Update for December 2024
Update for BH Day Treatment H2012 HA - new rate $ 59.29 effective 11/01/24
Removed end dated codes H2023 U4 Z1-Z9 no impact on claims
Update for November 2024
Updated rates for Community transition - MH Services H0043 22 and H0043 U4 22 effective 11/01/24
Update for November 2024
Increased rates for Enhanced Mental Health Services H0010, H0014 and H0014 HF effective 12/01/24
Update for October 2024
Updated rates for CLS and Respite Services: T2013 TF, T1005 TD, T1005 TF, S5150 HQ effective 10/01/24
Update for Psychological Testing MD and LPA Services 96130 and 96131 effective 11/01/24
Update for September 2024 - addition
Update for Case Coordination Service H0036 HK22 - end date 12/31/2024
Update for September 2024
Clinical Nurse Specialist updates Rates Effective 9/1/2024
Update for August 2024 - addition
Added IPS rates with GT modifiers (highlighted in yellow) effective 2/19/2024 - no provider impact
Update for August 2024
Update for SAIOP and SACOT rates: H0015 - $170.03, H2035 - $58.61 effective 08/01
Update for TBI service codes 97129 and 97130 - new rate $25 effective 09/01
Update for July 2024
New rates for the following services effective 07.01.2024
https://ncdhhs.servicenowservices.com/fee_schedules
Updated rates for OTP Services effective 7.01.2024 highlighted in yellow
Revised rates for 96112 LPA/LP and NP services - Non-Fac $147.53, Fac.$146.02
Update for T1019 U4 22 Z1 end date - 8/31/2024
Update for June 2024
Correction for 96112 LPA/LP services - the current Non-Facility rate is $120.72
Removed 90837 EN, 90837 U3 HE, 90837 22 FE (No provider impact)
Removed H0032 U3 and H0032 U3 Z1 (No provider impact)
Update for April - May 2024
Updates for Residential Support Services Effective 5.1.24, see highlighted in green
Revised Updates for E&M Services Effective 1.1.24, see highlighted in green
Revised Update for April 2024
Outpatient Services Effective 5.1.24
LCAS, LP/LPA, and LCSW Specialized Services changes highlighted in green effective 5.1.24

Revised Update for March 2024
Revision of BH ILOS Rates (highlighted in yellow) effective 3/1/2024 for all Alliance Counties. Please contact your Provider Network Specialist for any rate concerns.
Removed H0035 22, H0036 U3 HK FE, H0040 TS, H2033 22 HE, H2011 TS (No provider Impact)
Update for March 2024
Increased rates for Innovations and Medicaid Direct (highlighted in yellow) Rates effective 3/1/2024 for all Alliance Counties. Please contact your Provider Network Specialist for any rate concerns.
Added S5170 TBI - Home Delivered Meals
Removed 99212 22, 99213 22, 992114 22 (No provider Impact)
Update for February 2024
H0040 ACTT rate increase to $398.68 effective 1/1/24
H0038 Peer Support Individual increase to $15.50 effective 1/1/24
H0038 HQ Peer Support Group increase to $3.74 effective 1/1/24
County only.
Update for January 2024
Outpatient Services Effective 2.1.24
LCAS, MD/Psych, NP/Cert Nurse, and PA changes highlighted in green effective 2.1.24

