



Standard Rate Schedule

Medicaid Funded Services

- FY27 • Updated October 2026 V2
- FY27 • Updated September 2026
- FY27 • Updated August 2026
- FY27 • Updated July 2026

PLEASE NOTE

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

Recent Updates

Update — October 2026

- Removed H2022 U5 U3 & H2022 U5 U4 effective 9/30/2026, Update to Medicaid C Innovations Rates effective 10/1/2026 (highlighted in yellow)

Update — September 2026

- Updated H0038 22 Decreased rate effective 10/1/2026, Terminated H2022 U5 U3 & H2022 U5 U4 effective 9/30/2026.

Update — August 2026

- New TBI Service Codes effective 9.1.26 S5125 GC, T2012 GC U5, T2012 GC HQ U5

Update — July 2026 V2

- New Site ID LPA-684 Outpatient Services Facility/Non-Facility Rates effective 9.1.2026

Update — July 2026 V2

- Codes End Dated/ Removed as of 6/30/2026 S5145 US, S5145 U5 Z1, S5145 U5 Z2



Medicaid Behavioral Health

General Behavioral Health Services Taxonomy Permissions

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Provider Code	Modifier	Service	Effective Date	Rate
H0010		Non-Hospital Medical Detoxification	Effective 12/1/2024	\$756.65
H0011		Clinically Managed Residential Withdrawal Management	Effective 1/1/2026	\$307.89
H0012	HB	SA Non-Medically Monitored CRT	Effective 1/1/2026	\$211.43
H0013		SA Medically Monitored CRT	Effective 1/1/2026	\$354.10
H0014		Ambulatory Detoxification	Effective 12/1/2024	\$31.17
H0014	HF	Ambulatory Detoxification	Effective 12/1/2024	\$34.43
H0015		SA Intensive Outpatient Program	Effective 1/1/2026	\$250.15
H0018	HA	Residential Supports for Complex Needs	Effective 3/1/2024	\$572.40
H0019	HK	HRI Residential Level IV 4 beds or less	Effective 3/1/2024	\$411.03
H0019	HQ	HRI Residential Level III 4 beds or less	Effective 3/1/2024	\$305.05
H0019	HQ 22	Enhanced HRI Residential Level III 4 beds or less	Effective 1/1/2024	\$552.05
H0019	TJ	HRI Residential Level III 5 beds or more	Effective 3/1/2024	\$252.97
H0019	UR	HRI Residential Level IV 5 beds or more	Effective 3/1/2024	\$411.03
H0020		Opioid Maintenance Therapy OMT	Effective 1/1/2024	\$254.93
H0032	U5	High Fidelity Wraparound - Effective May 1, 2023	Effective 3/1/2024	\$2,219.30
H0032	U5 U1	High Fidelity Wraparound encounter - Effective May 1, 2023	Effective 1/1/2024	\$0.01
H0035		Partial Hospitalization	Effective 1/1/2024	\$171.01
H0036	22 IE	Intercept Model - encounter	Effective 1/1/2024	\$0.01

Provider Code	Modifier	Service	Effective Date	Rate
H0036	HK 22	Case Coordination	Effective 3/1/2024	\$1,412.25
H0038		Peer Support Individual	Effective 1/1/2024	\$15.50
H0038	HQ	Peer Support Group	Effective 1/1/2024	\$3.74
H0038	22	Peer Support Services - TCL	Effective 10/1/2026	\$1,320.00
H0038	22 Z1	Peer Support Services - TCL encounter	Effective 1/1/2024	\$0.01
H0040		ACTT	Effective 1/1/2024	\$398.68
H0040	22	ACTT Encounter	Effective 1/1/2024	\$0.01
H0040	U5	ACTT Step Down - effective May 1, 2023	Effective 3/1/2024	\$398.68
H0040	U5 HA	ACTT Child - effective May 1, 2023	Effective 3/1/2024	\$1,390.50
H0046		HRI Residential Level I	Effective 3/1/2024	\$94.88
H2011		Mobile Crisis Management	Effective 1/1/2024	\$99.00
H2011	22	Mobile Outreach Response Engagement Stabilization (MORES)	Effective 3/1/2024	\$638.12
H2012	HA	Day Tx Behavioral Health Child	Effective 11/1/2024	\$59.29
H2015	HT HO	Community Support Team Licensed Team Lead	Effective 3/1/2024	\$30.42
H2015	HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	Effective 3/1/2024	\$30.42
H2015	HT HN	Community Support Team QP/AP	Effective 3/1/2024	\$30.42
H2015	HT U1	Community Support Team Peer Support	Effective 3/1/2024	\$30.42
H2015	HT HM	Community Support Team Para Professional	Effective 3/1/2024	\$30.42
H2017		Psychosocial Rehabilitation	Effective 3/1/2024	\$3.55
H2020		HRI Residential Level II Group Setting	Effective 3/1/2024	\$168.42
H2022		Intensive In Home	Effective 1/1/2024	\$298.15
H2022	HE U5	In Home Therapy Services		\$348.32

Provider Code	Modifier	Service	Effective Date	Rate
H2022	TS U5	In Home Therapy Services Encounters - effective May 1, 2023	Effective 1/1/2024	\$0.01
H2022	U3 HE FE	PRTF Pilot	Effective 1/1/2024	\$1,400.00
H2022	U5	Transitional Youth Services	Effective 3/1/2024	\$2,031.45
H2022	U5 U1	FCT - Core Monthly - Effective May 1, 2023	Effective 3/1/2024	\$3,481.66
H2022	U5 U2	FCT - Encounter - Effective May 1, 2023	Effective 1/1/2024	\$0.01
H2033	U3 HE	Multi Systemic Therapy - Payment	Effective 3/1/2024	\$4,554.00
H2034		Clinically Managed Low Intensity Residential Treatment Services	Effective 1/1/2026	\$176.15
H2035		SA Comprehensive Outpatient Treatment	Effective 1/1/2026	\$71.89
Q3014	GT	Telehealth Orig Site Fee	Effective 1/1/2024	\$21.25
S5145		HRI Residential Level II Family Setting	Effective 1/1/2024	\$175.00
S5145	22 HA	IAFT	Effective 1/1/2024	\$346.92
S5145	22 Z3	Rapid Response	Effective 1/1/2024	\$254.40
S5145	22 Z4	TFC - Oregon Model	Effective 1/1/2024	\$408.00
S9484		Facility Based Crisis Services	Effective 1/1/2024	\$33.00
S9484	HA	Facility Based Crisis Services	Effective 1/1/2024	\$37.32
T1023		Diagnostic Assessment	Effective 1/1/2024	\$298.93
T2016	TF U5	Short Term Residential Stabilization	Effective 1/1/2024	\$303.00
T2016	U5	Behavioral Health Urgent Care	Effective 3/1/2024	\$614.25
T2016	U5 U1	Long Term Community Supports (LTCS) Level 1	Effective 1/1/2024	\$136.00
T2016	U5 U2	Long Term Community Supports (LTCS) Level 2	Effective 1/1/2024	\$159.47
T2016	U5 U3	Long Term Community Supports (LTCS) Level 3	Effective 1/1/2024	\$184.25
T2016	U5 U4	Long Term Community Supports (LTCS) Level 4	Effective 1/1/2024	\$222.20
T2016	U5 U6	Long Term Community Supports (LTCS) Level 5	Effective 1/1/2024	\$213.53

