

<b><i>Update for July 2023</i></b>
Covid rates end 6/30/2023. This communication was published on March 13, 2023.
Discontinued the following codes July 27th, 2023
YA323, YA325, YA341 DJ,
Added new services
YA352, YA353
<b><i>Update for June 2023</i></b>
All CR modifiers and combinations have been removed as they terminated May 11, 2023 due to the end of the PHE. Please refer to previous fee schedules for billing.
<b><i>Update for April 2023</i></b>
Discontinued the following codes March 31, 2023
YM850, YP020, YP610, YP760, YP770, YP780, YM812-816, H2014 HM, HA, HB
Added new services
Combined LP and LPA rates. Combined Nurse Practitioner and Nurse Specialist rates.
Added Taxonomy Permission
<b><i>Update for December 2022</i></b>
GT CR modifiers terminated as of June 30, 2022 for H2015 Community Support Team pursuant to Special Bulletin COVID-19 #251: Sunsetting of Temporary COVID-19 Flexibilities Tied to the NC State of Emergency.
Cardinal to Alliance code crosswalk removed. Please refer to previously posted rate schedules for informaion.
<b><i>Update for November 1, 2022</i></b>
Effective November 1, 2022, Alliance Health will implement a new rate for S5145.

<i>The following is a list of taxonomy permissions when billing for services.</i>		
<b>Services</b>	<b>Taxonomies to include</b>	<b>Taxonomy Description</b>
General BH services	251S00000X	Community/Behavioral Health
General BH services	252Y00000X	Early Intervention Provider Agency
General BH services	253J00000X	Foster Care Agency
General BH services	320800000X	Community Based Residential Treatment Facility; Mental Illness
General BH services	320900000X	Community Based Residential Treatment Facility; Mental Retardation and/or Developmental Disabilities
General BH services	3245S0500X	Substance Abuse Rehabilitation Facility: Substance Abuse Treatment, Children
General BH services	324500000X	Substance Abuse Rehabilitation Facility
General BH services	385H00000X	Respite Care
General BH services	385HR2055X	Respite Care; Mental Illness; Child
General BH services	385HR2060X	Respite Care; Mental Retardation and/or Developmental Disabilities
General BH services	251C00000X	Day Training; Developmentally Disabled Services
General BH services	261QA0600X	Adult Day Care
General BH services	261QD1600X	Developmental Disabilities
General BH services	251B00000X	Case Management
General BH services	251J00000X	Nursing Care
General BH services	311ZA0620X	Adult Care Home
General BH services	253Z00000X	In Home Supportive Care
General BH services	332U00000X	Home Delivered Meals
General BH services	261QR0405X	Rehabilitation; Substance Use Disorder
Licensed Psychologist/LPA	103T00000X	Psychologist/LPA
LCSW, LMFT, LPC	104100000X	Social Worker
	1041C0700X	Clinical
	106H00000X	Marriage & Family Therapist
	101YM0800X	Mental Health - LPC
	101Y00000X	Counselor - LPC
	101YP2500X	Professional - LPC
LCAS, CCS	101YA0400X	Addiction (Substance Use Disorder) - LCAS
Nurse Practitioner - Psychiatric	363LP0808X	Psychiatric/Mental Health
	364S00000X	Clinical Nurse Specialist
	364SP0807X	Psychiatric/Mental Health; Child & Adolescent
	364SP0808X	Psychiatric/Mental Health
	364SP0809X	Psychiatric/Mental Health; Adult
	364SP0810X	Psychiatric/Mental Health; Child & Family
	364SP0811X	Psychiatric/Mental Health; Chronically III
	364SP0812X	Psychiatric/Mental Health; Community
364SP0813X	Psychiatric/Mental Health; Geropsychiatric	
Speech Therapy and Audiology	231H00000X	Audiologist
	235Z00000X	Speech-Language Pathologist
Occupational Therapy	225X00000X	Occupational Therapist
Physical Therapy	225100000X	Physical Therapist
Physician Services - Psychiatric	2084A0401X	Addiction Medicine
	2084D0003X	Diagnostic Neuroimaging
	2084F0202X	Forensic Psychiatry
	2084N0008X	Neuromuscular Medicine
	2084N0400X	Neurology
	2084N0402X	Neurology with Special Qualifications in Child Neurology
	2084N0600X	Clinical Neurophysiology
	2084P0005X	Neurodevelopmental Disabilities
	2084P0015X	Psychosomatic Medicine
	2084P0800X	Psychiatry
	2084P0802X	Addiction Psychiatry
	2084P0804X	Child & Adolescent Psychiatry
	2084P0805X	Geriatric Psychiatry
	2084V0102X	Vascular Neurology
	2084S0012X	Sleep Medicine

