T2029	U4	Assistive Technology - Equipment and Supplies (ATES)	By invoice		\$50,000 over the life of the waiver, combined with S5165 Home Mods			
T2033	U4	Supported Living Level 1	Per diem	\$ 169.75				
T2033	HI U4	Supported Living Level 2	Per diem	\$ 218.65				
T2033	TF U4	Supported Living Level 3	Per diem	\$ 267.01				
T2033	U1 U4	Supported Living Periodic	15 minutes	\$ 6.33				
T2033	U2 U4	Supported Living Transition	15 minutes	\$ 5.80				
T2034	U4	Out of Home Crisis	Per diem	\$ 235.00				
T2038	U4	IDD One time transition	1 time	\$ 5,000.00				
T2038	U4 22	IDD One time transition	1 time	\$ 2,500.00				
T2039	U4	Vehicle Adaptations	By invoice		\$20,000 over the life of the waiver			
T2041	U4	Community Guide B3	Monthly	\$ 150.00				
T2041	22 Z1 U4	Community Guide Training for Employer of Record	Monthly	\$ 200.00				
<p><i>* (b)(3) DI services are available through a slot allocation type process and exclusive to individuals transitioning from ICF/IID facilities</i></p> <p><i>**Specific limitations apply to computer and hardware. Please see Care Coordinator for details.</i></p> <p><i>***Specific limitations apply to computer and hardware. Please see Care Coordinator for details.</i></p>								

**ALLIANCE HEALTH
MEDICAID SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	COVID Rate	CR	GT CR	GT	KX
H0010		Non-Hospital Medical Detoxification	Per diem	\$ 325.58 *					
H0012	HB	SA Non-Medically Monitored CRT	Per diem	\$ 155.81 *					
H0013		SA Medically Monitored CRT	Per diem	\$ 241.81 *					
H0014		Ambulatory Detoxification	15 minutes	\$ 21.25					
H0015		SA Intensive Outpatient Program	Per diem	\$ 133.72 *		X	X		
H0018	HA	Residential Supports for Complex Needs	per diem	\$ 450.00					
H0018	HB	Residential Supports for Complex Needs	per diem	\$ 450.00					
H0019	HK	HRI Residential Level IV 4 beds or less	Per diem	\$ 341.63					
H0019	HQ	HRI Residential Level III 4 beds or less	Per diem	\$ 253.62					
H0019	HQ 22	Enhanced HRI Residential Level III 4 beds or less	Per diem	\$ 434.00					
H0019	TJ	HRI Residential Level III 5 beds or more	Per diem	\$ 210.49					
H0019	UR	HRI Residential Level IV 5 beds or more	Per diem	\$ 341.63					
H0020		Opioid Maintenance Therapy OMT	Per event	\$ 16.60	\$ 17.43	X			
H0035		Partial Hospitalization	Per diem	\$ 135.20		X	X		
H0035	22	Partial Hospitalization - PRTF Pilot	Per diem	\$ 335.00					
H0036	22 HE	Outpatient Therapy Plus	per event	\$ 60.13					
H0036	U3 HK	Intercept Model	Monthly	\$3,600.00					
H0036	22 IE	Intercept Model - encounter	Per event	\$ 0.01					
H0036	U3 HK FE	Intercept Model - FES	Monthly	\$1,800.00					
H0036	22 EN	Outpatient Plus CM Encounter	Per event	\$ 0.01					
H0036	HK 22	Case Coordination		\$1,345.00					
H0038		Peer Support Individual	15 minutes	\$ 12.54				X	X
H0038	HQ	Peer Support Group	15 minutes	\$ 3.02				X	X
H0038	22	Peer Support Services - TCL	Monthly	\$1,320.00					
H0038	22 Z1	Peer Support Services - TCL encounter	Per event	\$ 0.01					
H0040		ACTT	Per event	\$ 324.00	\$ 372.60	X	X		
H0040	22	ACTT Encounter	Per contact	\$ 0.01 **					
H0040	TS	ACTT Step Down	Per event	\$ 324.00		X	X		
H0040	HA U5 U1	ACTT Child	weekly	\$1,030.00					
H0040	HA U5 TS	ACTT Child - encounters	Per event	\$ 0.01					
H0046		HRI Residential Level I	Per diem	\$ 56.23					
H2011		Mobile Crisis Management	15 minutes	\$ 94.50		X	X		
H2011	U5 U1	Enhanced Crisis Response (ECR)	Per Week	\$ 265.00					
H2011	U5 U1 TS	Enhanced Crisis Response (ECR) Encounter	Per event	\$ 0.01					
H2012	HA	Day Tx Behavioral Health Child	Per hour	\$ 32.13		X	X		