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GENERAL BEHAVIORAL HEALTH SERVICES TAXONOMY PERMISSIONS

Provider Code	Modifier	Service	Effective Date	Rate
H0043	U4	Community transition - MH	Effective 4/1/2025	\$5,000.00
H0045	U4	Respite B3 Individual Child	Effective 1/1/2025	\$6.67
H0045	HQ U4	Respite B3 Group Child	Effective 1/1/2025	\$3.84
H0045	HB U4	Respite B3 Individual Adult	Effective 1/1/2025	\$6.67
H0045	HQ HB U4	Respite B3 Group Adult	Effective 1/1/2025	\$3.84
H2023	U4	Initial Individual Supported Employment - I/DD	Effective 1/1/2025	\$12.88
H2023	HQ U4	Initial Group Supported Employment - I/DD	Effective 1/1/2025	\$3.37
H2026	U4	Maintenance Individual Supported Employment - I/DD	Effective 1/1/2025	\$12.88
H2026	HQ U4	Maintenance Group Supported Employment - I/DD	Effective 1/1/2025	\$2.11
T1019	U4	Individual Support (subject to EVV)	Effective 1/1/2025	\$19.21
T1019	U4 TS	Individual Support (non-EVV, only in the community)	Effective 1/1/2025	\$19.21
T2012	U4	Community Living and Supports Individual (non-EVV, only in the community)	Effective 1/1/2025	\$6.93
T2012	GC U4	Community Living and Supports RAP lives in home (non-EVV)	Effective 1/1/2025	\$6.93
T2013	TF HQ U4	Community Living and Supports Group (subject to EVV)	Effective 1/1/2025	\$4.86
T2013	TF U4	Community Living and Supports Individual (subject to EVV)	Effective 1/1/2025	\$6.93



ABA Services RB-BHT

Medicaid Funded Services

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GENERAL BEHAVIORAL HEALTH SERVICES TAXONOMY PERMISSIONS

Provider Code	Modifier	Service	Effective Date	Rate
97151		RB-BHT Comp Assessment	Effective 10/1/2025	\$30.56
97152		RB-BHT Assessment Follow-Up	Effective 10/1/2025	\$61.73
97153*		RB-BHT ABA Intervention-Individual	Effective 10/1/2025	\$20.81
97154*		RB-BHT ABA Intervention-Group	Effective 10/1/2025	\$11.37
97155		RB-BHT Supervision/Observation and Direction	Effective 10/1/2025	\$32.22
97156		RB-BHT Family Training-Individual	Effective 10/1/2025	\$23.70
97157		RB-BHT Family Training-Group	Effective 10/1/2025	\$11.51



Medicaid Behavioral Health- Innovations

General Behavioral Health Services Taxonomy Permissions

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Provider Code	Modifier	Service	Effective Date	Rate
H2011	HI	Primary Crisis Response	Effective 10/1/2025	\$8.14
H2015		Community Networking	Effective 10/1/2026	\$7.32
H2015	HQ	Community Networking - Group	Effective 10/1/2026	\$3.64
H2015	U1	Community Networking - Classes/conferences	Effective 10/1/2025	By Invoice
H2015	U2	Community Networking - Transportation	Effective 10/1/2025	By Invoice
H2016		Residential Supports Level 1	Effective 10/1/2026	\$158.47
H2016	U2	Residential Supports Level 1 - AFL	Effective 10/1/2026	\$161.12
H2016	HI	Residential Supports Level 4	Effective 10/1/2026	\$228.62
H2016	HI U2	Residential Supports Level 4 - AFL	Effective 10/1/2026	\$233.04
H2016	HI 22	Enhanced Residential Supports Level 4	Effective 10/1/2025	\$327.38
H2016	HI U2 22	Enhanced Residential Supports Level 4 - AFL	Effective 10/1/2025	\$327.38
H2025		Supported Employment Services - Individual	Effective 10/1/2026	\$9.36
H2025	HQ	Supported Employment Services - Group	Effective 10/1/2026	\$2.89
H2025	TS	Supported Employment - Long Term Follow Up - Individual	Effective 10/1/2026	\$9.36
H2025	TS HQ	Supported Employment - Long Term Follow Up Group	Effective 10/1/2026	\$2.89
S5110		Natural Supports Education	Effective 10/1/2025	\$8.53
S5111		Natural Supports Education - Conference	Effective 10/1/2025	By Invoice
S5150		Respite Care - Community Individual	Effective 10/1/2026	\$5.68

S5150	HQ	Respite Care - Community Group	Effective 10/1/2026	\$3.84
S5150	US	Respite Care - Community Facility	Effective 10/1/2026	\$282.03
S5150	22 Z5	Respite Care - Individual Enhanced	Effective 10/1/2025	\$6.15
S5165		Home Modifications	Effective 10/1/2025	By Invoice
S5170		Home Delivered Meals	Effective 10/1/2025	\$6.99
T1005	TD	Respite Care Nursing - RN	Effective 10/1/2025	\$11.16
T1005	TE	Respite Care Nursing - LPN	Effective 10/1/2025	\$11.16
T1999		Individual Goods and Services	Effective 10/1/2025	By Invoice
T2012	GC	Community Living and Supports Live-in Caregiver RAP	Effective 10/1/2026	\$7.23
T2012	GC HQ	Community Living and Supports Live-in Caregiver Group RAP	Effective 10/1/2026	\$4.50
T2012		Community Living and Supports Individual (Community)	Effective 10/1/2026	\$7.23
T2012	HQ	Community Living and Supports Group (Community)	Effective 10/1/2026	\$4.50
T2012	GC 22	Enhanced Program Community Living and Supports RAP	Effective 10/1/2025	\$8.18
T2012	22	Enhanced Community Living and Supports (Community)	Effective 10/1/2025	\$8.18
T2013	TF	Community Living and Supports - Individual	Effective 10/1/2026	\$7.84
T2013	TF 22	Enhanced Community Living and Supports	Effective 10/1/2025	\$8.18
T2013	TF HQ	Community Living and Supports - Group	Effective 10/1/2026	\$4.84
T2014		Residential Supports Level 2	Effective 10/1/2026	\$208.72
T2014	U2	Residential Supports Level 2 - AFL	Effective 10/1/2026	\$212.74
T2020		Residential Supports Level 3	Effective 10/1/2026	\$218.10
T2020	U2	Residential Supports Level 3 - AFL	Effective 10/1/2026	\$222.31
T2021	22	Day Supports - Individual	Effective 10/1/2026	\$32.40
T2021	22 HQ	Day Supports - Group	Effective 10/1/2026	\$17.65
T2021	22 Z1	Enhanced Day Supports - Individual	Effective 10/1/2025	\$31.83