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	
Physician Services - Psychiatric	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
MEDICAID SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Procedure Code	Modifier	Service Description	Billing Unit	Rate effective January 1, 2024	Harrnett County Rates Only effective 2/1/2024	Rate effective March 1, 2024 for all Alliance Counties	Rate effective May 1, 2024	Rate effective Aug 1, 2024	Rate effective Nov 1, 2024	Rate effective Dec 1, 2024	Limit*	GT can be billed	KX can be billed
H0010		Non-Hospital Medical Detoxification	Per diem	$ 325.58			$ 358.74			$ 756.65	*		
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						$ 31.17			
H0014	HF	Ambulatory Detoxification	15 minutes	$ 21.27			$ 21.37			$ 34.43			
H0015		SA Intensive Outpatient Program	Per diem	$ 133.72				$ 170.03			*		
H0018	HA	Residential Supports for Complex Needs	Per diem	$ 450.00	$ 572.40	$ 572.40							
H0019	HK	HRI Residential Level IV 4 beds or less	Per diem	$ 401.45	$ 411.03	$ 411.03							
H0019	HQ	HRI Residential Level III 4 beds or less	Per diem	$ 296.12	$ 305.05	$ 305.05							
H0019	HQ 22	Enhanced HRI Residential Level III 4 beds or less	Per diem	$ 552.05									
H0019	TJ	HRI Residential Level III 5 beds or more	Per diem	$ 241.28	$ 252.97	$ 252.97							
H0019	UR	HRI Residential Level IV 5 beds or more	Per diem	$ 401.45	$ 411.03	$ 411.03							
H0020		Opioid Maintenance Therapy OMT	Weekly	$ 254.93									
H0032	U5	High Fidelity Wraparound - Effective May 1, 2023	Monthly	$ 1,784.00	$ 2,219.30	$ 2,219.30							
H0032	U5 U1	High Fidelity Wraparound encounter - Effective May 1, 2023	Per event	$ 0.01									
H0035		Partial Hospitalization	Per diem	$ 171.01									
H0036	22 IE	Intercept Model - encounter	Per event	$ 0.01									
H0036	HK 22	Case Coordination		$ 1,345.00		$ 1,412.25	effective until 12/31/2024						
H0038		Peer Support Individual	15 minutes	$ 15.50								X	X
H0038	HQ	Peer Support Group	15 minutes	$ 3.74								X	X
H0038	22	Peer Support Services - TCL	Monthly	$ 1,320.00	$ 1,709.40	$ 1,709.40							
H0038	22 Z1	Peer Support Services - TCL encounter	Per event	$ 0.01									
H0040		ACTT	Per event	$ 398.68									
H0040	22	ACTT Encounter	Per contact	$ 0.01							**		
H0040	U5	ACTT Step Down - effective May 1, 2023	Per event	$ 324.00	$ 398.68	$ 398.68							
H0040	U5 HA	ACTT Child - effective May 1, 2023	weekly	$ 1,030.00	$ 1,390.50	$ 1,390.50							
H0046		HRI Residential Level I	Per diem	$ 86.25	$ 94.88	$ 94.88							
H2011		Mobile Crisis Management	15 minutes	$ 99.00									
H2011	22	Mobile Outreach Response Engagement Stabilization (MORES)	Per Week	$ 580.11	$ 638.12	$ 638.12							
H2012	HA	Day Tx Behavioral Health Child	Per hour	$ 45.00					$ 59.29				
H2015	HT HO	Community Support Team Licensed Team Lead	15 minutes	$ 29.31	$ 30.42	$ 30.42							
H2015	HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	15 minutes	$ 29.31	$ 30.42	$ 30.42							
H2015	HT HN	Community Support Team QP/AP	15 minutes	$ 29.31	$ 30.42	$ 30.42							
H2015	HT U1	Community Support Team Peer Support	15 minutes	$ 29.31	$ 30.42	$ 30.42							
H2015	HT HM	Community Support Team Para Professional	15 minutes	$ 29.31	$ 30.42	$ 30.42							
H2017		Psychosocial Rehabilitation	15 minutes	$ 3.48	$ 3.55	$ 3.55							
H2020		HRI Residential Level II Group Setting	Per diem	$ 160.61	$ 168.42	$ 168.42							
H2022		Intensive In Home	Per diem	$ 298.15									
H2022	HE U5	In Home Therapy Services	Per Week	$ 280.00	$ 348.32								
H2022	TS U5	In Home Therapy Services Encounters - effective May 1, 2023	Per event	$ 0.01									
H2022	U3 HE FE	PRTF Pilot		$ 1,400.00									
H2022	U5	Transitional Youth Services	Monthly	$ 1,633.00	$ 2,031.45	$ 2,031.45							
H2022	U5 U1	FCT - Core Monthly - Effective May 1, 2023	Monthly	$ 3,220.00	$ 3,481.66	$ 3,481.66							