**ALLIANCE HEALTH
MEDICAID SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	COVID Rate	CR	GT CR	GT	KX
H2012	HA 22	Day Tx Behavioral Health Child provided during a disaster or an emergency	Per diem	\$ 157.05					
H2012	HA U5	Day Tx for Complex Needs Children	Per hour	\$ 61.00					
H2015	HT HO	Community Support Team Licensed Team Lead	15 minutes	\$ 26.45		X	X		
H2015	HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	15 minutes	\$ 26.45		X	X		
H2015	HT HN	Community Support Team QP/AP	15 minutes	\$ 26.45		X	X		
H2015	HT U1	Community Support Team Peer Support	15 minutes	\$ 26.45		X	X		
H2015	HT HM	Community Support Team Para Professional	15 minutes	\$ 26.45		X	X		
H2017		Psychosocial Rehabilitation	15 minutes	\$ 2.87	\$ 3.09	X	X		
H2017	U5	Psychosocial Rehabilitation during disaster	15 minutes	\$ 11.78	\$ 13.55				
H2020		HRI Residential Level II Group Setting	Per diem	\$ 140.13					
H2022	U3 FE HE	PRTF Pilot		\$1,400.00					
H2022	U5	Transitional Youth Services	Monthly	\$1,633.00					
H2022		Intensive In Home	Per diem	\$ 258.20	\$ 271.11	X	X		
H2022	HE U5	In Home Therapy Services	Per Week	\$ 280.00			X		
H2022	22 Z1	FCT - 3 Month Outcome	1 Time	\$ 600.00					
H2022	22 Z2	FCT - Encounter	Per event	\$ 0.01		X	X		
H2022	22 Z3	FCT - 6 Month Outcome	1 Time	\$ 600.00					
H2022	U3 HE	FCT - Core Monthly	Monthly	\$2,800.00	\$3,220.00			X	
H0032	U3	High Fidelity Wraparound	Monthly	\$1,784.00					
H0032	U3 Z1	High Fidelity Wraparound encounter	Per event	\$ 0.01					
H2033	U3 HE	Multi Systemic Therapy - Payment	Per month	\$3,600.00	\$4,140.00			X	
H2033	22	Multi Systemic Therapy - Encounter only	Per event	\$ 0.01		X	X		
H2033	22 HE	Multi Systemic Therapy - Payment Trigger	Per month	\$4,000.00					
H2035		SA Comprehensive Outpatient Treatment	Per hour	\$ 46.07	*	X	X	X	
Q3014	GT	Telehealth Orig Site Fee	Per event	\$ 21.25				X	
S5145		HRI Residential Level II Family Setting	Per diem	\$ 99.88					
S5145	22 Z2	IDD/MH Therapeutic Foster Care	Per diem	\$ 185.00	\$ 222.00				
S5145	22 Z3	Rapid Response	Per diem	\$ 200.00	\$ 260.00				
S5145	22 HA	IAFT	Per diem	\$ 231.28					
S5145	U5	Rapid Response - Mecklenburg and Orange only	Per diem	\$ 200.00	\$ 260.00				
S5145	22 Z1	Enhanced Therapeutic Foster Care	Per diem	\$ 131.75					
S5145	U5 Z1	TFC Family Outcome	Per diem	\$ 33.00					

**ALLIANCE HEALTH
MEDICAID SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	COVID Rate	CR	GT CR	GT	KX
S5145	U5 Z2	TFC Program Outcome	One time	\$ 400.00					
S5145	22 Z4	TFC - Oregon Model	Per diem	\$ 272.00					
S9484		Facility Based Crisis Services	Per hour	\$ 30.00		X			
S9484	HA	Facility Based Crisis Services	Per hour	\$ 30.00		X			
T1016	CR	Case Support	15 minutes	\$ 15.00					
T1023		Diagnostic Assessment	Per event	\$ 231.30	\$ 242.87			X	
T2016	U5	Behavioral Health Urgent Care	Per event	\$ 525.00					
T2016	TF U5	Short Term Residential Stabilization	Per diem	\$ 303.00					
*Not subject to TPL or Medicare									
**Claims will not be paid to provider. Used for informational purposes only.									

**ALLIANCE HEALTH
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation*	CR XU Modifier can be billed**	GT CR can be billed
H2011	HI	Primary Crisis Response	15 minutes	\$ 8.14			
H2015		Community Networking	15 minutes	\$ 5.89		X	X
H2015	HQ	Community Networking - Group	15 minutes	\$ 3.16		X	X
H2015	U1	Community Networking - Classes/conferences	By invoice		\$1,000 per waiver year		
H2015	U2	Community Networking - Transportation	By invoice		\$1,000 per waiver year		
H2016		Residential Supports Level 1	Per diem	\$ 112.85		X	
H2016	U2	Residential Supports Level 1 - AFL	Per diem	\$ 114.83		X	
H2016	HI	Residential Supports Level 4	Per diem	\$ 184.36		X	
H2016	HI U2	Residential Supports Level 4 - AFL	Per diem	\$ 187.28		X	
H2016	HI 22	Enhanced Residential Supports Level 4	Per diem	\$ 298.45			
H2016	HI U2 22	Enhanced Residential Supports Level 4 - AFL	Per diem	\$ 298.45			
H2025		Supported Employment Services - Individual	15 minutes	\$ 7.93		X	X
H2025	HQ	Supported Employment Services - Group	15 minutes	\$ 2.17			X
H2025	TS	Supported Employment - Long Term Follow Up - Individual	15 minutes	\$ 7.39		X	X
H2025	TS HQ	Supported Employment - Long Term Follow Up Group	15 minutes	\$ 1.90			X
S5110		Natural Supports Education	15 minutes	\$ 8.53			
S5111		Natural Supports Education - Conference	By invoice		\$1,000 per waiver year		
S5150		Respite Care - Community Individual	15 minutes	\$ 4.25			
S5150	HQ	Respite Care - Community Group	15 minutes	\$ 2.96			
S5150	US	Respite Care - Community Facility	Per diem	\$ 251.52			
S5150	22 Z5	Respite Care - Individual Enhanced	15 minutes	\$ 5.02			
S5165		Home Modifications	By invoice		\$50,000 over the life of the waiver, combined with T2029 ATEs		
S5170		Home Delivered Meals	Per meal	\$ 6.99			
T1005	TD	Respite Care Nursing - RN	15 minutes	\$ 9.90			
T1005	TE	Respite Care Nursing - LPN	15 minutes	\$ 9.90			
T1999		Individual Goods and Services	By invoice		\$2,000 per waiver year		
T2012	GC	Community Living and Supports Live-in Caregiver	15 minutes	\$ 5.80			
T2012	GC HQ	Community Living and Supports Live-in Caregiver Group	15 minutes	\$ 3.73			
T2012		Community Living and Supports Individual (Community)	15 minutes	\$ 5.80			

