Standard Rate Schedule

State-Funded (Non-Medicaid) Services

FY27 • Updated July 2026

FY26 • Updated February 2026

PLEASE NOTE

These rates are subject to change based on LME/MCO funding.

Recent Updates

Update — July 2026

- New Site ID 684 LPA **(Effective 9.1.26)**

Update — February 2026

- H0013, H2034, H2035 increased with an effective date of 1/1/2026.
- Added H0012 HB, H0012 HD, H0012 HA, H0013, H0013 HA, and H0047 with effective date 1/1/2026.

Update — September 2025

- All State-funded GT modifiers end-dated as of 4/30/2025.
- Added YP014, YP012, YP015, and YP013 with effective date 7/1/2025.
- Removed YA213, YP010, and YP730 with end date 6/30/2025.

Update — April 2025

- Removed YA390 and YP640.
- Added new service code YP642 with modifiers, effective 7/1/2024.

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GENERAL BEHAVIORAL HEALTH SERVICES TAXONOMY PERMISSIONS

Provider Code	Modifier	Service	Effective Date	Rate
H0010		Medically Monitored Inpatient Withdrawal Management	Effective 2/1/25	$ 756.65
H0011		Clinically Managed Residential Withdrawal	Effective 1/1/26	$ 307.89
H0012		ACUTE DTOX RES PROG OP	Effective 1/1/26	$ 211.43
H0012		ACUTE DTOX RES PROG OP	Effective 1/1/26	$ 427.67
H0012	HD	Clinically Managed Residential Services (Preg/Parenting)	Effective 1/1/26	$ 308.97
H0013		Medically Monitored Intensive Inpatient Services (Adult)	Effective 1/1/26	$ 354.10
H0013	HA	Medically Monitored Intensive Inpatient Services (Adolescent)	Effective 1/1/26	$ 354.10
H0014		Ambulatory Withdrawal Management without Extended On	Effective 7/1/24	$ 31.17
H0014	HF	Ambulatory Withdrawal Management with Extended On	Effective 7/1/24	$ 34.43
H0015		SA Intensive Outpatient Program	Effective 1/1/26	$ 250.15
H0019	HQ	HRI Res Level III, 4 beds or less		$ 232.88
H0020		Opioid Maintenance Therapy OMT	Effective 7/1/24	$ 254.93
H0038		Peer Support Individual	Effective 7/1/24	$ 15.50

Provider Code	Modifier	Service	Effective Date	Rate
H0038	HQ	Peer Support Group	Effective 7/1/24	$ 3.74
H0040	22	ACTT Encounter		$ 0.01
H0040		Assertive Community Treatment Team/IDDT	Effective 1/1/25	$ 398.68
H0047		Clinically Managed Population Specific High Intensity Residential Program	Effective 1/1/26	$ 458.02
H2011	TA	Mobile Crisis Pilot		$ 0.01
H2011		Mobile Crisis Management (per 15 min)	Effective 7/1/24	$ 99.00
H2012	HA	Day Tx Behavioral Health Child	Effective 7/1/24	$ 45.00
H2012		BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Effective 1/1/26	$ 308.97
H2014	HM	Developmental Therapy Paraprofessional		$ 6.61
H2015	HT:HO	CST Team Lead	Effective 7/1/24	$ 30.42
H2015	HT:HF	CST LCAS, other SA	Effective 7/1/24	$ 30.42
H2015	HT:HN	CST QP/AP	Effective 7/1/24	$ 30.42
H2015	HT:U1	CST NC Peer Support Specialist	Effective 7/1/24	$ 30.42
H2015	HT:HM	CST Paraprofessional	Effective 7/1/24	$ 30.42
H2017		Psychosocial Rehabilitation	Effective 7/1/24	$ 3.55
H2022		Intensive In Home	Effective 7/1/24	$ 348.32
H2033		Multi Systemic Therapy	Effective 7/1/24	$ 47.26
H2034		Clinically Managed Low Intensity Residential Treatment Services	Effective 1/1/26	$ 176.15
H2035		SA Comprehensive Outpatient Treatment	Effective 1/1/26	$ 71.89
S5145	HW	Therapeutic Foster Care		$ 88.58
S5145		Residential Level II (family type)		$ 175.00
S9484		Facility Based Crisis	Effective 7/1/24	$ 33.00
T2016	U8	Behavioral Health Urgent Care Observation	Effective 7/1/24	$ 614.25
T2016	U5	Behavioral Health Urgent Care	Effective 7/1/24	$ 614.25