ALLIANCE HEALTH MEDICAID SERVICE RATES GENERAL BH SERVICES TAXONOMY PERMISSIONS													
Procedure Code	**Modifier**	**Service Description**	**Billing Unit**	**Rate effective January 1, 2024**	**Harrnett County Rates Only effective 2/1/2024**	**Rate effective March 1, 2024 for all Alliance Counties**	**Rate effective May 1, 2024**	**Rate effective Aug 1, 2024**	**Rate effective Nov 1, 2024**	**Rate effective Dec 1, 2024**	**Limit***	**GT can be billed**	**KX can be billed**
H2022	U5 U2	FCT - Encounter - Effective May 1, 2023	Per event	$ 0.01									

ALLIANCE HEALTH
MEDICAID SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Procedure Code	Modifier	Service Description	Billing Unit	Rate effective January 1, 2024	Harrnett County Rates Only effective 2/1/2024	Rate effective March 1, 2024 for all Alliance Counties	Rate effective May 1, 2024	Rate effective Aug 1, 2024	Rate effective Nov 1, 2024	Rate effective Dec 1, 2024	Limit*	GT can be billed	KX can be billed
H2022	U5 U3	FCT - 3 Month Outcome - Effective May 1, 2023	1 Time	$ 600.00	$ 861.66	$ 861.66							
H2022	U5 U4	FCT - 6 Month Outcome - Effective May 1, 2023	1 Time	$ 600.00	$ 861.66	$ 861.66							
H2033	22	Multi Systemic Therapy - Encounter only	Per event	$ 0.01									
H2033	U3 HE	Multi Systemic Therapy - Payment	Per month	$ 4,140.00	$ 4,554.00	$ 4,554.00							
H2035		SA Comprehensive Outpatient Treatment	Per hour	$ 46.07				$ 58.61			*		
Q3014	GT	Telehealth Orig Site Fee	Per event	$ 21.25								X	
S5145		HRI Residential Level II Family Setting	Per diem	$ 175.00									
S5145	22 HA	IAFT	Per diem	$ 346.92									
S5145	22 Z3	Rapid Response	Per diem	$ 254.40									
S5145	22 Z4	TFC - Oregon Model	Per diem	$ 408.00									
S5145	U5	Rapid Response - Mecklenburg and Orange only	Per diem	$ 254.40									
S5145	U5 Z1	TFC Family Outcome	Per diem	$ 33.00									
S5145	U5 Z2	TFC Program Outcome	One time	$ 400.00									
S9484		Facility Based Crisis Services	Per hour	$ 33.00									
S9484	HA	Facility Based Crisis Services	Per hour	$ 37.32									
T1023		Diagnostic Assessment	Per event	$ 298.93								X	
T2016	TF U5	Short Term Residential Stabilization	Per diem	$ 303.00									
T2016	U5	Behavioral Health Urgent Care	Per event	$ 525.00	$ 614.25	$ 614.25							
T2016	U5 U1	Long Term Community Supports (LCTS) Level 1	Per diem	$ 136.00									
T2016	U5 U2	Long Term Community Supports (LCTS) Level 2	Per diem	$ 159.47									
T2016	U5 U3	Long Term Community Supports (LCTS) Level 3	Per diem	$ 184.25									
T2016	U5 U4	Long Term Community Supports (LCTS) Level 4	Per diem	$ 222.20									
T2016	U5 U6	Long Term Community Supports (LCTS) Level 5	Per diem	$ 213.53									
***Not subject to TPL or Medicare**													
****Claims will not be paid to provider. Used for informational purposes only.**													

ALLIANCE HEALTH
1915i SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Please note that Alliance is trying to provide up to date information regarding 1915i and 1915 (b)(3) services. As we have changes, we will publish updates to the rates.