**ALLIANCE HEALTH
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation*	CR XU Modifier can be billed**	GT CR can be billed
T2012	HQ	Community Living and Supports Group (Community)	15 minutes	\$ 3.73			
T2012	GC 22	Enhanced Program Community Living and Supports RAP	15 minutes	\$ 7.05			
T2012	22	Enhanced Community Living and Supports (Community)	15 minutes	\$ 7.05			
T2013	TF	Community Living and Supports - Individual	15 minutes	\$ 6.33		X	X
T2013	TF 22	Enhanced Community Living and Supports	15 minutes	\$ 7.05			
T2013	TF HQ	Community Living and Supports - Group	15 minutes	\$ 4.07		X	X
T2014		Residential Supports Level 2	Per diem	\$ 140.35		X	
T2014	U2	Residential Supports Level 2 - AFL	Per diem	\$ 147.68		X	
T2020		Residential Supports Level 3	Per diem	\$ 162.36		X	
T2020	U2	Residential Supports Level 3 - AFL	Per diem	\$ 167.49		X	
T2021	22	Day Supports - Individual	Hourly	\$ 26.68		X	X
T2021	22 HQ	Day Supports - Group	Hourly	\$ 15.28		X	X
T2021	22 Z1	Enhanced Day Supports - Individual	Hourly	\$ 27.31			X
T2025		Specialized Consultative Services	15 minutes	\$ 38.00			
T2025	HO	Specialized Consultative Services - BCBA	15 minutes	\$ 38.00			
T2025	22 HT	Specialized Consultative Services - BCBA - LIP	15 minutes	\$ 38.00			
T2025	U1	EOR Management of Funds	Monthly	\$ 175.00			
T2025	U2	EOR Employer Supplies (Effective 8/1/2018)	By invoice		\$2,000 per waiver year*		
T2025	U3	Crisis Behavioral Consultation	15 minutes	\$ 18.75			
T2027	22	Developmental Day	Hourly	\$ 25.06		X	X
T2029		Assistive Technology - Equipment and Supplies (ATES)	By invoice		\$50,000 over the life of the waiver, combined with \$5165 Home Mods		
T2033		Supported Living Level 1	Per diem	\$ 169.75		X	X
T2033	HI	Supported Living Level 2	Per diem	\$ 218.65		X	X
T2033	TF	Supported Living Level 3	Per diem	\$ 267.01		X	X
T2033	U1	Supported Living Periodic	15 minutes	\$ 6.33			
T2033	U2	Supported Living Transition	15 minutes	\$ 5.80			
T2034		Out of Home Crisis	Per diem	\$ 235.00			
T2038		Community Transition Supports	1 time		\$5,000 over the life of the waiver		

**ALLIANCE HEALTH
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation*	CR XU Modifier can be billed**	GT CR can be billed
T2039		Vehicle Adaptations	By invoice		\$20,000 over the life of the waiver		
T2041		Community Navigator	Monthly	\$ 150.00			X
T2041	22 Z1	Community Guide Training for Employer of Record	Monthly	\$ 200.00	30 hours		
T2041	U1	Community Guide Self Directed	Monthly	\$ 150.00			
<i>*Specific limitations apply to computer and hardware. Please see Care Coordinator for details.</i>							
<i>** CR XU cannot be billed with COVID rate</i>							
Innovations Supplies							
Procedure Code	Modifier	Service Description	Billing Unit	Rate			
B4034		Enteral Feeding Supply Kit, syringe fed	Per diem	\$ 6.33			
B4035		Enteral Feeding Supply Kit, pump fed	Per diem	\$ 11.07			
B4036		Enteral Feeding Supply Kit, gravity fed	Per diem	\$ 8.28			
B4100		Food thickener	Per Oz	\$ 0.55			
B4149		Enteral Formula, manufactured blenderized natural foods	100/cal	\$ 1.62			
B4150		Enteral Formulae	100/cal	\$ 0.69			
B4152		Enteral Formulae Calorically Dense	100/cal	\$ 0.57			
B4153		Enteral Formulae Hydrolyzed Proteins	100/cal	\$ 1.97			
B4154		Enteral Formulae Special Metabolic Needs with exclusions	100/cal	\$ 1.26			
B4155		Enteral Formulae Nutritionally Incomplete/Modular Nutrients	100/cal	\$ 0.98			
B4157		Enteral Formulae Special Metabolic Needs	100/cal	\$ 1.97			

**ALLIANCE HEALTH
ABA SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	By Facility	COVID Rate	CR	GT CR	GT	KX
97151	RB-BHT Comp Assessment	Per 15 minutes	\$ 26.56		X	X	X	
97152	RB-BHT Assessment Follow-Up	Per 15 minutes	\$ 53.65		X	X	X	
97153*	RB-BHT ABA Intervention-Individual	Per 15 minutes	\$ 18.09	\$ 22.61	X	X	X	
97154*	RB-BHT ABA Intervention-Group	Per 15 minutes	\$ 9.88		X	X	X	
97155	RB-BHT Supervision/Observation and Direction	Per 15 minutes	\$ 28.00		X	X	X	
97156	RB-BHT Family Training-Individual	Per 15 minutes	\$ 20.60		X	X	X	X
97157	RB-BHT Family Training-Group	Per 15 minutes	\$ 10.00		X	X	X	X
<i>*This service can also be billed with a 96 or 96 GT CR</i>								