T2025		Specialized Consultative Services	Effective 10/1/2025	\$38.00
T2025	HO	Specialized Consultative Services - BCBA	Effective 10/1/2025	\$38.00
T2025	U1	EOR Management of Funds	Effective 10/1/2025	\$175.00
T2025	U2	EOR Employer Supplies (Effective 8/1/2018)	Effective 10/1/2025	By Invoice
T2025	U3	Crisis Behavioral Consultation	Effective 10/1/2025	\$18.75
T2027	22	Developmental Day	Effective 10/1/2026	\$30.42
T2029		Assistive Technology - Equipment and Supplies (ATES)	Effective 10/1/2025	By Invoice
T2033		Supported Living Level 1	Effective 10/1/2026	\$215.51
T2033	HI	Supported Living Level 2	Effective 10/1/2026	\$289.43
T2033	TF	Supported Living Level 3	Effective 10/1/2026	\$388.80
T2033	U1	Supported Living Periodic	Effective 10/1/2026	\$7.76
T2033	U2	Supported Living Transition	Effective 10/1/2026	\$7.23
T2034		Out of Home Crisis	Effective 10/1/2025	\$235.00
T2038		Community Transition Supports	Effective 10/1/2025	1 Time- \$5,000 over the life of the waiver
T2039		Vehicle Adaptations	Effective 10/1/2025	By Invoice
T2041		Community Navigator	Effective 10/1/2025	\$150.00
T2041	22 Z1	Community Guide Training for Employer of Record	Effective 10/1/2025	\$620.00
T2041	U1	Community Guide Self Directed	Effective 10/1/2025	\$150.00
B4034		Enteral Feeding Supply Kit, syringe fed	Effective 10/1/2025	\$6.33
B4035		Enteral Feeding Supply Kit, pump fed	Effective 10/1/2025	\$11.07
B4036		Enteral Feeding Supply Kit, gravity fed	Effective 10/1/2025	\$8.28
B4100		Food thickener	Effective 10/1/2025	\$0.55
B4149		Enteral Formula, manufactured blenderized natural foods	Effective 10/1/2025	\$1.62

B4150		Enteral Formulae	Effective 10/1/2025	\$0.69
B4152		Enteral Formulae Calorically Dense	Effective 10/1/2025	\$0.57
B4153		Enteral Formulae Hydrolyzed Proteins	Effective 10/1/2025	\$1.97
B4154		Enteral Formulae Special Metabolic Needs with exclusions	Effective 10/1/2025	\$1.42
B4155		Enteral Formulae Nutritionally Incomplete/Modular Nutrients	Effective 10/1/2025	\$2.55
B4157		Enteral Formulae Special Metabolic Needs	Effective 10/1/2025	\$3.73

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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

* For non psychiatric nurse practitioner, other physician specialty and services in a facilities, 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	656	651	650	652	649	635
99441	PHONE E/M PHYS/QHP 5-10 MIN	\$33.93			\$28.84		\$28.84
99442	PHONE E/M PHYS/QHP 11-20 MIN	\$56.69			\$48.18		\$48.18
99443	PHONE E/M PHYS/QHP 21-30 MIN	\$83.81			\$71.24		\$71.24
99446	NTRPROF PH1/NTRNET/EHR 5-10	\$18.56					
99447	NTRPROF PH1/NTRNET/EHR 11-20	\$37.47					
99448	NTRPROF PH1/NTRNET/EHR 21-30	\$56.03					
99449	NTRPROF PH1/NTRNET/EHR 31/>	\$74.66					



Outpatient Services Non-Facility

Medicaid Funded Services

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STATE FUNDED SERVICES CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS

656 - Physician Services - Psychiatry

651 - Licensed Psychologist

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)**

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Provider Code	Service	656	651	650	652	649	635	684
90785	Interactive Complexity	\$14.58	\$14.58	\$10.94	\$12.39	\$10.94	\$14.58	\$10.94
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	\$205.16	\$205.16	\$153.87	\$174.39	\$153.87	\$205.16	\$153.87
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	\$229.63	-	-	\$195.19	-	\$229.63	-
90832	Psychotherapy - 30 Minutes	\$74.01	\$74.01	\$55.51	\$62.91	\$55.51	\$74.01	\$55.51
90833	Psychotherapy - 30 Minutes Add on to E & M	\$67.73	-	-	\$57.57	-	\$67.73	-
90834	Psychotherapy - 45 Minutes	\$97.83	\$97.83	\$73.37	\$83.16	\$73.37	\$97.83	\$73.37
90836	Psychotherapy - 45 Minutes Add on to E & M	\$85.87	-	-	\$72.99	-	-	-
90837	Psychotherapy - 53+ Minutes	\$144.02	\$144.02	\$108.02	\$122.42	\$108.02	\$144.02	\$108.02
90838	Psychotherapy - 53+ Minutes Add on to E & M	\$116.59	-	-	\$99.10	-	\$113.56	-
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	\$159.48	\$159.48	\$119.61	\$135.56	\$119.61	-	\$103.58

90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	\$134.26	\$134.26	\$100.69	\$114.12	\$100.69	-	\$79.10
90845	Psychoanalysis	\$88.22	\$84.68	\$63.43	\$71.89	-	-	-
90846	Family Therapy wo/patient	\$94.08	\$94.08	\$70.56	\$79.97	\$70.56	\$94.08	\$70.56
90847	Family Therapy w/patient	\$116.51	\$114.18	\$85.65	\$97.04	\$85.65	\$88.78	\$73.58
90849	Group Therapy Multiple Family Group	\$36.00	\$36.00	\$36.00	-	-	-	\$26.92
90853	Group Therapy non Multiple Family Group	\$36.00	\$36.00	\$36.00	-	-	-	\$19.61
90870	Electroconvulsive Therapy	\$166.08	-	-	-	-	-	-
96110*	Developmental Testing (limited)	\$11.99	\$11.99	-	\$11.99	-	\$8.49	\$8.99
96112	Developmental Testing first hour	\$147.53	\$147.53	-	\$147.53	-	\$114.97	\$110.65
96113	Developmental Testing each additional hour	\$69.72	\$69.72	-	\$69.72	-	\$51.31	\$52.29
96116	Neurobehavioral Status Exam	\$108.59	\$108.59	-	-	-	-	\$81.44
96121	Neurobehavioral Status Exam each additional hour	\$89.22	\$89.22	-	-	-	-	\$66.92
96130	Psychological Testing Eval first hour	\$140.66	\$140.66	-	-	-	-	\$105.50
96131	Psychological Testing Eval each additional hour	\$140.66	\$102.02	-	-	-	-	\$76.52
96132	Neuropsychological Testing Eval first hour	\$151.60	\$151.60	-	-	-	-	\$113.70
96133	Neuropsychological Testing Eval each additional hour	\$140.58	\$115.60	-	-	-	-	\$86.70
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	\$53.79	\$48.98	-	-	-	-	\$36.74
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	\$53.79	\$45.01	-	-	-	-	\$33.76
96138	Psych test Tech two or more	\$37.99	\$37.99	-	\$37.99	-	\$31.09	\$28.49
96139	Psych test tech two or more addon	-	\$39.13	-	\$39.13	-	\$31.09	\$29.35
96146	Psychological or neuropsychological test, automated result	\$2.57	\$2.57	-	\$2.57	-	\$1.66	\$1.93
96372	Medication Administration	\$18.74	-	-	\$16.59	-	\$16.53	-
J1630	Haloperidol, up to 5mg, injection (Haldol)	-	-	-	\$1.67	-	-	-
J1631	Haloperidol, decanoate, per 50 mg, injection (Haldol Decanoate-50)	\$2.32	-	-	\$2.32	-	-	-
J2315	Naltrexone, depot form, 1 mg, injection	-	-	-	\$1.81	-	-	-
J2358	Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	-	-	-	\$2.65	-	-	-