Clinician Based Services

**ALLIANCE HEALTH  
STATE FUNDED SERVICES  
GENERAL BH SERVICES TAXONOMY PERMISSIONS**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	GT can be billed
H0010		Non-Hospital Medical Detoxification	per diem	\$ 325.58	
H0015		Substance Abuse Intensive Outpatient Program	per diem	\$ 131.56	
H0020		Alcohol and/or Drug Services; methadone administration	per event	\$ 16.60	
H0035		Partial Hospitalization	per diem	\$ 132.32	
H0038		Peer Support Individual	15 minutes	\$ 12.00	
H0038	HQ	Peer Support Group	15 minutes	\$ 2.88	
H0040		Assertive Community Treatment Program	Event, maximum 4 per	\$ 324.00	
H0040	22	Assertive Community Treatment Program Encounter	per event	\$ 0.01	
H2011		Mobile Crisis Management (MH/SA)	15 minutes	\$ 90.00	
H2012	HA	Day Tx Behavior Health Child	per hour	\$ 31.41	
H2015	HT HO	Community Support Team Licensed Team Lead	15 minutes	\$ 25.91	
H2015	HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	15 minutes	\$ 25.91	
H2015	HT HN	Community Support Team QP/AP	15 minutes	\$ 25.91	
H2015	HT U1	Community Support Team Peer Support	15 minutes	\$ 25.91	
H2015	HT HM	Community Support Team Para Professional	15 minutes	\$ 25.91	
H2017		DMH Psychosocial Rehabilitation	15 minutes	\$ 2.69	
H2022		Intensive In-Home Services	per diem	\$ 258.20	
H2023	Z1	IPS Engagement	15 minutes	\$ 24.63	X
H2023	Z2	IPS Intake/Career Profile	1 time	\$ 2,000.00	X
H2023	Z3	IPS Job development w/retention	1 time	\$ 3,200.00	
H2023	Z4	IPS Job Support	1 time	\$ 1,600.00	X
H2023	Z5	IPS VR Closure	1 time	\$ 2,000.00	
H2023	Z6	IPS Follow-along supports	Monthly	\$ 750.00	X
H2023	Z7	IPS Vocational Advancement	Per event	\$ 500.00	X
H2023	Z8	IPS Educational Attainment	Per event	\$ 700.00	X
H2023	Z9	IPS Successful Closure	1 time	\$ 2,000.00	
H2033		Multi-systemic Therapy (MST)	15 minutes	\$ 36.57	
H2034		Substance Abuse Halfway House	per diem	Provider Specific	
H2035		SA Comprehensive Outpatient Treatment Program (4 hours only)	per hour	\$ 45.35	X
S5145		Therapeutic Foster Care, Therapeutic(HRI Level II)	per diem	\$ 175.00	
S9484		Facility Based Crisis (16 unit/hour limit)	per hour	\$ 30.00	
T2016	U8	Behavioral Health Urgent Care Observation	Per event	\$ 413.00	
T2016	U5	Behavioral Health Urgent Care	Per event	\$ 413.00	
YA213		Community Respite	per diem	\$ 160.79	
YA324		Crisis Eval and Observation	per hour	\$ 13.06	
YA343		Peer Support Hosp Discharge/Diversion	15 minutes	\$ 10.14	
YA344		Peer Bridger	15 minutes	\$ 16.86	
YA346		Hosp Discharge Transition	15 minutes	\$ 18.25	
YA352		TCL Assertive Engagement	Monthly	\$ 3,120.00	