**ALLIANCE HEALTH
MEDICAID OUTPATIENT SERVICE RATES**

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/ LMFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA	CR	GT CR	GT	KX
90785	Interactive Complexity	per event	\$ 4.36	\$ 4.36	\$ 3.27	\$ 3.27	\$ 3.71	\$ 3.71	\$ 3.27	\$ 3.14			X	X
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	\$ 137.93	\$ 165.51	\$ 124.13	\$ 124.13	\$ 140.69	\$ 140.69	\$ 124.13	\$ 119.31			X	
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 115.04				\$ 97.78	\$ 97.78		\$ 82.50			X	
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 57.46	\$ 57.46	\$ 43.10	\$ 43.10	\$ 48.84	\$ 48.84	\$ 43.10	\$ 41.37			X	X
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	\$ 38.40				\$ 32.64			\$ 27.54			X	
90834	Psychotherapy - 45 Minutes	38-52 minutes	\$ 74.64	\$ 74.64	\$ 55.98	\$ 55.98	\$ 63.44	\$ 63.44	\$ 55.98	\$ 53.55			X	X
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 62.39				\$ 53.03			\$ 44.75			X	
90837	Psychotherapy - 53+ Minutes	53+ minutes	\$ 109.36	\$ 109.36	\$ 82.03	\$ 82.03	\$ 92.96	\$ 92.96	\$ 82.03	\$ 78.42			X	X
90838	Psychotherapy - 53+ Minutes Add on to E & M	53+ minutes	\$ 100.75				\$ 85.64			\$ 72.06			X	X
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	53+ minutes	\$ 137.81	\$ 137.81	\$ 103.36	\$ 103.36	\$ 117.14	\$ 117.14	\$ 103.36	\$ 138.14			X	X
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	74+ minutes	\$ 116.02	\$ 116.02	\$ 87.01	\$ 87.01	\$ 98.62	\$ 98.62	\$ 87.01	\$ 71.95			X	X
90845	Psychoanalysis	per event	\$ 76.23							\$ 76.23				
90846	Family Therapy w/patient	per event	\$ 88.34	\$ 87.41	\$ 65.55	\$ 65.55	\$ 75.09	\$ 75.09	\$ 65.55	\$ 89.19			X	X
90847	Family Therapy w/patient	per event	\$ 107.88	\$ 108.54	\$ 81.41	\$ 81.41	\$ 92.25	\$ 92.25	\$ 81.41	\$ 110.75			X	X
90849	Group Therapy Multiple Family Group	per event	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00			X	X
90853	Group Therapy non Multiple Family Group	per event	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00			X	X
90870	Electroconvulsive Therapy	per event	\$ 124.67							\$ 124.67				
96110*	Developmental Testing (limited)	per event	\$ 9.63	\$ 9.44		\$ 7.07				\$ 9.63				
96112	Developmental Testing first hour	per event		\$ 114.97		\$ 86.23								
96113	Developmental Testing each additional hour	per event		\$ 51.31		\$ 38.48								
96116	Neurobehavioral Status Exam	per hour	\$ 87.05	\$ 76.77		\$ 64.00								
96121	Neurobehavioral Status Exam each additional hour	per event	\$ 66.84	\$ 70.02		\$ 52.52								
96130	Psychological Testing Eval first hour	per event	\$ 107.58	\$ 99.96		\$ 74.97								
96131	Psychological Testing Eval each additional hour	per event	\$ 107.58	\$ 83.94		\$ 62.96								
96132	Neuropsychological Testing Eval first hour	per event	\$ 140.58	\$ 111.87		\$ 83.90								
96133	Neuropsychological Testing Eval each additional hour	per event	\$ 140.58	\$ 104.95		\$ 78.71								
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	per event	\$ 53.79	\$ 41.97		\$ 31.48								
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physician or QHP	per event	\$ 53.79	\$ 41.97		\$ 31.48								
96146	Psychological or neuropsychological test, automated result	per event		\$ 1.66										
96372	Medication Administration	per event	\$ 18.74				\$ 16.59	\$ 14.48		\$ 18.74				
J1630	Haloperidol, up to 5mg, injection (Haldol)	Per injection	\$ 1.67				\$ 1.67							
J1631	Haloperidol, decanoate, per 50 mg, injection (Haldol Decanoate-50)	Per injection	\$ 2.32				\$ 2.32							
J2315	Naltrexone, depot form, 1 mg, injection	Per injection	\$ 1.81				\$ 1.81							
J2358	Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	Per injection	\$ 2.65				\$ 2.65							
J2426	Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	Per injection	\$ 6.27				\$ 6.27							
J2680	Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	Per injection	\$ 2.28				\$ 2.28							
J3230	Chlorpromazin HCl, up to 50mg, injection (Thorazine)	Per injection	\$ 3.10				\$ 3.10							

**ALLIANCE HEALTH
MEDICAID OUTPATIENT SERVICE RATES**

SPECIALIZED SERVICES													
Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/ LMFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA	CR	GT CR	GT
90791 TI	Comprehensive Trauma Informed Assessment	per event		\$ 602.00	\$ 602.00	\$ 602.00							
90791 22 Z1	Trauma Focused Assessment	per event		\$ 168.00	\$ 168.00	\$ 168.00			\$ 168.00				X
90791 22 Z2	Psychiatric Diagnostic Evaluation, Specialty Child Service	per event		\$ 518.93	\$ 518.93	\$ 518.93			\$ 518.93				
90832 22 Z1	TFCBT Individual therapy, 30 minutes	per event		\$ 75.48	\$ 75.48	\$ 75.48			\$ 75.48				
90834 22 Z1	TFCBT Individual therapy, 45 minutes	per event		\$ 106.07	\$ 106.07	\$ 106.07			\$ 106.07				
90837 22 Z1	TFCBT Individual therapy, 60 minutes	per event		\$ 126.00	\$ 126.00	\$ 126.00			\$ 126.00				X
90837 22 Z2	PCIT Individual Therapy	per event		\$ 126.00	\$ 126.00	\$ 126.00			\$ 126.00				X
90837 22 Z3	DBT Individual Therapy	per event		\$ 110.96	\$ 110.96	\$ 110.96			\$ 110.96				X
90837 EN	Outpatient Plus Therapy Encounter	per event		\$ 0.01	\$ 0.01	\$ 0.01			\$ 0.01				
90837 U3 HE	Outpatient Plus Therapy Monthly	per event		\$ 865.73	\$ 865.73	\$ 865.73			\$ 865.73				
90837 22 FE	Outpatient PRTF Pilot	per event		\$ 865.73	\$ 865.73	\$ 865.73			\$ 865.73				
90846 22 Z1	Family Therapy w/o Patient, Specialty Child Service	per event		\$ 118.08	\$ 118.08	\$ 118.08			\$ 118.08				
90846 22 EN	Family Therapy w/o Patient, PRTF	per event		\$ 0.01	\$ 0.01	\$ 0.01			\$ 0.01				
90847 22 Z1	Family Therapy w/ Patient, Specialty Child Service	per event		\$ 177.14	\$ 177.14	\$ 177.14			\$ 177.14				
90849 22	MultiFamily Group PSB-CBT	per event		\$ 585.46	\$ 585.46	\$ 585.46			\$ 585.46				
90853 22 Z3	DBT Group Therapy	per event		\$ 62.68	\$ 62.68	\$ 62.68			\$ 62.68				X
90853 22	PSB-CBT Adolescent	per event		\$ 646.64	\$ 646.64	\$ 646.64			\$ 646.64				