Provider Code	Modifier	Service	Effective Date	Rate
YA343	HE	Peer Support Hospital Discharge Encounter		$ 1.00
YA344		Peer Bridger (state)		$ 16.86
YA346	HE	Hospital Transition Team Encounter		$ 1.00
YA346		Hospital Transition Team	Effective 7/1/24	$ 19.16
YA352		Assertive Engagement Qualified Professional (QP)	Effective 7/1/24	$ 15.75
YA353		Assertive Engagement AP, CPSS & Paraprofessional	Effective 7/1/24	$ 15.75
YA377		Comprehensive Assessment and Clinical Connections	Effective 7/1/24	$ 20.42
YA386		DBT Group		$ 62.68
YA387		DBT Individual		$ 110.96
YA389		Supported Employment Long Term Voc. Support	Effective 3/1/25	$ 12.88
YA401		Psychosocial Rehabilitation Provided During Disaster or EmergencyState		$ 11.78
YA402		Case Support (Covid19 Related Use)		$ 15.00
YA404		Child and Adolescents Day Treatment Provided During Disaster or Emergency State		$ 157.05
YA405		Case Support Special Situations		$ 15.00
YA407		Enhanced Brain Injury Residential Supports IDD Supported Employment Only		$ 345.00
YA410		Assertive Engagement TCL		$ 3,120.00
YM120	U3	Transition Managment Service Milestone		$ 600.00
YM120		Transitions to Community Living	Effective 7/1/24	$ 21.00
YM130		State Funded Comprehensive Case Management	Effective 1/1/25	$ 20.34
YM130	GT	State Funded Comprehensive Case Management (telehealth)	Effective 1/1/25	$ 20.34
YM130	KX	State Funded Comprehensive Case Management (telephonic)	Effective 1/1/25	$ 20.34
YM700		Independent Living		$ 38.80
YM812		Supervised Living 2	Effective 7/1/24	$ 161.99

Provider Code	Modifier	Service	Effective Date	Rate
YM813		Supervised Living 3	Effective 7/1/24	$ 116.15
YM846		Residential Supports Level I	Effective 7/1/24	$ 203.22
YM847		Residential Supports Level 2	Effective 7/1/24	$ 231.08
YM848		Residential Supports Level III	Effective 7/1/24	$ 258.47
YM851		Community Living and Supports, Individual	Effective 7/1/24	$ 6.93
YM852		Community Living and Supports, Group	Effective 7/1/24	$ 4.64
YM854		Supported Living Periodic	Effective 7/1/24	$ 8.41
YM855		Community Engagement Options Individual		$ 8.23
YM856		Community Engagement Options Group		$ 2.74
YM857		Job Retention Services		$ 12.28
YP010		Hourly Respite	Effective 7/1/24	$ 5.25
YP012		Respite Individual Adult	Effective 7/1/25	$ 3.75
YP013		Respite Group Adult	Effective 7/1/25	$ 1.25
YP014		Respite Individual Child	Effective 7/1/25	$ 3.75
YP015		Respite Group Child	Effective 7/1/25	$ 1.25
YP020		Personal Assistance	Effective 7/1/24	$ 5.00
YP020	GT:CR	Personal Assistance	Effective 7/1/24	$ 5.00
YP620		ADVP	Effective 7/1/24	$ 1.65
YP630	DJ	DOJ Supported Employment		$ 24.63
YP642	BD	SE Preemployment Phase	Effective 7/1/24	$ 12.28
YP642	BE	SE Employment Stabilization	Effective 7/1/24	$ 12.28
YP642	BF	SE Long Term Support	Effective 7/1/24	$ 12.28
YP642	BG	SE Career Planning/Reassessment	Effective 7/1/24	$ 12.25

Provider Code	Modifier	Service	Effective Date	Rate
YP710		Supervised Living Low		$ 28.92
YP720		Supervised Living Moderate		$ 55.11
YP740		Family Living Low		$ 50.00
YP760		Group Living Low	Effective 7/1/24	$ 69.11
YP770		Group Living Moderate	Effective 7/1/24	$ 94.35
YP780		Group Living High	Effective 7/1/24	$ 176.89
YP790		Detox Social Setting		$ 355.26
YP820		Inpatient Hospital (nonMedicaid)		$ 750.00
YP821		Inpatient Hospital (Three Way contract)	Effective 7/1/24	$ 1,038.00
YP851		Psychiatric Administration		$ 25.00
YP852		Psychiatric Consultation		$ 35.00

PLEASE NOTE: These rates are subject to change based on LME/MCO funding.

STATE FUNDED SERVICES CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS

656 - Physician Services - Psychiatry

651 - Licensed Psychologist/LPA

650 - LCSW, LMFT, LPC

652 - Nurse Practitioner - Psychiatric

649 - LCAS, CCS

635 - Physician Assistant - all services

684- Licensed Psychologist Assistant **(Rates Effective 9.1.26)**

** For non psychiatric nurse practitioner, other physician specialty and services in a facilties, see rates published on NC Medicaid Fee Schedules Search Website: https://ncdhhs.servicenowservices.com/fee_schedules*

NOTE: All services are clinician based and must be billed with the clinician as the attending provider.