**ALLIANCE HEALTH  
STATE FUNDED SERVICES  
GENERAL BH SERVICES TAXONOMY PERMISSIONS**

<b>Procedure Code</b>	<b>Modifier</b>	<b>Service Description</b>	<b>Billing Unit</b>	<b>Rate</b>	<b>GT can be billed</b>
YA353		Assertive Engagement - AP, CPSS, PP	15 minutes	\$ 15.00	
YA363		CAET for Community Group	15 minutes	\$ 2.01	
YA364		CAET for Community Individual	15 minutes	\$ 7.30	
YA377		Comprehensive Screening and Community Connection	15 minutes	\$ 19.45	
YA389		Long Term Vocational Support	15 minutes	\$ 11.21	
YA390		Supported Employment – Individual	15 minutes	\$ 11.21	
YM120		Transitions to Community Living	15 minutes	\$ 20.00	
YM590		Day Support, Group	per hour	Provider Specific	
YM645		Long Term Vocational Support	15 minutes	\$ 14.22	
YM645	DJ	TCL Long Term Vocational Support	15 minutes	\$ 14.22	
YM686		Guardianship	1 per month	Provider Specific	
YM846		Residential Supports Level I	per diem	\$ 193.54	
YM847		Residential Supports Level II	per diem	\$ 220.08	
YM848		Residential Supports Level III	per diem	\$ 246.16	
YM851		Community Living and Supports, Individual	15 minutes	\$ 6.33	
YM852		Community Living and Supports, Group	15 minutes	\$ 4.07	
YM854		Supported Living Periodic	15 minutes	\$ 8.01	
YP010		Hourly Respite – Individual	15 minutes	\$ 5.00	
YP011		Hourly Respite – Group	15 minutes	\$ 1.67	
YP485		Facility Based Crisis Program - Non Medicaid	per diem	\$ 251.67	
YP630	DJ	TCL Supported Employment	15 minutes	\$ 24.63	
YP640		Supported Employment – Group	15 minutes	\$ 2.53	
YP730		Community Respite - I/DD	per diem	\$ 160.79	
YP730	HW	Community Respite - MH	per diem	\$ 160.79	
YP760		Group Living – Low (MH/SUD only)	per diem	\$ 55.29	**
YP770		Group Living - Moderate(MH/SUD only)	per diem	\$ 75.48	**
YP780		Group Living – High(MH/SUD only)	per diem	\$ 141.51	**
YP790		Detox - Social Setting	per diem	Provider Specific	
YP851		Psychiatric Administration	15 minutes	\$ 25.00	
YP852		Psychiatric Consultation	15 minutes	\$ 35.00	
Q3014	GT	Telehealth Orig Site Fee	Per event	\$ 21.25	
*		Billed under a special client number established with the LME			
**		Individual Rates are set per provider			
<b>PLEASE NOTE THAT THESE RATES CAN CHANGE BASED ON LME/MCO FUNDING</b>					

**ALLIANCE HEALTH  
STATE FUNDED SERVICES  
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS**

<b>Procedure Code</b>	<b>CPT Code Description</b>	<b>Unit</b>	<b>MD/ Psychiatrist</b>	<b>LP/LPA</b>	<b>LCSW/LPC /LMFT</b>	<b>Nurse Practitioner/ Nurse Specialist</b>	<b>LCAS/CCS</b>	<b>Physician Assistants</b>	<b>GT</b>
90785	Interactive Complexity	per event	\$ 3.96	\$ 3.96	\$ 2.97	\$ 3.37	\$ 2.97	\$ 2.85	
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	\$ 137.93	\$ 137.93	\$ 103.44	\$ 117.24	\$ 103.44	\$ 99.43	
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 115.04			\$ 97.78		\$ 82.50	
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 57.46	\$ 57.46	\$ 43.10	\$ 48.84	\$ 43.10	\$ 41.37	
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	\$ 34.91			\$ 29.67		\$ 25.04	
90834	Psychotherapy - 45 Minutes	38-52 minutes	\$ 74.64	\$ 74.64	\$ 55.98	\$ 63.44	\$ 55.98	\$ 53.55	
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 56.72			\$ 48.21		\$ 40.68	
90837	Psychotherapy - 60 Minutes	53+ minutes	\$ 109.36	\$ 109.36	\$ 82.03	\$ 92.96	\$ 82.03	\$ 78.42	
90838	Psychotherapy - 53+ Minutes Add on to E & M	53+ minutes	\$ 91.59			\$ 77.85		\$ 77.85	X
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	53+ minutes	\$ 125.28	\$ 125.28	\$ 93.96	\$ 106.49	\$ 93.96	\$ 106.49	
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	74+ minutes	\$ 105.47	\$ 105.47	\$ 79.10	\$ 89.65	\$ 79.10	\$ 89.65	
90846	Family Therapy wo/patient	per event	\$ 73.71	\$ 72.24	\$ 54.17	\$ 61.40	\$ 54.17	\$ 73.71	
90847	Family Therapy w/patient	per event	\$ 91.53	\$ 89.70	\$ 67.28	\$ 76.24	\$ 67.28	\$ 91.53	
90853	Group Therapy non Multiple Family Group - MH	per event	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	
90853 HF	Group Therapy non Multiple Family Group - SA	per event	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	
96130	Psychological Testing Eval first hour	per event	\$ 107.58	\$ 99.96					
96131	Psychological Testing Eval each additional hour	per event	\$ 107.58	\$ 83.94					
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	per event	\$ 53.79	\$ 41.97					
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	per event	\$ 53.79	\$ 41.97					
96146	Psychological or neuropsychological test, automated result	per event		\$ 1.66					
96372	Medication Administration	per event	\$ 17.04			\$ 16.59		\$ 17.04	
99202	New patient office or other outpatient visit, typically 20 minutes	per event	\$ 57.54			\$ 48.91		\$ 57.54	X
99203	New patient office or other outpatient visit, typically 30 minutes	per 30 mins	\$ 89.36			\$ 70.86		\$ 83.36	X
99204	New patient office or other outpatient visit, typically 45 minutes	per 45 mins	\$ 142.20			\$ 120.87		\$ 142.20	X
99205	New patient office or other outpatient visit, typically 60 minutes	per 60 mins	\$ 163.41			\$ 138.90		\$ 163.41	X