Notes:
- The GT modifier can be used with codes 90785 - 90837
** For child services, please include HE modifier. Only billable by MD.*

COVID Rates for the Following Services Only													
Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/ LMFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA	CR	GT CR	GT
90837	Psychotherapy - 53+ Minutes	53+ minutes	\$ 136.70	\$ 136.70	\$ 102.54	\$ 102.54	\$ 116.20	\$ 116.20	\$ 102.54	\$ 98.03			X

MEDICAID RATES SPECIFIC TO SERVICES PROVIDED DURING COVID

Procedure Code	Mod	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/ LMFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 129 - LCAS/CCS	Spec 210 - PA
99441	CR	PHONE E/M PHYS/QHP 5-10 MIN	per event	\$ 16.82				\$ 14.30		\$ 28.84
99442	CR	PHONE E/M PHYS/QHP 11-20 MIN	per event	\$ 33.50				\$ 28.48		\$ 48.18
99443	CR	PHONE E/M PHYS/QHP 21-30 MIN	per event	\$ 75.00				\$ 63.75		\$ 71.24
98966	CR	PHONE E/M NON-PHYS QHP 5-10 MIN	per event		\$ 11.89	\$ 8.92	\$ 8.92		\$ 8.92	\$ 11.89
98967	CR	PHONE E/M NON-PHYS QHP 11-20 MIN	per event		\$ 23.16	\$ 17.37	\$ 17.37		\$ 17.37	\$ 17.37
98968	CR	PHONE E/M NON-PHYS QHP 21-30 MIN	per event		\$ 33.95	\$ 25.46	\$ 25.46		\$ 25.46	\$ 25.46
99446	CR	NTRPROF PH1/NTRNET/EHR 5-10	per event	\$ 15.20						
99447	CR	NTRPROF PH1/NTRNET/EHR 11-20	per event	\$ 30.69						
99448	CR	NTRPROF PH1/NTRNET/EHR 21-30	per event	\$ 45.89						
99449	CR	NTRPROF PH1/NTRNET/EHR 31/>	per event	\$ 61.15						

**ALLIANCE HEALTH
MEDICAID E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants	GT CR	GT
99202	New patient office or other outpatient visit, typically 20 minutes	per event	\$ 69.62	\$ 53.80	\$ 63.29		X
99203	New patient office or other outpatient visit, typically 30 minutes	per event	\$ 100.87	\$ 77.95	\$ 91.70		X
99204	New patient office or other outpatient visit, typically 45 minutes	per event	\$ 156.42	\$ 120.87	\$ 142.20		X
99205	New patient office or other outpatient visit, typically 60 minutes	per event	\$ 197.73	\$ 152.79	\$ 179.75		X
99211	Established patient office or other outpatient visit, typically 5 minutes	per event	\$ 20.35	\$ 15.73	\$ 18.50	X	X
99212	Established patient office or other outpatient visit, typically 10 minutes	per event	\$ 40.54	\$ 31.33	\$ 36.85	X	X
99212 22	Medication Assisted Treatment Expanded	per event	\$ 53.23			X	X
99213	Established patient office or other outpatient visit, typically 15 minutes	per event	\$ 75.00	\$ 63.75	\$ 63.75	X	X
99213 22	Medication Assisted Treatment Detailed	per event	\$ 76.91			X	X
99214	Established patient office or other outpatient, visit typically 25 minutes	per event	\$ 105.00	\$ 89.25	\$ 92.72	X	X
99214 22	Medication Assisted Treatment Moderate	per event	\$ 108.10			X	X
99215	Established patient office or other outpatient, visit typically 40 minutes	per event	\$ 125.40	\$ 106.59	\$ 125.40	X	X
99217	Hospital observation care discharge	per event	\$ 61.32	\$ 52.12	\$ 52.12		
99218	Hospital observation care typically 30 minutes	per event	\$ 57.84	\$ 49.16	\$ 49.16		
99219	Hospital observation care typically 50 minutes	per event	\$ 95.78	\$ 81.41	\$ 95.78		
99220	Hospital observation care typically 70 minutes per day	per event	\$ 134.33	\$ 114.18	\$ 114.18		
99221	Initial hospital inpatient care, typically 30 minutes per day	per event	\$ 83.05	\$ 70.59	\$ 83.05		
99222	Initial hospital inpatient care, typically 50 minutes per day	per event	\$ 113.34	\$ 96.34	\$ 113.34		
99223	Initial hospital inpatient care, typically 70 minutes per day	per event	\$ 166.89	\$ 141.86	\$ 166.89		
99224	Subsequent observation care, typically 15 minutes per day	per event	\$ 23.29	\$ 19.80	\$ 23.29		
99225	Subsequent observation care, typically 25 minutes per day	per event	\$ 41.37	\$ 35.16	\$ 41.37		
99226	Subsequent observation care, typically 35 minutes per day	per event	\$ 61.86	\$ 52.58	\$ 61.86		
99231	Subsequent hospital inpatient care, typically 15 minutes per day	per event	\$ 34.30	\$ 29.16	\$ 34.30	X	X
99232	Subsequent hospital inpatient care, typically 25 minutes per day	per event	\$ 61.81	\$ 52.54	\$ 61.81	X	X
99233	Subsequent hospital inpatient care, typically 35 minutes per day	per event	\$ 88.53	\$ 75.25	\$ 88.53	X	X
99234	Hospital observation or inpatient care low severity, 40 minutes per day	per event	\$ 117.16	\$ 99.59			
99235	Hospital observation or inpatient care moderate severity, 50 minutes per day	per event	\$ 153.91	\$ 130.82			
99236	Hospital observation or inpatient care high severity, 55 minutes per day	per event	\$ 191.29	\$ 162.60			
99238	Hospital discharge day management, 30 minutes or less	per event	\$ 61.11	\$ 51.94	\$ 61.11	X	X
99239	Hospital discharge day management, more than 30 minutes	per event	\$ 88.81	\$ 75.49	\$ 86.15	X	X
99241	Outpatient consultation, minor, typically 15 minutes	per event	\$ 39.98	\$ 33.98	\$ 39.98	X	X
99242	Outpatient consultation, moderate, typically 30 minutes	per event	\$ 74.90	\$ 63.67	\$ 74.90	X	X
99243	Outpatient consultation, severe, typically 40 minutes	per event	\$ 103.00	\$ 87.55	\$ 103.00	X	X
99244	Outpatient consultation, severe, typically 60 minutes	per event	\$ 152.99	\$ 130.04	\$ 152.99	X	X

