

Update for April - May 2024
Revised State-Funded Detoxification Services effective 5/1/24, see highlighted in green
Update for January - February 2024
Increased IPS Rates (highlighted in yellow) effective 2/19/2024.
Please contact your Provider Network Specialist for any rate concerns.
Update for December 2023
H0040 ACTT new rate \$398.68 effective 1/1/2024
Update for November 2023
Update for H0020 Opioid Maintenance Therapy effective 10/15/2023, new rate \$116.2 weekly
Correction to effective dates for the following IPS codes. New rate effective date is still To Be Determined by the State
H2023 Z1 - \$26.40 15 min
H2023 Z2 - \$2,000 1 time
H2023 Z3 - \$3,200 1 time
H2023 Z4 - \$1,600 1 time
H2023 Z5 - \$2,000 1 time
H2023 Z6 - \$750 Monthly
H2023 Z7 - \$500 Per event
H2023 Z8 - \$700 Per event
H2023 Z9 - \$2,000 1 time
Update for October - November 2023
Update for H2023 Z1 IPS Services effective date 10/01/2023 to 11/30/2023 at \$26.40
Updates for rates, milestones and billing frequencies for the following codes:
Ending rates effective 11/30/2023 for the following IPS Services
H2023 Z1 - \$26.40 15 min
H2023 Z2 - \$2,000 1 time
H2023 Z3 - \$3,200 1 time
H2023 Z4 - \$1,600 1 time
H2023 Z5 - \$2,000 1 time
H2023 Z6 - \$750 Monthly
H2023 Z7 - \$500 Per event
H2023 Z8 - \$700 Per event
H2023 Z9 - \$2,000 1 time
New rates effective 12/1/2023 for the following IPS Services
H2023 Z1 - \$1,590 1 time
H2023 Z2 - \$1,590 1 time
H2023 Z3 - \$5,300 Multiple
H2023 Z4 - \$3,180 Multiple
H2023 Z5 - \$3,180 1 time
H2023 Z6 - \$1,060 Monthly
H2023 Z7 - \$743 3 times
H2023 Z8 - \$1,060 3 times
H2023 Z9 - \$1,060 1 time
Update for July 2023
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

The following is a list of taxonomy permissions when billing for services.			
Services	Taxonomies to include	Taxonomy Description	
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	Clinician Based Services
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	

ALLIANCE HEALTH STATE FUNDED SERVICES GENERAL BH SERVICES TAXONOMY PERMISSIONS							
Procedure Code	Modifier	Service Description	Billing Unit	Rate	New Rate	GT can be billed	
H0010		State -Funded Medically Monitored Inpatient Withdrawal Management Services	per diem	\$ 325.58	\$ 358.74		effective 5/1/24
H0015		Substance Abuse Intensive Outpatient Program (SAIOP)	per diem	\$ 131.56	\$ 255.28		effective 5/1/24
H0020		Alcohol and/or Drug Services; methadone administration	weekly	\$ 116.20			
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 month	\$ 324.00	\$ 398.68		effective 1/1/24
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			
		Service Rates for IPS Services					
H2023	Z1	IPS Engagement	15 minutes	\$ 26.40	\$ 2,120.00	X	effective 2/19/24
H2023	Z2	IPS Intake/Career Profile	1 time	\$ 2,000.00	\$ 4,240.00	X	effective 2/19/24
H2023	Z3	IPS Job development w/retention	1 time	\$ 3,200.00	\$ 8,480.00		effective 2/19/24
H2023	Z4	IPS Job Support	1 time	\$ 1,600.00	\$ 4,240.00	X	effective 2/19/24
H2023	Z5	IPS VR Closure	1 time	\$ 2,000.00	\$ 6,360.00		effective 2/19/24
H2023	Z6	IPS Follow-along supports	Monthly	\$ 750.00	\$ 1,590.00	X	effective 2/19/24
H2023	Z7	IPS Vocational Advancement	Per event	\$ 500.00	\$ 743.00	X	effective 2/19/24
H2023	Z8	IPS Educational Attainment	Per event	\$ 700.00	\$ 1,060.00	X	effective 2/19/24
H2023	Z9	IPS Successful Closure	1 time	\$ 2,000.00	\$ 1,590.00		effective 2/19/24
H2033		Multi-systemic Therapy (MST)	15 minutes	\$ 36.57			
H2034		Substance Abuse Halfway House	per diem	Provider Specific			
H2035		SA Comprehensive Outpatient Treatment Program (SACOT)	per hour	\$ 45.35	\$ 64.52	X	effective 5/1/24
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			
YA353		Assertive Engagement - AP, CPSS, PP	15 minutes	\$ 15.00			

ALLIANCE HEALTH STATE FUNDED SERVICES GENERAL BH SERVICES TAXONOMY PERMISSIONS							
Procedure Code	Modifier	Service Description	Billing Unit	Rate	New Rate	GT can be billed	
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			
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		**	
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			
YP790		Detox - Social Setting	per diem	Provider Specific			ended 4/30/24
H0011		State-Funded Clinically Managed Residential Withdrawal Management	per day	Provider Specific			effective 5/1/2024
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					
PLEASE NOTE THAT THESE RATES CAN CHANGE BASED ON LME/MCO FUNDING							

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

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	LP/LPA	LCSW/LPC /LMFT	Nurse Practitioner/ Nurse Specialist	LCAS/CCS	Physician Assistants	GT
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	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	
NOTE: All services are clinician based and must be billed with the clinician as the attending provider.									

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