J2426	Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	-	-	-	\$6.27	-	-	-
J2680	Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	-	-	-	\$2.28	-	-	-
J3230	Chlorpromazin HCl, up to 50mg, injection (Thorazine)	-	-	-	\$3.10	-	-	-



Outpatient Services Facility

Medicaid Funded Services

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90785	Interactive Complexity	\$13.00	\$13.00	\$9.75	\$11.05	\$9.75	\$13.00	\$9.75
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	\$178.39	\$178.39	\$133.79	\$151.63	\$133.79	\$178.39	\$133.79
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	\$202.49	-	-	\$172.12	-	\$202.49	-
90832	Psychotherapy - 30 Minutes	\$65.52	\$65.52	\$49.14	\$55.69	\$49.14	\$65.52	\$49.14
90833	Psychotherapy - 30 Minutes Add on to E & M	\$60.82	-	-	\$51.70	-	\$60.82	-
90834	Psychotherapy - 45 Minutes	\$86.84	\$86.84	\$65.13	\$73.81	\$65.13	\$86.84	\$65.13
90836	Psychotherapy - 45 Minutes Add on to E & M	\$77.08	-	-	\$65.52	-	-	-
90837	Psychotherapy - 53+ Minutes	\$127.69	\$127.69	\$95.77	\$108.54	\$95.77	\$127.69	\$95.77
90838	Psychotherapy - 53+ Minutes Add on to E & M	\$102.25	-	-	\$86.91	-	\$102.25	-
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	\$137.81	\$137.81	\$103.36	\$117.14	\$103.36	-	\$92.27

90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	\$116.02	\$116.02	\$87.01	\$98.62	\$87.01	-	\$73.40
90845	Psychoanalysis	\$76.23	\$83.68	\$62.69	\$71.05	-	-	-
90846	Family Therapy wo/patient	\$93.77	\$93.77	\$70.33	\$79.70	\$70.33	\$93.77	\$70.33
90847	Family Therapy w/patient	\$107.88	\$108.54	\$81.41	\$92.25	\$81.41	\$83.74	\$73.34
90849	Group Therapy Multiple Family Group	\$36.00	\$36.00	\$36.00	-	-	-	\$21.03
90853	Group Therapy non Multiple Family Group	\$36.00	\$36.00	\$36.00	-	-	-	\$18.12
90870	Electroconvulsive Therapy	\$124.67	-	-	-	-	-	-
96110*	Developmental Testing (limited)	\$11.99	\$11.99	-	\$11.99	-	\$8.49	\$8.99
96112	Developmental Testing first hour	\$146.02	\$146.02	-	\$146.02	-	\$108.62	\$109.52
96113	Developmental Testing each additional hour	\$65.57	\$65.57	-	\$65.57	-	\$49.58	\$49.18
96116	Neurobehavioral Status Exam	\$94.26	\$94.26	-	-	-	-	\$70.70
96121	Neurobehavioral Status Exam each additional hour	\$79.42	\$79.42	-	-	-	-	\$59.57
96130	Psychological Testing Eval first hour	\$127.85	\$140.66	-	-	-	-	\$95.89
96131	Psychological Testing Eval each additional hour	\$140.66	\$102.02	-	-	-	-	\$68.03
96132	Neuropsychological Testing Eval first hour	\$140.58	\$124.84	-	-	-	-	\$93.63
96133	Neuropsychological Testing Eval each additional hour	\$140.58	\$90.71	-	-	-	-	\$68.03
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	\$53.79	\$27.49	-	-	-	-	\$20.62
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physician or QHP	\$53.79	\$21.26	-	-	-	-	\$15.95
96138	Psych test Tech two or more	\$37.99	\$37.99	-	\$37.99	-	\$31.09	\$28.49
96139	Psych test tech two or more addon	-	\$39.13	-	\$39.13	-	\$31.09	\$29.35
96146	Psychological or neuropsychological test, automated result	\$2.57	\$2.57	-	\$2.57	-	\$1.66	\$1.93
96372	Medication Administration	\$18.74	-	-	\$16.59	-	\$16.53	-
J1630	Haloperidol, up to 5mg, injection (Haldol)	-	-	-	\$1.67	-	-	-
J1631	Haloperidol, decanoate, per 50 mg, injection (Haldol Decanoate-50)	\$2.32	-	-	\$2.32	-	-	-
J2315	Naltrexone, depot form, 1 mg, injection	-	-	-	\$1.81	-	-	-
J2358	Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	-	-	-	\$2.65	-	-	-

J2426	Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	-	-	-	\$6.27	-	-	-
J2680	Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	-	-	-	\$2.28	-	-	-
J3230	Chlorpromazin HCl, up to 50mg, injection (Thorazine)	-	-	-	\$3.10	-	-	-



Specialized Services

Medicaid Funded Services

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

* For non psychiatric nurse practitioner, other physician specialty and services in a facilities, see rates published on NC Medicaid Fee Schedules
Search Website: https://ncdhhs.servicenowservices.com/fee_schedules * For child services, please include HE modifier. Only billable by MD.

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

Provider Code	Service	656	651	650	652	649	635
90791 TI	Comprehensive Trauma Informed Assessment	-	\$674.24	\$674.24	-	-	-
90791 22 Z1	Trauma Focused Assessment	-	\$208.02	\$208.02	-	\$208.02	-
90791 22 Z2	Psychiatric Diagnostic Evaluation, Specialty Child Service	-	\$580.16	\$580.16	-	\$580.16	-
90832 22 Z1	TFCBT Individual therapy, 30 minutes	-	\$97.20	\$97.20	-	\$97.20	-
90834 22 Z1	TFCBT Individual therapy, 45 minutes	-	\$139.02	\$139.02	-	\$139.02	-
90837 22 Z1	TFCBT Individual therapy, 60 minutes	-	\$165.92	\$165.92	-	\$165.92	-
90837 22 Z2	PCIT Individual Therapy	-	\$165.92	\$165.92	-	\$165.92	-
90837 22 Z3	DBT Individual Therapy	-	\$146.11	\$146.11	-	\$146.11	-

90846 22 Z1	Family Therapy w/o Patient, Specialty Child Service	-	\$127.10	\$127.10	-	\$127.10	-
90847 22 Z1	Family Therapy w/ Patient, Specialty Child Service	-	\$186.37	\$186.37	-	\$186.37	-
90849 22	MultiFamily Group PSB-CBT	-	-	\$585.46	-	-	-
90853 22	PSB-CBT Adolescent	-	-	\$646.64	-	-	-
90791 U3 SE	SOSE Assessment	-	\$1,035.00	\$1,035.00	-	-	-