**ALLIANCE HEALTH
MEDICAID E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants	GT CR	GT
99245	Outpatient consultation, severe, typically 80 minutes	per event	\$ 188.03	\$ 159.83	\$ 188.03	X	X
99251	Inpatient consultation, typically 20 minutes	per event	\$ 40.82	\$ 34.70	\$ 40.82	X	X
99252	Inpatient consultation, typically 40 minutes	per event	\$ 63.25	\$ 53.76	\$ 63.25	X	X
99253	Inpatient consultation, typically 55 minutes	per event	\$ 96.02	\$ 81.62	\$ 93.15	X	X
99254	Inpatient consultation, typically 80 minutes	per event	\$ 138.89	\$ 118.06	\$ 134.73	X	X
99255	Inpatient consultation, typically 110 minutes	per event	\$ 169.23	\$ 143.85	\$ 164.15	X	X
99281	Emergency department visit, self limited or minor problem	per event	\$ 17.03	\$ 17.03	\$ 17.03		
99282	Emergency department visit, low to moderately severe problem	per event	\$ 33.13	\$ 33.13	\$ 33.13		
99283	Emergency department visit, moderately severe problem	per event	\$ 51.35	\$ 49.81	\$ 51.35		
99284	Emergency department visit, problem of high severity	per event	\$ 96.14	\$ 96.14	\$ 96.14		
99285	Emergency department visit, problem with significant threat to life or function	per event	\$ 142.93	\$ 142.93	\$ 142.93		
99291	critical care, evaluation and management of the critically ill or critically, first 30-74 minutes	per event	\$ 232.59				
99304	initial nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	per event	\$ 74.00				
99305	initial nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	per event	\$ 103.46	\$ 87.94	\$ 87.94		
99306	initial nursing facility care, per day, for the evaluation and management of patient, typically 45 minutes	per event	\$ 132.95				
99307	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 10 minutes	per event	\$ 36.52	\$ 31.04	\$ 36.52		
99308	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 15 minutes	per event	\$ 55.83	\$ 47.46	\$ 55.83		
99309	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	per event	\$ 74.06	\$ 62.95	\$ 74.06		
99310	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	per event	\$ 109.51	\$ 93.08	\$ 109.51		
99315	Nursing facility discharge day management, 30 minutes or less	per event	\$ 53.43	\$ 45.42	\$ 53.43		
99316	Nursing facility discharge management, more than 30 minutes	per event	\$ 69.81	\$ 59.34	\$ 69.81		
99318	Nursing facility annual assessment, typically 30 minutes	per event	\$ 77.42	\$ 65.81	\$ 77.42		
99324	domiciliary or rest home visit for the evaluation and management of a new patient, typically 20 minutes	per event	\$ 49.64	\$ 42.19	\$ 49.64		
99325	domiciliary or rest home visit for the evaluation and management of a new patient, typically 30 minutes	per event	\$ 72.30	\$ 61.46	\$ 72.30		

**ALLIANCE HEALTH
MEDICAID E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants	GT CR	GT
99326	domiciliary or rest home visit for the evaluation and management of a new patient, typically 45 minutes	per event	\$ 119.54	\$ 101.61	\$ 119.54		
99327	domiciliary or rest home visit for the evaluation and management of a new patient, typically 60 minutes	per event	\$ 155.92	\$ 132.53	\$ 155.92		
99328	domiciliary or rest home visit for the evaluation and management of a new patient, typically 75 minutes	per event	\$ 183.55	\$ 156.02	\$ 183.55		
99334	domiciliary or rest home visit for the evaluation and management of an established patient, typically 15 minutes	per event	\$ 51.16	\$ 43.49	\$ 51.16		
99335	domiciliary or rest home visit for the evaluation and management of an established patient, typically 25 minutes	per event	\$ 79.25	\$ 67.36	\$ 79.25		
99336	domiciliary or rest home visit for the evaluation and management of an established patient, typically 40 minutes	per event	\$ 111.60	\$ 94.86	\$ 111.60		
99337	domiciliary or rest home visit for the evaluation and management of an established patient, typically 60 minutes	per event	\$ 160.35	\$ 136.30	\$ 160.35		
99341	home visit for the evaluation and management of a new patient, typically 20 minutes	per event	\$ 49.64	\$ 42.19	\$ 49.64		
99342	home visit for the evaluation and management of a new patient, typically 30 minutes	per event	\$ 72.30	\$ 61.46	\$ 72.30		
99343	home visit for the evaluation and management of a new patient, typically 45 minutes	per event	\$ 116.43	\$ 98.97	\$ 116.43		
99344	home visit for the evaluation and management of a new patient, typically 60 minutes	per event	\$ 152.86	\$ 129.93	\$ 152.86		
99345	home visit for the evaluation and management of a new patient, typically 75 minutes	per event	\$ 183.86	\$ 156.28	\$ 183.86		
99347	home visit for the evaluation and management of an established patient, typically 15 minutes	per event	\$ 48.44	\$ 41.17	\$ 48.44		
99348	home visit for the evaluation and management of an established patient, typically 25 minutes	per event	\$ 73.14	\$ 62.17	\$ 73.14		
99349	home visit for the evaluation and management of an established patient, typically 40 minutes	per event	\$ 106.51	\$ 90.53	\$ 106.51		
99350	home visit for the evaluation and management of an established patient, typically 60 minutes	per event	\$ 148.49	\$ 126.22	\$ 148.49		
99354	prolonged physician service in the office or other outpatient setting, first hour	per event	\$ 84.57	\$ 71.88			