**ALLIANCE HEALTH  
STATE FUNDED SERVICES  
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS**

<b>Procedure Code</b>	<b>CPT Code Description</b>	<b>Unit</b>	<b>MD/ Psychiatrist</b>	<b>LP/LPA</b>	<b>LCSW/LPC /LMFT</b>	<b>Nurse Practitioner/ Nurse Specialist</b>	<b>LCAS/CCS</b>	<b>Physician Assistants</b>	<b>GT</b>
99211	Established patient office or other outpatient visit, typically 5 minutes	per event	\$ 16.82			\$ 14.30		\$ 16.82	X
99212	Established patient office or other outpatient visit, typically 10 minutes	per event	\$ 33.50			\$ 28.48		\$ 33.50	X
99213	Established patient office or other outpatient visit, typically 15 minutes	per 15 mins	\$ 75.00			\$ 47.55		\$ 63.75	X
99214	Established patient office or other outpatient, visit typically 25 minutes	per 25 mins	\$ 105.00			\$ 78.82		\$ 92.72	X
99215	Established patient office or other outpatient, visit typically 40 minutes	per 25 mins	\$ 114.00			\$ 96.90		\$ 114.00	X
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	
99231	Subsequent hospital inpatient care, typically 15 minutes per day	per event	\$ 34.30			\$ 29.16		\$ 34.30	
99232	Subsequent hospital inpatient care, typically 25 minutes per day	per event	\$ 61.81			\$ 52.54		\$ 61.81	
99233	Subsequent hospital inpatient care, typically 35 minutes per day	per event	\$ 88.53			\$ 75.25		\$ 88.53	
Q3014 GT	Telehealth Orig Site Fee	per event		\$ 21.25	\$ 21.25	21.25		\$ 21.25	
<i>NOTE: All services are clinician based and must be billed with the clinician as the attending provider.</i>									
<b>COVID Rates for the Following Services Only</b>									
<b>Procedure Code</b>	<b>CPT Code Description</b>	<b>Unit</b>	<b>MD/ Psychiatrist</b>	<b>LP/LPA</b>	<b>LCSW/LPC /LMFT</b>	<b>Nurse Practitioner/ Nurse Specialist</b>	<b>LCAS/CCS</b>	<b>Physician Assistants</b>	
90837	Psychotherapy - 60 Minutes	53+ minutes	\$ 136.70	\$ 136.70	\$ 102.54	\$ 116.20	\$ 102.54	\$ 98.03	
99213	Established patient office or other outpatient visit, typically 15 minutes	per 15 mins	\$ 93.75			\$ 59.44		\$ 79.69	
99214	Established patient office or other outpatient, visit typically 25 minutes	per 25 mins	\$ 131.25			\$ 98.53		\$ 115.90	

**RATES SPECIFIC TO SERVICES PROVIDED DURING COVID  
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS**

<b>Procedure Code</b>	<b>Mod</b>	<b>CPT Code Description</b>	<b>Unit</b>	<b>MD/ Psychiatrist</b>	<b>LP/LPA</b>	<b>LCSW/LPC /LMFT</b>	<b>Nurse Practitioner /Nurse Specialist</b>	<b>LCAS/CCS</b>	<b>Physician Assistants</b>
99441		PHONE E/M PHYS/QHP 5-10 MIN	per event	\$ 11.89			\$ 11.89		
99442		PHONE E/M PHYS/QHP 11-20 MIN	per event	\$ 23.16			\$ 23.16		
99443		PHONE E/M PHYS/QHP 21-30 MIN	per event	\$ 33.95			\$ 33.95		
98966	CR	PHONE E/M NON-PHYS QHP 5-10 MIN	per event		\$ 9.00	\$ 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
98968	CR	PHONE E/M NON-PHYS QHP 21-30 MIN	per event		\$ 33.95	\$ 25.46		\$ 25.46	\$ 25.46