Procedure Code	Modifier	Service Description	Billing Unit	Original Rates	Rate Effective 01/01/2024	Rate Effective 02/19/2024	Rate Effective 11/01/2024	GT can be billed
H0043	U4 22	Community transition - MH	1 time	$ 2,500	$ 2,500		$5,000	
H0045	U4	Respite B3 Individual Child	15 minutes	$ 5.54	$ 6.67			
H0045	HQ U4	Respite B3 Group Child	15 minutes	$ 3.27	$ 3.84			
H0045	HB U4	Respite B3 Individual Adult	15 minutes	$ 5.54	$ 6.67			
H0045	HQ HB U4	Respite B3 Group Adult	15 minutes	$ 3.27	$ 3.84			
H2023	U4	Initial Individual Supported Employment - I/DD	15 minutes	$ 11.75	$ 12.88			
H2023	HQ U4	Initial Group Supported Employment - I/DD	15 minutes	$ 2.80	$ 3.37			
H2026	U4	Maintenance Individual Supported Employment - I/DD	15 minutes	$ 11.75	$ 12.88			
H2026	HQ U4	Maintenance Group Supported Employment - I/DD	15 minutes	$ 1.54	$ 2.11			
T1019	U4	Individual Support (subject to EVV)	15 minutes	$ 18.08	$ 19.21			
T1019	U4 TS	Individual Support (non-EVV, only in the community)	15 minutes	$ 18.08	$ 19.21			
T2012	U4	Community Living and Supports Individual (non-EVV, only in the community)	15 minutes	$ 5.80	$ 6.93			
T2012	GC U4	Community Living and Supports relative as provider lives in home (non-EVV)	15 minutes	$ 5.80	$ 6.93			
T2013	TF HQ U4	Community Living and Supports Group (subject to EVV)	15 minutes	$ 3.73	$ 4.86			
T2013	TF U4	Community Living and Supports Individual (subject to EVV)	15 minutes	$ 5.80	$ 6.93			

ALLIANCE HEALTH
B3 SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Please note that Alliance is trying to provide up to date information regarding 1915i and 1915 (b)(3) services. As we have changes, we will publish updates to the rates.

Procedure Code	Modifier	Service Description	Billing Unit	Original Rates	Rate Effective 01/01/2024	Rate Effective 02/19/2024	Rate Effective 11/01/2024	GT can be billed
H0043	22	Community transition - MH	1 time	$ 2,500	$ 2,500		$ 5,000	
H0045		Respite B3 Individual Child	15 minutes	$ 5.54	$ 6.67			
H0045	HQ	Respite B3 Group Child	15 minutes	$ 3.27	$ 3.84			
H0045	HB	Respite B3 Individual Adult	15 minutes	$ 5.54	$ 6.67			
H0045	HQ HB	Respite B3 Group Adult	15 minutes	$ 3.27	$ 3.84			
H2023		Initial Individual Supported Employment - I/DD	15 minutes	$ 11.75	$ 12.88			
H2023	HQ	Initial Group Supported Employment - I/DD	15 minutes	$ 2.80	$ 3.37			
H2026		Maintenance Individual Supported Employment - I/DD	15 minutes	$ 11.75	$ 12.88			
H2026	HQ	Maintenance Group Supported Employment - I/DD	15 minutes	$ 1.54	$ 2.11			
T1019	HE	Individual Support (In Home Services Only) (subject to EVV)	15 minutes	$ 18.08	$ 19.21			
T1019	TS	Individual Support (non-EVV, only in the community)	15 minutes	$ 18.08	$ 19.21			
H2022	U4	Transitional Living Skills (In Home Services Only) (subject to EVV)	15 minutes	$ 18.08	$ 19.21			