**ALLIANCE HEALTH
MEDICAID E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants	GT CR	GT
99355	prolonged physician service in the office or other outpatient setting, 30 minutes beyond first hour	per event	\$ 83.72	\$ 71.16			
99356	prolonged physician service in the inpatient setting, first hour	per event	\$ 77.23	\$ 65.65			
99357	prolonged physician service in the inpatient setting, 30 minutes beyond first hour	per event	\$ 77.76	\$ 66.10			
99406	smoking & tobacco use cessation counseling visit; intermediate, >3 mins, max 10	per event	\$ 11.57		\$ 11.57		
99407	smoking & tobacco use cessation counseling visit; intensive, > 10 mins	per event	\$ 22.36		\$ 22.36		
99408	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast) and brief intervention (sbi) services; 15- 30 minutes	per event	\$ 28.58		\$ 28.58		
99409	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast) and brief intervention (sbi) services; greater than 30 minutes	per event	\$ 57.37		\$ 57.37		
COVID Rates for the Following Services Only							
Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants	GT CR	GT
99213	Established patient office or other outpatient visit, typically 15 minutes	per event	\$ 93.75	\$ 79.69	\$ 79.69	X	X
99214	Established patient office or other outpatient, visit typically 25 minutes	per event	\$ 131.25	\$ 111.56	\$ 115.90	X	X

**ALLIANCE HEALTH
TBI SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	COVID Rate	Limitation*	CR XU Modifier can be billed**	GT CR can be billed
97129		Cognitive Rehabilitation	15 minutes	\$ 13.52				X
97130		Cognitive Rehabilitation	15 minutes	\$ 13.52				X
H2011	HI	Crisis Intervention and Stabilization	15 minutes	\$ 8.14				
H2015		Community Networking	15 minutes	\$ 5.89			X	X
H2015	HQ	Community Networking - Group	15 minutes	\$ 3.16			X	X
H2015	U1	Community Networking - Classes/conferences	by invoice			\$1,000 per year		
H2016	22	Residential Supports 1	Per diem	\$134.15			X	
H2016	U2 22	Residential Supports Level 1 - AFL	Per diem	\$134.15			X	
H2025		Supported Employment - Individual	15 minutes	\$ 7.93			X	X
H2025	HQ	Supported Employment - Group	15 minutes	\$ 2.17				X
S5110		Natural Supports Education	15 minutes	\$ 8.53				
S5111		Natural Supports Education - Conference				\$1,000 per year		
S5125		Personal Care	15 minutes	\$ 4.43			X	
S5150		Respite Care - Community Individual	15 minutes	\$ 4.25				
S5150	HQ	Respite Care - Community Group	15 minutes	\$ 2.96				
S5150	US	Respite Care - Community Individual/Group/Institutional	Per diem	\$251.52				
S5165		Home Modifications	by invoice			\$50,000 over the life of the waiver, combined with T2029 ATEs		
T1005	TD	Respite Care Nursing - RN	15 minutes	\$ 8.82				
T1005	TE	Respite Care Nursing - LPN	15 minutes	\$ 8.82				
T1015		In Home Intensive	15 minutes	\$ 5.21				
T2012	TS	Personal Care	15 minutes	\$ 3.54				
T2012	U5	Life Skills Training Individual - Community Only	15 minutes	\$ 5.80	\$ 6.05			
T2012	HQ U5	Life Skills Training Group - Community Only	15 minutes	\$ 3.73				
T2013	TF U5	Life Skills Training - Individual	15 minutes	\$ 6.33				X
T2013	TF HQ U5	Life Skills Training - Group	15 minutes	\$ 4.07				
T2014	22	Residential Supports 2	Per diem	\$170.36			X	
T2014	U2 22	Residential Supports Level 2 - AFL	Per diem	\$170.36			X	
T2020	22	Residential Supports 3	Per diem	\$237.45			X	
T2020	U2 22	Residential Supports Level 3 - AFL	Per diem	\$237.45			X	

TBI SERVICE RATES

Procedure Code	Modifier	Service Description	Billing Unit	Rate	COVID Rate	Limitation*	CR XU Modifier can be billed**	GT CR can be billed
T2021	22	Day Supports - Individual	Per hour	\$ 26.68			X	X
T2021	22 HQ	Day Supports - Group	Per hour	\$ 15.28			X	X
T2025		Specialized Consultative Services	15 minutes	\$ 37.50				
T2025	U3	Crisis Behavioral Consultation	15 minutes	\$ 18.75				
T2029		Assistive Technology - Equipment and Supplies	by invoice			\$50,000 over the life of the waiver, combined with S5165 Home Mods		
T2033	22	Supported Living Level 1	Per diem	\$ 169.75				
T2033	HI 22	Supported Living Level 2	Per diem	\$ 218.65				
T2033	TF 22	Supported Living Level 3	Per diem	\$ 267.01				
T2033	U1 22	Supported Living Periodic	15 minutes	\$ 6.33				
T2034		Out of Home Crisis	Per diem	\$ 235.00				
T2038		Community Transition Supports	by invoice			\$5,000 over the life of the waiver		
T2039		Vehicle Adaptations	by invoice			\$20,000 over the life of the waiver		
T2041	U5	Resource Facilitation	Per month	\$ 150.00				
<i>*Specific limitations apply to computer and hardware. Please see Care Coordinator for details.</i>								
<i>** CR XU cannot be billed with COVID rate</i>								