Clinical Nurse Specialist

Medicaid Funded Services

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

GENERAL BEHAVIORAL HEALTH SERVICES TAXONOMY PERMISSIONS

Provider Code	Service	Effective Date	Facility Rate	Non-Rate
90785	PSYTX COMPLEX INTERACTIVE	Effective 10.1.25	\$11.05	\$12.39
90791	PSYCH DIAGNOSTIC EVALUATION	Effective 10.1.25	\$151.63	\$174.39
90832	PSYTX W PT 30 MINUTES	Effective 10.1.25	\$55.69	\$62.91
90834	PSYTX W PT 45 MINUTES	Effective 10.1.25	\$73.81	\$83.16
90837	PSYTX W PT 60 MINUTES	Effective 10.1.25	\$108.54	\$122.42
90839	PSYTX CRISIS INITIAL 60 MIN	Effective 10.1.25	\$117.14	\$135.56
90840	PSYTX CRISIS EA ADDL 30 MIN	Effective 10.1.25	\$83.18	\$89.65
90845	PSYCHOANALYSIS	Effective 10.1.25	\$71.13	\$71.98
90846	FAMILY PSYTX W/O PT 50 MIN	Effective 10.1.25	\$79.70	\$79.97
90847	FAMILY PSYTX W/PT 50 MIN	Effective 10.1.25	\$92.25	\$97.04
90849	MULTIPLE FAMILY GROUP PSYTX	Effective 10.1.25	\$36.00	\$36.00
90853	GROUP PSYCHOTHERAPY	Effective 10.1.25	\$36.00	\$36.00
99408	AUDIT/DAST 15-30 MIN	Effective 10.1.25	\$26.26	\$28.65
99409	AUDIT/DAST OVER 30 MIN	Effective 10.1.25	\$52.50	\$54.91
H0031	MH HEALTH ASSESS BY NON-MD	Effective 10.1.25	\$19.81	\$19.81



E&M Services Non-Facility

Medicaid Funded Services

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

650 - LCSW, LMFT, LPC

652 - Nurse Practitioner - Psychiatric

649 - LCAS, CCS

635 - Physician Assistant - all services

* For non psychiatric nurse practitioner, other physician specialty and services in a facilities, see rates published on NC Medicaid Fee Schedules

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

Provider Code	Service	656	651	650	652	649	635
99202	New patient office or other outpatient visit, typically 20 minutes	\$75.24	-	-	\$63.96	-	\$42.13
99203	New patient office or other outpatient visit, typically 30 minutes	\$109.00	-	-	\$92.66	-	\$88.81
99204	New patient office or other outpatient visit, typically 45 minutes	\$169.04	-	-	\$143.69	-	\$136.01
99205	New patient office or other outpatient visit, typically 60 minutes	\$213.69	-	-	\$181.63	-	\$171.26
99211	Established patient office or other outpatient visit, typically 5 minutes	\$22.06	-	-	\$18.75	-	\$17.69
99212	Established patient office or other outpatient visit, typically 10 minutes	\$54.13	-	-	\$46.01	-	\$36.05
99213	Established patient office or other outpatient visit, typically 15 minutes	\$86.78	-	-	\$73.76	-	\$60.23
99214	Established patient office or other outpatient, visit typically 25 minutes	\$122.93	-	-	\$104.49	-	\$89.05
99215	Established patient office or other outpatient, visit typically 40 minutes	\$172.48	-	-	\$146.61	-	\$120.17

99221	Initial hospital inpatient care, typically 30 minutes per day	\$108.60	-	-	\$92.31	-	\$84.44
99222	Initial hospital inpatient care, typically 50 minutes per day	\$148.21	-	-	\$125.97	-	\$114.24
99223	Initial hospital inpatient care, typically 70 minutes per day	\$218.23	-	-	\$185.50	-	\$169.58
99231	Subsequent hospital inpatient care, typically 15 minutes per day	\$48.02	-	-	\$40.82	-	\$33.60
99232	Subsequent hospital inpatient care, typically 25 minutes per day	\$80.82	-	-	\$68.71	-	\$60.90
99233	Subsequent hospital inpatient care, typically 35 minutes per day	\$115.38	-	-	\$98.40	-	\$87.25
99234	Hospital observation or inpatient care low severity, 40 minutes per day	\$153.21	-	-	\$130.22	-	\$114.79
99235	Hospital observation or inpatient care moderate severity, 50 minutes per day	\$201.25	-	-	\$171.07	-	\$150.78
99236	Hospital observation or inpatient care high severity, 55 minutes per day	\$250.14	-	-	\$212.63	-	\$187.41
99238	Hospital discharge day management, 30 minutes or less	\$79.92	-	-	\$67.91	-	\$61.02
99239	Hospital discharge day management, more than 30 minutes	\$116.14	-	-	\$98.71	-	\$90.03
99242	Outpatient consultation, moderate, typically 30 minutes	\$97.94	-	-	\$83.25	-	\$73.02
99243	Outpatient consultation, severe, typically 40 minutes	\$134.69	-	-	\$114.49	-	\$100.02
99244	Outpatient consultation, severe, typically 60 minutes	\$200.06	-	-	\$170.05	-	\$149.77
99245	Outpatient consultation, severe, typically 80 minutes	\$245.88	-	-	\$209.00	-	\$182.68
99252	Inpatient consultation, typically 40 minutes	\$82.71	-	-	\$70.30	-	\$61.48
99253	Inpatient consultation, typically 55 minutes	\$125.56	-	-	\$106.73	-	\$94.63
99254	Inpatient consultation, typically 80 minutes	\$181.62	-	-	\$154.38	-	\$137.45
99255	Inpatient consultation, typically 110 minutes	\$221.30	-	-	\$188.11	-	\$165.47
99281	Emergency department visit, self limited or minor problem	-	-	-	\$17.03	-	\$17.76
99282	Emergency department visit, low to moderately severe problem	-	-	-	\$33.13	-	\$34.61
99283	Emergency department visit, moderately severe problem	-	-	-	\$49.81	-	\$51.82
99284	Emergency department visit, problem of high severity	\$96.14	-	-	\$96.14	-	\$98.33
99285	Emergency department visit, problem with significant threat to life or function	\$142.93	-	-	\$142.93	-	\$144.87

99291	critical care, evaluation and management of the critically ill or critically, first 30-74 minutes	-	-	-	-	-	\$234.92
99304	initial nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	\$96.76	-	-	\$71.78	-	\$76.17
99305	initial nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	\$135.28	-	-	\$109.50	-	\$109.00
99306	initial nursing facility care, per day, for the evaluation and management of patient, typically 45 minutes	\$176.28	-	-	\$149.84	-	\$139.55
99307	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 10 minutes	\$47.75	-	-	\$40.60	-	\$37.14
99308	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 15 minutes	\$73.02	-	-	\$62.06	-	\$57.71
99309	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	\$102.95	-	-	\$87.51	-	\$76.26
99310	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	\$148.04	-	-	\$125.83	-	\$113.48
99315	Nursing facility discharge day management, 30 minutes or less	\$78.79	-	-	\$66.97	-	\$60.81
99316	Nursing facility discharge management, more than 30 minutes	\$126.94	-	-	\$107.90	-	\$88.54
99341	home visit for the evaluation and management of a new patient, typically 20 minutes	\$64.91	-	-	\$55.17	-	\$48.63
99342	home visit for the evaluation and management of a new patient, typically 30 minutes	\$94.54	-	-	\$80.37	-	\$70.83
99344	home visit for the evaluation and management of a new patient, typically 60 minutes	\$199.88	-	-	\$169.90	-	\$152.76
99345	home visit for the evaluation and management of a new patient, typically 75 minutes	\$240.43	-	-	\$204.36	-	\$185.44
99347	home visit for the evaluation and management of an established patient, typically 15 minutes	\$63.35	-	-	\$53.83	-	\$47.46
99348	home visit for the evaluation and management of an established patient, typically 25 minutes	\$95.63	-	-	\$81.30	-	\$71.66
99349	home visit for the evaluation and management of an established patient, typically 40 minutes	\$139.27	-	-	\$118.38	-	\$107.47