ALLIANCE HEALTH
INNOVATIONS SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Procedure Code	Modifier	Service Description	Billing Unit	Original Rates	Rate effective July 1, 2023	Harrnett County Rates Only effective 2/1/2024	Rate effective 01/01/2024 for all Alliance Counties	Rate effective 05/01/2024 for all Alliance Counties	Rate effective 10/01/2024 for all Alliance Counties	Limitation*	GT can be billed	CR XU can be billed
H2011	HI	Primary Crisis Response	15 minutes	$ 8.14	$ 8.14							
H2015		Community Networking	15 minutes	$ 5.89	$ 7.02							X
H2015	HQ	Community Networking - Group	15 minutes	$ 3.16	$ 3.54							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	$ 141.78	$ 150.79	$ 150.79					X
H2016	U2	Residential Supports Level 1 - AFL	Per diem	$ 114.83	$ 137.01			$ 153.44				X
H2016	HI	Residential Supports Level 4	Per diem	$ 184.36	$ 213.29			$ 220.94				X
H2016	HI U2	Residential Supports Level 4 - AFL	Per diem	$ 187.28	$ 216.21			$ 225.36				X
H2016	HI 22	Enhanced Residential Supports Level 4	Per diem	$ 298.45	$ 327.38							
H2016	HI U2 22	Enhanced Residential Supports Level 4 - AFL	Per diem	$ 298.45	$ 327.38							
H2025		Supported Employment Services - Individual	15 minutes	$ 7.93	$ 9.06							X
H2025	HQ	Supported Employment Services - Group	15 minutes	$ 2.17	$ 2.74							X
H2025	TS	Supported Employment - Long Term Follow Up - Individual	15 minutes	$ 7.39	$ 9.06							X
H2025	TS HQ	Supported Employment - Long Term Follow Up Group	15 minutes	$ 1.90	$ 2.74							X
S5110		Natural Supports Education	15 minutes	$ 8.53	$ 8.53							
S5111		Natural Supports Education - Conference	By invoice							$1,000 per waiver year		
S5150		Respite Care - Community Individual	15 minutes	$ 4.25	$ 5.38							
S5150	HQ	Respite Care - Community Group	15 minutes	$ 2.96	$ 3.34				$ 3.69			
S5150	US	Respite Care - Community Facility	Per diem	$ 251.52	$ 275.63							
S5150	22 Z5	Respite Care - Individual Enhanced	15 minutes	$ 5.02	$ 6.15							
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	$ 6.99							
T1005	TD	Respite Care Nursing - RN	15 minutes	$ 9.90	$ 9.95	$ 10.02	$ 10.02		$ 11.16			
T1005	TE	Respite Care Nursing - LPN	15 minutes	$ 9.90	$ 9.95	$ 10.02	$ 10.02		$ 11.16			
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	$ 6.93							
T2012	GC HQ	Community Living and Supports Live-in Caregiver Group	15 minutes	$ 3.73	$ 4.30							
T2012		Community Living and Supports Individual (Community)	15 minutes	$ 5.80	$ 6.93							
T2012	HQ	Community Living and Supports Group (Community)	15 minutes	$ 3.73	$ 4.30							
T2012	GC 22	Enhanced Program Community Living and Supports RAP	15 minutes	$ 7.05	$ 8.18							
T2012	22	Enhanced Community Living and Supports (Community)	15 minutes	$ 7.05	$ 8.18							
T2013	TF	Community Living and Supports - Individual	15 minutes	$ 6.33	$ 7.46				$ 7.54		X	X
T2013	TF 22	Enhanced Community Living and Supports	15 minutes	$ 7.05	$ 8.18							
T2013	TF HQ	Community Living and Supports - Group	15 minutes	$ 4.07	$ 4.64							X
T2014		Residential Supports Level 2	Per diem	$ 140.35	$ 169.28	$ 201.04	$ 201.04					X
T2014	U2	Residential Supports Level 2 - AFL	Per diem	$ 147.68	$ 176.61			$ 205.06				X
T2020		Residential Supports Level 3	Per diem	$ 162.36	$ 191.29			$ 210.42				X
T2020	U2	Residential Supports Level 3 - AFL	Per diem	$ 167.49	$ 196.42			$ 214.63				X
T2021	22	Day Supports - Individual	Hourly	$ 26.68	$ 31.20							X
T2021	22 HQ	Day Supports - Group	Hourly	$ 15.28	$ 16.79	$ 17.25	$ 17.25					X
T2021	22 Z1	Enhanced Day Supports - Individual	Hourly	$ 27.31	$ 31.83							X
T2025		Specialized Consultative Services	15 minutes	$ 38.00	$ 38.00							

ALLIANCE HEALTH INNOVATIONS SERVICE RATES GENERAL BH SERVICES TAXONOMY PERMISSIONS												
Procedure Code	**Modifier**	**Service Description**	**Billing Unit**	**Original Rates**	**Rate effective July 1, 2023**	**Harrnett County Rates Only effective 2/1/2024**	**Rate effective 01/01/2024 for all Alliance Counties**	**Rate effective 05/01/2024 for all Alliance Counties**	**Rate effective 10/01/2024 for all Alliance Counties**	**Limitation***	**GT can be billed**	**CR XU can be billed**
T2025	HO	Specialized Consultative Services - BCBA	15 minutes	$ 38.00	$ 38.00							