**ALLIANCE HEALTH
TBI SERVICE RATES
OCCUPATIONAL THERAPY - PROVIDER SPECIALITY 071**

CODE	SERVICE DESCRIPTION	RATE	GT	GT CR
29075	APPLICATION OF FOREARM CAST	\$ 61.09		
29085	APPLICATION HAND/WRIST CAST	\$ 65.19		
29105	APPLICATION LONG ARM SPLINT	\$ 60.56		
29125	APPLICATION FOREARM SPLINT	\$ 46.80		
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$ 54.00		
29130	APPLICATION FINGER SPLINT STATIC	\$ 28.88		
29131	APPLICATION FINGER SPLINT DYNAMIC	\$ 35.48		
29240	STRAPPING OF SHOULDER	\$ 42.65		
29260	STRAPPING OF ELBOW OR WRIST	\$ 36.71		
29280	STRAPPING OF HAND OR FINGER	\$ 35.39		
29530	STRAPPING OF KNEE	\$ 37.32		
29540	STRAPPING OF ANKLE AND/OR FOOT	\$ 30.87		
36908	STENT PLMT CTR DIALYSIS SEG	\$ 156.40		
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$ 62.42		
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$ 60.34		
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$ 81.64		
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$ 22.90		X
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$ 23.55		X
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$ 20.05		X
97140	MANUAL THERAPY TECHNIQUES	\$ 21.25		
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$ 64.13		X
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$ 64.13		X
97167	EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINS	\$ 64.13		X
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	\$ 42.32		X
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT	\$ 24.10		X
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$ 21.27		X
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	\$ 24.13		X
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$ 22.15		
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)	\$ 23.46		X
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)	\$ 25.91		
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$ 23.18		
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$ 26.40		X

**ALLIANCE HEALTH
TBI SERVICE RATES
PHYSICAL THERAPY - PROVIDER SPECIALITY 065**

CODE	SERVICE DESCRIPTION	RATE	GT	GT CR
29075	APPLICATION OF FOREARM CAST	\$ 61.09		
29085	APPLICATION HAND/WRIST CAST	\$ 65.19		
29105	APPLICATION LONG ARM SPLINT	\$ 60.56		
29125	APPLICATION FOREARM SPLINT	\$ 46.80		
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$ 54.00		
29130	APPLICATION FINGER SPLINT STATIC	\$ 28.88		
29131	APPLICATION FINGER SPLINT DYNAMIC	\$ 35.48		
29240	STRAPPING OF SHOULDER	\$ 42.65		
29260	STRAPPING OF ELBOW OR WRIST	\$ 36.71		
29280	STRAPPING OF HAND OR FINGER	\$ 35.39		
29405	APPLICATION SHORT LEG CAST	\$ 62.62		
29425	APPLICATION SHORT LEG CAST	\$ 67.96		
29505	APPLICATION LONG LEG SPLINT	\$ 53.17		
29515	APPLICATION LOWER LEG SPLINT	\$ 50.06		
29530	STRAPPING OF KNEE	\$ 37.32		
29540	STRAPPING OF ANKLE AND/OR FOOT	\$ 30.87		
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$ 62.42		
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$ 60.34		
95992	CANALITH REPOSITIONING PROCEDURE(S) TREATMENT OF VERTIGO, PER DAY	\$ 37.54		
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$ 3.71		
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$ 11.79		
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$ 12.19		
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$ 6.27		
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$ 13.87		
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$ 4.29		
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$ 4.01		
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$ 4.90		
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 13.20		
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	\$ 19.44		
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 11.98		
97035	APPLY MODALITIY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$ 9.44		
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 20.34		
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$ 22.90		X
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$ 23.55		X
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$ 20.05		X

**ALLIANCE HEALTH
TBI SERVICE RATES
PHYSICAL THERAPY - PROVIDER SPECIALITY 065**

CODE	SERVICE DESCRIPTION	RATE	GT	GT CR
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$ 18.24		
97140	MANUAL THERAPY TECHNIQUES	\$ 21.25		
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$ 66.11		X
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$ 66.11		X
97163	PT EVAL HIGH COMPLEX 45 MIN	\$ 66.11		
97164	PT RE-EVAL EST PLAN CARE	\$ 44.80		X
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT	\$ 24.10		
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$ 21.27		
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	\$ 24.13		
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$ 22.15		
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)	\$ 23.46		
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)	\$ 25.91		
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$ 23.18		
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$ 26.40		

**ALLIANCE HEALTH
TBI SERVICE RATES
SPEECH THERAPY & AUDIOLOGY - PROVIDER SPECIALITY 064**

CODE	SERVICE DESCRIPTION	RATE	GT	GT CR
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$ 66.89	X	X
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$ 23.40	X	X
92521	EVALUATION OF SPEECH FLUENCY	\$ 91.67	X	X
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	\$ 74.55	X	X
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	\$ 154.64	X	X
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$ 77.33	X	X
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$ 62.42	X	X
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$ 12.94		
92551	HEARING TEST	\$ 8.10		
92552	HEARING TEST	\$ 16.32		
92553	HEARING TEST	\$ 20.83		
92555	SPEECH AUDIOMETRY THRESHOLD;	\$ 12.11		
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$ 18.16		
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION	\$ 37.80		
92567	TYMPANOMETRY	\$ 13.78		
92568	ACOUSTIC REFLEX TESTING	\$ 12.11		
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING)	\$ 25.09		
92571	SPECIAL HEARING TEST	\$ 12.41		
92572	SPECIAL HEARING TEST	\$ 2.88		
92576	SPECIAL HEARING TEST	\$ 15.94		
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$ 22.91		
92582	SPECIAL HEARING TEST	\$ 22.91		
92583	SPECIAL HEARING TEST	\$ 25.01		
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	\$ 80.72		
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$ 29.48		
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$ 48.76		
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$ 34.82		
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$ 52.29		
92592	HEARING AID CHECK MONAURAL	\$ 15.24		
92593	HEARING AID CHECK BINAURAL	\$ 23.04		
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$ 16.83		
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$ 25.15		
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	\$ 117.41	X	X

**ALLIANCE HEALTH
TBI SERVICE RATES
SPEECH THERAPY & AUDIOLOGY - PROVIDER SPECIALITY 064**

CODE	SERVICE DESCRIPTION	RATE	GT	GT CR
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$ 22.45	X	X
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	\$ 62.39	X	X
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$ 60.34		
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$ 121.27		
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$ 59.05		
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$ 13.71		
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$ 64.19		
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	\$ 15.65		
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$ 109.18	X	X
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$ 109.18	X	X
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$ 81.64	X	X