Provider Code	Service	Effective Date	656	651	650	652	649	635	684
90785	Interactive Complexity	Effective 7/1/24	$14.58	$14.58	$10.94	$12.39	$10.94	$14.58	$10.94
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	Effective 7/1/24	$205.16	$205.16	$153.87	$174.39	$153.87	$205.16	$153.87
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	Effective 7/1/24	$229.63			$195.19		$229.63	-
90832	Psychotherapy - 30 Minutes	Effective 7/1/24	$74.01	$74.01	$55.51	$62.91	$55.51	$74.01	$55.51
90833	Psychotherapy - 30 Minutes Add on to E & M	Effective 7/1/24	$67.73			$57.57		$67.73	-
90834	Psychotherapy - 45 Minutes	Effective 7/1/24	$97.83	$97.83	$73.37	$83.16	$73.37	$97.83	$73.37
90836	Psychotherapy - 45 Minutes Add on to E & M	Effective 7/1/24	$85.87			$72.99		$85.87	-
90837	Psychotherapy - 60 Minutes	Effective 7/1/24	$144.02	$144.02	$108.02	$122.42	$108.02	$144.02	$108.02

Provider Code	Service	Effective Date	656	651	650	652	649	635	684
90838	Psychotherapy - 53+ Minutes Add on to E & M	Effective 7/1/24	$116.59			$99.10		$113.56	-
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	Effective 7/1/24	$159.48	$159.48	$119.61	$135.56	$119.61	$159.43	$103.58
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	Effective 7/1/24	$134.26	$134.26	$100.69	$114.12	$100.69		$79.10
90846	Family Therapy wo/patient	Effective 7/1/24	$94.08	$94.08	$70.56	$79.97	$70.56	$94.08	$70.56
90847	Family Therapy w/patient	Effective 7/1/24	$116.51	$114.18	$85.65	$97.04	$85.65	$110.75	$73.58
90853	Group Therapy non Multiple Family Group - MH	Effective 7/1/24	$36.00	$36.00	$36.00	$36.00	$36.00	$36.00	$19.61
90853 HF	Group Therapy non Multiple Family Group - SA	Effective 7/1/24	$36.00	$36.00	$36.00	$36.00	$36.00	$36.00	$19.61
96130	Psychological Testing Eval first hour	Effective 7/1/24	$140.66	$140.66					$105.50
96131	Psychological Testing Eval each additional hour	Effective 7/1/24		$102.02					$76.52
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	Effective 7/1/24		$48.98					$36.74
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	Effective 7/1/24		$45.01					$33.76
96146	Psychological or neuropsychological test, automated result	Effective 7/1/24	$2.57	$2.57					$1.93
99202	New patient office or other outpatient visit, typically 20 minutes	Effective 7/1/24	$75.24			$63.96		$63.29	-
99203	New patient office or other outpatient visit, typically 30 minutes	Effective 7/1/24	$109.00			$92.66		$91.70	-

Provider Code	Service	Effective Date	656	651	650	652	649	635	684
99204	New patient office or other outpatient visit, typically 45 minutes	Effective 7/1/24	$169.04			$143.69		$142.20	-
99205	New patient office or other outpatient visit, typically 60 minutes	Effective 7/1/24	$213.69			$181.63		$179.75	-
99211	Established patient office or other outpatient visit, typically 5 minutes	Effective 7/1/24	$22.06			$18.75		$18.50	-
99212	Established patient office or other outpatient visit, typically 10 minutes	Effective 7/1/24	$54.13			$46.01		$36.85	-
99213	Established patient office or other outpatient visit, typically 15 minutes	Effective 7/1/24	$86.78			$73.76			-
99214	Established patient office or other outpatient, visit typically 25 minutes	Effective 7/1/24	$122.93			$104.49		$92.72	-
99215	Established patient office or other outpatient, visit typically 40 minutes	Effective 7/1/24	$172.48			$146.61		$125.40	-
99221	Initial hospital inpatient care, typically 30 minutes per day	Effective 7/1/24	$108.60			$92.31		$84.44	-
99222	Initial hospital inpatient care, typically 50 minutes per day	Effective 7/1/24	$148.21			$125.97		$114.24	-
99223	Initial hospital inpatient care, typically 70 minutes per day	Effective 7/1/24	$218.23			$185.50		$169.58	-
99231	Subsequent hospital inpatient care, typically 15 minutes per day	Effective 7/1/24	$48.02			$40.82			-

Provider Code	Service	Effective Date	656	651	650	652	649	635	684
99232	Subsequent hospital inpatient care, typically 25 minutes per day	Effective 7/1/24	$80.82			$68.71			-
99233	Subsequent hospital inpatient care, typically 35 minutes per day	Effective 7/1/24	$115.76			$98.40			-
Q3014 GT	Telehealth Orig Site Fee	Effective 7/1/24		$21.25	$21.25	$21.25		$21.25	-