ALLIANCE HEALTH
INNOVATIONS SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Procedure Code	Modifier	Service Description	Billing Unit	Original Rates	Rate effective July 1, 2023	Harrnett County Rates Only effective 2/1/2024	Rate effective 01/01/2024 for all Alliance Counties	Rate effective 05/01/2024 for all Alliance Counties	Rate effective 10/01/2024 for all Alliance Counties	Limitation*	GT can be billed	CR XU can be billed
T2025	22 HT	Specialized Consultative Services - BCBA - LIP	15 minutes	$ 38.00	$ 38.00							
T2025	U1	EOR Management of Funds	Monthly	$ 175.00	$ 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	$ 18.75							
T2027	22	Developmental Day	Hourly	$ 25.06	$ 29.58	$ 30.12	$ 30.12					X
T2029		Assistive Technology - Equipment and Supplies (ATES)	By invoice							$50,000 over the life of the waiver, combined with S5165 Home Mods		
T2033		Supported Living Level 1	Per diem	$ 169.75	$ 205.91							X
T2033	HI	Supported Living Level 2	Per diem	$ 218.65	$ 270.23							X
T2033	TF	Supported Living Level 3	Per diem	$ 360.00	$ 360.00							X
T2033	U1	Supported Living Periodic	15 minutes	$ 6.33	$ 7.46							
T2033	U2	Supported Living Transition	15 minutes	$ 5.80	$ 6.93							
T2034		Out of Home Crisis	Per diem	$ 235.00	$ 235.00							
T2038		Community Transition Supports	1 time							$5,000 over the life of the waiver		
T2039		Vehicle Adaptations	By invoice							$20,000 over the life of the waiver		
T2041		Community Navigator	Monthly	$ 150.00	$ 150.00							
T2041	22 Z1	Community Guide Training for Employer of Record	Monthly	$ 620.00	$ 620.00					30 hours		
T2041	U1	Community Guide Self Directed	Monthly	$ 150.00	$ 150.00							
*Specific limitations apply to computer and hardware. Please see Care Coordinator for details.												
** CR XU cannot be billed with COVID rate												
Innovations Supplies												
Procedure Co	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 GENERAL BH SERVICES TAXONOMY PERMISSIONS						
Procedure Code	**Procedure Code Description**	**Unit**	**Original Rates**	**Rate effective 01/01/2024**	**GT**	**KX**
97151	RB-BHT Comp Assessment	Per 15 minutes	$ 26.56	$ 30.56	X	
97152	RB-BHT Assessment Follow-Up	Per 15 minutes	$ 53.65	$ 61.73	X	
97153*	RB-BHT ABA Intervention-Individual	Per 15 minutes	$ 18.09	$ 20.81	X	
97154*	RB-BHT ABA Intervention-Group	Per 15 minutes	$ 9.88	$ 11.37	X	
97155	RB-BHT Supervision/Observation and Direction	Per 15 minutes	$ 28.00	$ 32.22	X	
97156	RB-BHT Family Training-Indivdual	Per 15 minutes	$ 20.60	$ 23.70	X	X
97157	RB-BHT Family Training-Group	Per 15 minutes	$ 10.00	$ 11.51	X	X
**This service can also be billed with a 96 or 96 GT CR*						

MEDICAID RATES SPECIFIC TO SERVICES PROVIDED DURING COVID CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS									
Procedure Code	**Mod**	**CPT Code Description**	**Unit**	**MD/ Psychiatrist**	**LP/LPA**	**LCSW/LPC/ LMFT**	**Nurse Practitioner/Nurse Specialist**	**LCAS/CCS**	**Physician Assistants**
99441		PHONE E/M PHYS/QHP 5-10 MIN	per event	$ 33.93			$ 28.84		$ 28.84
99442		PHONE E/M PHYS/QHP 11-20 MIN	per event	$ 56.69			$ 48.18		$ 48.18
99443		PHONE E/M PHYS/QHP 21-30 MIN	per event	$ 83.81			$ 71.24		$ 71.24
99446		NTRPROF PH1/NTRNET/EHR 5-10	per event	$ 18.56					
99447		NTRPROF PH1/NTRNET/EHR 11-20	per event	$ 37.47					
99448		NTRPROF PH1/NTRNET/EHR 21-30	per event	$ 56.03					
99449		NTRPROF PH1/NTRNET/EHR 31/>	per event	$ 74.66					