99350	home visit for the evaluation and management of an established patient, typically 60 minutes	\$194.18	-	-	\$165.05	-	\$149.41
99406	smoking & tobacco use cessation counseling visit; intermediate, >3 mins, max 10 mins	\$15.59	-	-	\$24.29	-	\$12.04
99407	smoking & tobacco use cessation counseling visit; intensive, > 10 mins	\$26.75	-	-	\$45.48	-	\$23.27
99408	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast) and brief intervention (sbi) services; 15- 30 minutes	\$40.18	-	-	\$29.81	-	\$30.11
99409	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast) and brief intervention (sbi) services; greater than 30 minutes	\$78.99	-	-	\$58.60	-	\$59.19



E&M Services Facility

Medicaid Funded Services

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

650 - LCSW, LMFT, LPC

652 - Nurse Practitioner - Psychiatric

649 - LCAS, CCS

635 - Physician Assistant - all services

* For non psychiatric nurse practitioner, other physician specialty and services in a facilities, see rates published on NC Medicaid Fee Schedules

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

Provider Code	Service	656	651	650	652	649	635
99202	New patient office or other outpatient visit, typically 20 minutes	\$75.24	-	-	\$63.96	-	\$42.13
99203	New patient office or other outpatient visit, typically 30 minutes	\$109.00	-	-	\$92.66	-	\$63.73
99204	New patient office or other outpatient visit, typically 45 minutes	\$169.04	-	-	\$143.69	-	\$107.81
99205	New patient office or other outpatient visit, typically 60 minutes	\$213.69	-	-	\$181.63	-	\$140.78
99211	Established patient office or other outpatient visit, typically 5 minutes	\$22.00	-	-	\$18.70	-	\$7.72
99212	Established patient office or other outpatient visit, typically 10 minutes	\$43.81	-	-	\$37.24	-	\$21.23
99213	Established patient office or other outpatient visit, typically 15 minutes	\$75.00	-	-	\$63.75	-	\$42.85
99214	Established patient office or other outpatient, visit typically 25 minutes	\$110.23	-	-	\$93.69	-	\$65.69
99215	Established patient office or other outpatient, visit typically 40 minutes	\$149.08	-	-	\$126.70	-	\$92.83
99221	Initial hospital inpatient care, typically 30 minutes per day	\$108.60	-	-	\$92.31	-	\$84.44

99222	Initial hospital inpatient care, typically 50 minutes per day	\$148.21	-	-	\$125.97	-	\$114.24
99223	Initial hospital inpatient care, typically 70 minutes per day	\$218.23	-	-	\$185.50	-	\$169.58
99231	Subsequent hospital inpatient care, typically 15 minutes per day	\$48.02	-	-	\$40.82	-	\$33.60
99232	Subsequent hospital inpatient care, typically 25 minutes per day	\$80.82	-	-	\$68.71	-	\$60.90
99233	Subsequent hospital inpatient care, typically 35 minutes per day	\$115.38	-	-	\$98.40	-	\$87.25
99234	Hospital observation or inpatient care low severity, 40 minutes per day	\$153.21	-	-	\$130.22	-	\$114.79
99235	Hospital observation or inpatient care moderate severity, 50 minutes per day	\$201.25	-	-	\$171.07	-	\$150.78
99236	Hospital observation or inpatient care high severity, 55 minutes per day	\$250.14	-	-	\$212.63	-	\$187.41
99238	Hospital discharge day management, 30 minutes or less	\$79.92	-	-	\$67.91	-	\$61.02
99239	Hospital discharge day management, more than 30 minutes	\$116.14	-	-	\$98.71	-	\$90.03
99242	Outpatient consultation, moderate, typically 30 minutes	\$97.94	-	-	\$83.25	-	\$56.99
99243	Outpatient consultation, severe, typically 40 minutes	\$134.69	-	-	\$114.49	-	\$79.45
99244	Outpatient consultation, severe, typically 60 minutes	\$200.06	-	-	\$170.05	-	\$126.40
99245	Outpatient consultation, severe, typically 80 minutes	\$245.88	-	-	\$209.00	-	\$156.47
99252	Inpatient consultation, typically 40 minutes	\$82.71	-	-	\$70.30	-	\$61.48
99253	Inpatient consultation, typically 55 minutes	\$125.56	-	-	\$106.76	-	\$94.63
99254	Inpatient consultation, typically 80 minutes	\$181.62	-	-	\$154.38	-	\$137.45
99255	Inpatient consultation, typically 110 minutes	\$221.30	-	-	\$188.11	-	\$165.47
99281	Emergency department visit, self limited or minor problem	-	-	-	\$17.03	-	\$17.76
99282	Emergency department visit, low to moderately severe problem	-	-	-	\$33.13	-	\$34.61
99283	Emergency department visit, moderately severe problem	-	-	-	\$49.81	-	\$51.82
99284	Emergency department visit, problem of high severity	\$96.14	-	-	\$96.14	-	\$98.33
99285	Emergency department visit, problem with significant threat to life or function	\$142.93	-	-	\$142.93	-	\$144.87
99291	critical care, evaluation and management of the critically ill or critically, first 30-74 minutes	-	-	-	-	-	\$197.79

99304	initial nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	\$96.76	-	-	\$71.78	-	\$76.17
99305	initial nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	\$135.28	-	-	\$109.50	-	\$109.00
99306	initial nursing facility care, per day, for the evaluation and management of patient, typically 45 minutes	\$176.28	-	-	\$149.84	-	\$139.55
99307	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 10 minutes	\$47.75	-	-	\$40.60	-	\$37.14
99308	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 15 minutes	\$73.02	-	-	\$62.06	-	\$57.71
99309	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	\$102.95	-	-	\$87.51	-	\$76.26
99310	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	\$148.04	-	-	\$125.83	-	\$113.48
99315	Nursing facility discharge day management, 30 minutes or less	\$78.79	-	-	\$66.97	-	\$60.81
99316	Nursing facility discharge management, more than 30 minutes	\$126.94	-	-	\$107.90	-	\$88.54
99341	home visit for the evaluation and management of a new patient, typically 20 minutes	\$64.91	-	-	\$55.17	-	\$48.63
99342	home visit for the evaluation and management of a new patient, typically 30 minutes	\$94.54	-	-	\$80.37	-	\$70.83
99344	home visit for the evaluation and management of a new patient, typically 60 minutes	\$199.88	-	-	\$169.90	-	\$152.76
99345	home visit for the evaluation and management of a new patient, typically 75 minutes	\$240.43	-	-	\$204.36	-	\$185.44
99347	home visit for the evaluation and management of an established patient, typically 15 minutes	\$63.35	-	-	\$53.83	-	\$47.46
99348	home visit for the evaluation and management of an established patient, typically 25 minutes	\$95.63	-	-	\$81.30	-	\$71.66
99349	home visit for the evaluation and management of an established patient, typically 40 minutes	\$139.27	-	-	\$118.38	-	\$107.47
99350	home visit for the evaluation and management of an established patient, typically 60 minutes	\$194.18	-	-	\$165.05	-	\$149.41

99406	smoking & tobacco use cessation counseling visit; intermediate, >3 mins, max 10 mins	\$15.59	-	-	\$19.48	-	\$10.44
99407	smoking & tobacco use cessation counseling visit; intensive, > 10 mins	\$24.23	-	-	\$41.49	-	\$21.56
99408	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast) and brief intervention (sbi) services; 15- 30 minutes	\$40.18	-	-	\$28.58	-	\$28.87
99409	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast) and brief intervention (sbi) services; greater than 30 minutes	\$78.99	-	-	\$57.37	-	\$57.94



General Behavioral Health Services Taxonomy Permissions

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

Provider Code	Modifier	Service	Effective Date	Rate
97129		Cognitive Rehabilitation	Effective 10/1/2025	\$25.00
97130		Cognitive Rehabilitation	Effective 10/1/2025	\$25.00
H2011	HI	Crisis Intervention and Stabilization	Effective 10/1/2025	\$8.14
H2015		Community Networking	Effective 10/1/2025	\$7.02
H2015	HQ	Community Networking - Group	Effective 10/1/2025	\$3.54
H2015	U1	Community Networking - Classes/conferences	Effective 10/1/2025	By Invoice
H2015	U2	Community Networking - Transportation	Effective 10/1/2025	By Invoice
H2016	22	Residential Supports 1	Effective 10/1/2025	\$163.08
H2016	U2 22	Residential Supports Level 1 - AFL	Effective 10/1/2025	\$163.08
H2025		Supported Employment - Individual	Effective 10/1/2025	\$9.06
H2025	HQ	Supported Employment - Group	Effective 10/1/2025	\$2.74
S5110		Natural Supports Education	Effective 10/1/2025	\$8.53
S5111		Natural Supports Education - Conference	Effective 10/1/2025	By Invoice
S5125		Personal Care	Effective 10/1/2025	\$5.21
S5125	GC	Personal Care RAP	Effective 9/1/2026	\$3.54
S5150		Respite Care - Community Individual	Effective 10/1/2025	\$5.38
S5150	HQ	Respite Care - Community Group	Effective 10/1/2025	\$3.69
S5150	US	Respite Care - Community Individual/Group/Institutional	Effective 10/1/2025	\$275.63

S5165		Home Modifications	Effective 10/1/2025	By Invoice
S5170		Home Delivered Meals	Effective 10/1/2025	\$6.99
T1005	TD	Respite Care Nursing - RN	Effective 10/1/2025	\$11.16
T1005	TE	Respite Care Nursing - LPN	Effective 10/1/2025	\$11.16
T1015		In Home Intensive	Effective 10/1/2025	\$5.21
T2012	GC U5	Life Skilles Training Live-in Caregiver RAP	Effectove 9/1/2026	\$6.93
T2012	GC HQ U5	Life Skills Training Group Live-in Caregiver RAP	Effective 9/1/2026	\$4.30
T2012	U5	Life Skills Training Individual - Community Only	Effective 10/1/2025	\$6.93
T2012	HQ U5	Life Skills Training Group - Community Only	Effective 10/1/2025	\$4.30
T2013	TF U5	Life Skills Training - Individual	Effective 10/1/2025	\$6.93
T2013	TF HQ U5	Life Skills Training - Group	Effective 10/1/2025	\$4.64
T2014	22	Residential Supports 2	Effective 10/1/2025	\$199.29
T2014	U2 22	Residential Supports Level 2 - AFL	Effective 10/1/2025	\$199.29
T2017		Remote Supports	Effective 10/1/2025	\$11.54
T2020	22	Residential Supports 3	Effective 10/1/2025	\$266.38
T2020	U2 22	Residential Supports Level 3 - AFL	Effective 10/1/2025	\$266.38
T2021	22	Day Supports - Individual	Effective 10/1/2025	\$31.20
T2021	22 HQ	Day Supports - Group	Effective 10/1/2025	\$17.25
T2025		Specialized Consultative Services	Effective 10/1/2025	\$38.00
T2025	U3	Crisis Behavioral Consultation	Effective 10/1/2025	\$18.75
T2029		Assistive Technology - Equipment and Supplies	Effective 10/1/2025	By Invoice
T2033	22	Supported Living Level 1	Effective 10/1/2025	\$223.19
T2033	HI 22	Supported Living Level 2	Effective 10/1/2025	\$325.53
T2033	TF 22	Supported Living Level 3	Effective 10/1/2025	\$427.33

T2033	U1 22	Supported Living Periodic	Effective 10/1/2025	\$8.00
T2034		Out of Home Crisis	Effective 10/1/2025	\$235.00
T2038		Community Transition Supports	Effective 10/1/2025	By Invoice
T2039		Vehicle Adaptations	Effective 10/1/2025	By Invoice
T2041	U5	Resource Facilitation	Effective 10/1/2025	\$150.00



TBI-Occupational Therapy

General Behavioral Health Services Taxonomy Permissions

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

Provider Code	Modifier	Service	Effective Date	Rate
29075		APPLICATION OF FOREARM CAST	Effective 10/1/2025	\$61.09
29085		APPLICATION HAND/WRIST CAST	Effective 10/1/2025	\$65.19
29105		APPLICATION LONG ARM SPLINT	Effective 10/1/2025	\$60.56
29125		APPLICATION FOREARM SPLINT	Effective 10/1/2025	\$46.80
29126		APPLICATION SHORT ARM SPLINT DYNAMIC	Effective 10/1/2025	\$54.00
29130		APPLICATION FINGER SPLINT STATIC	Effective 10/1/2025	\$28.88
29131		APPLICATION FINGER SPLINT DYNAMIC	Effective 10/1/2025	\$35.48
29240		STRAPPING OF SHOULDER	Effective 10/1/2025	\$42.65
29260		STRAPPING OF ELBOW OR WRIST	Effective 10/1/2025	\$36.71
29280		STRAPPING OF HAND OR FINGER	Effective 10/1/2025	\$35.39
29530		STRAPPING OF KNEE	Effective 10/1/2025	\$37.32
29540		STRAPPING OF ANKLE AND/OR FOOT	Effective 10/1/2025	\$30.87
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Effective 10/1/2025	\$62.42
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	Effective 10/1/2025	\$60.34
96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	Effective 10/1/2025	\$81.64
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	Effective 10/1/2025	\$22.90
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	Effective 10/1/2025	\$23.55
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	Effective 10/1/2025	\$20.05
97140		MANUAL THERAPY TECHNIQUES	Effective 10/1/2025	\$21.25
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	Effective 10/1/2025	\$64.13
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	Effective 10/1/2025	\$64.13
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINS	Effective 10/1/2025	\$64.13

97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	Effective 10/1/2025	\$42.32
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT	Effective 10/1/2025	\$24.10
97533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	Effective 10/1/2025	\$21.27
97535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	Effective 10/1/2025	\$24.13
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	Effective 10/1/2025	\$22.15
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)	Effective 10/1/2025	\$23.46
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)	Effective 10/1/2025	\$25.91
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	Effective 10/1/2025	\$23.18
97763		ORTHC/PROSTC MGMT SBSQ ENC	Effective 10/1/2025	\$26.40



TBI-Physical Therapy

General Behavioral Health Services Taxonomy Permissions

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

Provider Code	Modifier	Service	Effective Date	Rate
29075		APPLICATION OF FOREARM CAST	Effective 10/1/2025	\$61.09
29085		APPLICATION HAND/WRIST CAST	Effective 10/1/2025	\$65.19
29105		APPLICATION LONG ARM SPLINT	Effective 10/1/2025	\$60.56
29125		APPLICATION FOREARM SPLINT	Effective 10/1/2025	\$46.80
29126		APPLICATION SHORT ARM SPLINT DYNAMIC	Effective 10/1/2025	\$54.00
29130		APPLICATION FINGER SPLINT STATIC	Effective 10/1/2025	\$28.88
29131		APPLICATION FINGER SPLINT DYNAMIC	Effective 10/1/2025	\$35.48
29240		STRAPPING OF SHOULDER	Effective 10/1/2025	\$42.65
29260		STRAPPING OF ELBOW OR WRIST	Effective 10/1/2025	\$36.71
29280		STRAPPING OF HAND OR FINGER	Effective 10/1/2025	\$35.39
29530		STRAPPING OF KNEE	Effective 10/1/2025	\$37.32
29540		STRAPPING OF ANKLE AND/OR FOOT	Effective 10/1/2025	\$30.87
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Effective 10/1/2025	\$62.42
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	Effective 10/1/2025	\$60.34
96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	Effective 10/1/2025	\$81.64
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	Effective 10/1/2025	\$22.90
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	Effective 10/1/2025	\$23.55
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	Effective 10/1/2025	\$20.05
97140		MANUAL THERAPY TECHNIQUES	Effective 10/1/2025	\$21.25
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	Effective 10/1/2025	\$64.13
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	Effective 10/1/2025	\$64.13
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINS	Effective 10/1/2025	\$64.13

97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	Effective 10/1/2025	\$42.32
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT	Effective 10/1/2025	\$24.10
97533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	Effective 10/1/2025	\$21.27
97535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	Effective 10/1/2025	\$24.13
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	Effective 10/1/2025	\$22.15
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)	Effective 10/1/2025	\$23.46
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)	Effective 10/1/2025	\$25.91
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	Effective 10/1/2025	\$23.18
97763		ORTHC/PROSTC MGMT SBSQ ENC	Effective 10/1/2025	\$26.40



TBI-Speech Therapy

General Behavioral Health Services Taxonomy Permissions

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

Provider Code	Modifier	Service	Effective Date	Rate
92507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	Effective 10/1/2025	\$66.89
92508		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	Effective 10/1/2025	\$23.40
92521		EVALUATION OF SPEECH FLUENCY	Effective 10/1/2025	\$91.67
92522		EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	Effective 10/1/2025	\$74.55
92523		EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	Effective 10/1/2025	\$154.64
92524		BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	Effective 10/1/2025	\$77.33
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Effective 10/1/2025	\$62.42
92550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	Effective 10/1/2025	\$12.94
92551		HEARING TEST	Effective 10/1/2025	\$8.10
92552		HEARING TEST	Effective 10/1/2025	\$16.32
92553		HEARING TEST	Effective 10/1/2025	\$20.83
92555		SPEECH AUDIOMETRY THRESHOLD;	Effective 10/1/2025	\$12.11
92556		SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	Effective 10/1/2025	\$18.16
92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION	Effective 10/1/2025	\$37.80
92567		TYMPANOMETRY	Effective 10/1/2025	\$13.78
92568		ACOUSTIC REFLEX TESTING	Effective 10/1/2025	\$12.11
92570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING)	Effective 10/1/2025	\$25.09
92571		SPECIAL HEARING TEST	Effective 10/1/2025	\$12.41
92572		SPECIAL HEARING TEST	Effective 10/1/2025	\$2.88
92576		SPECIAL HEARING TEST	Effective 10/1/2025	\$15.94
92579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	Effective 10/1/2025	\$22.91
92582		SPECIAL HEARING TEST	Effective 10/1/2025	\$22.91

92583		SPECIAL HEARING TEST	Effective 10/1/2025	\$25.01
92585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	Effective 10/1/2025	\$80.72
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	Effective 10/1/2025	\$29.48
92588		EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	Effective 10/1/2025	\$48.76
92601		COCHLEAR IMPLT F/UP EXAM <7	Effective 10/1/2025	\$119.93
92602		REPROGRAM COCHLEAR IMPLT <7	Effective 10/1/2025	\$74.66
92603		COCHLEAR IMPLT F/UP EXAM 7/>	Effective 10/1/2025	\$108.30
92604		REPROGRAM COCHLEAR IMPLT 7/>	Effective 10/1/2025	\$64.14
92607		EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	Effective 10/1/2025	\$117.41
92608		EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	Effective 10/1/2025	\$22.45
92609		THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	Effective 10/1/2025	\$62.39
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	Effective 10/1/2025	\$60.34
92612		ENDOSCOPIC STUDY OF SWALLOWING	Effective 10/1/2025	\$121.27
92620		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	Effective 10/1/2025	\$59.05
92621		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	Effective 10/1/2025	\$13.71
92626		EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	Effective 10/1/2025	\$64.19
92627		EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	Effective 10/1/2025	\$15.65
92628		EVAL HEARING AID CAND 1ST 30	Effective 1/1/2026	\$52.29
92629		EVAL HEARING AID CAND EA ADD	Effective 1/1/2026	\$52.29
92630		AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	Effective 10/1/2025	\$109.18
92631		HEARING AID SLCTN SVC 1ST 30	Effective 1/1/2026	\$52.29
92632		HEARING AID SLCTN SVC EA ADD	Effective 1/1/2026	\$52.29
92633		AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	Effective 10/1/2025	\$109.18
92634		HEARING AID FITG SVC 1ST 60	Effective 1/1/2026	\$23.04
92635		HEARING AID FITG SVC EA ADDL	Effective 1/1/2026	\$52.29
92636		HEARING AID POST-FITG F-UP 1	Effective 1/1/2026	\$23.04
92637		HEARING AID PST-FITG F-UP EA	Effective 1/1/2026	\$52.29
92638		BHVL VERIF OF AMPLIFICATION	Effective 1/1/2026	\$3.87
92639		HEARING AID MEAS VERIF	Effective 1/1/2026	\$3.87
92641		HEARING DEV VERIF EACOUS ALY	Effective 1/1/2026	\$25.15

92642		HEARING ASSTV DEV FITG SVC	Effective 1/1/2026	\$23.04
96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	Effective 10/1/2025	\$119.57