ALLIANCE HEALTH
MEDICAID OUTPATIENT SERVICE RATES
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS

Procedure Code	CPT Code Description	Unit	Original Rates MD/ Psychiatrist (NF & F)	Rate Effective Jul 1, 2024 MD/Psych Non-Facility	Rate Effective Jul,1 2024 MD/Psych Facility	Original Rates LP/LPA NF & F	Rate Effective Jul, 1 2024LP/LPA Non-Facility	Rate Effective Jul, 1 2024LP/LPA Facility	Original Rates LCSW/LPC/LMFT (NF & F)	Rate Effective Jul, 1 2024 LCSW/LPC/LMFT Non-Facility	Rate Effective Jul, 1 2024LCSW/LPC/LMFT Facility	Original Rates Nurse Practitioner (NF & F)	Rate Effective Jul, 1 2024 Nurse Practioner Non-Facility	Rate Effective Jul, 1 2024 Nurse Practioner Facility	Original Rate LCAS/CCS (NF& F)	Rate Effective Jul, 1 2024 LCAS/CCS Non-Facility	Rate Effective Jul, 1 2024 LCAS/CCS Facility	Original Rate Physician Assistants (NF & F)	Rates Effective Jul, 1 2024 PA Non-Facility	Rates Effective Jul, 1 2024 PA Facility	GT	KX	Col
90785	Interactive Complexity	per event	$ 14.58	$ 14.58	$ 13.00	$ 14.58	$ 14.58	$ 13.00	$ 10.94	$ 10.94	$ 9.75	$ 12.39	$ 12.39	$ 11.05	$ 10.94	$ 10.94	$ 9.75	$ 14.58	$ 14.58	$ 13.00	X	X	
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	$ 205.16	$ 205.16	$ 178.39	$ 205.16	$ 205.16	$ 178.39	$ 153.87	$ 153.87	$ 133.79	$ 174.39	$ 174.39	$ 151.63	$ 153.87	$ 153.87	$ 133.79	$ 205.16	$ 205.16	$ 178.39	X		
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	$ 229.63	$ 229.63	$ 202.49							$ 195.19	$ 195.19	$ 172.12				$ 229.63	$ 229.63	$ 202.49	X		
90832	Psychotherapy - 30 Minutes	16-37 minutes	$ 74.01	$ 74.01	$ 65.52	$ 74.01	$ 74.01	$ 65.52	$ 55.51	$ 55.51	$ 49.14	$ 62.91	$ 62.91	$ 55.69	$ 55.51	$ 55.51	$ 49.14	$ 74.01	$ 74.01	$ 65.52	X	X	
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	$ 67.73	$ 67.73	$ 60.82							$ 57.57	$ 57.57	$ 51.70				$ 67.73	$ 67.73	$ 60.82	X		
90834	Psychotherapy - 45 Minutes	38-52 minutes	$ 97.83	$ 97.83	$ 86.84	$ 97.83	$ 97.83	$ 86.84	$ 73.37	$ 73.37	$ 65.13	$ 83.16	$ 83.16	$ 73.81	$ 73.37	$ 73.37	$ 65.13	$ 97.83	$ 97.83	$ 86.84	X	X	
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	$ 85.87	$ 85.87	$ 77.08							$ 72.99	$ 72.99	$ 65.52				$ 85.87			X		
90837	Psychotherapy - 53+ Minutes	53+ minutes	$ 144.02	$ 144.02	$ 127.69	$ 144.02	$ 144.02	$ 127.69	$ 108.02	$ 108.02	$ 95.77	$ 122.42	$ 122.42	$ 108.54	$ 108.02	$ 108.02	$ 95.77	$ 144.02	$ 144.02	$ 127.69	X	X	
90838	Psychotherapy - 53+ Minutes Add on to E & M	53+ minutes	$ 116.59	$ 116.59	$ 102.25							$ 99.10	$ 99.10	$ 86.91				$ 113.56	$ 113.56	$ 102.25	X	X	
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	53+ minutes	$ 159.48	$ 159.48	$ 137.81	$ 159.48	$ 159.48	$ 137.81	$ 119.61	$ 119.61	$ 103.36	$ 135.56	$ 135.56	$ 117.14	$ 119.61	$ 119.61	$ 103.36				X	X	
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	74+ minutes	$ 134.26	$ 134.26	$ 116.02	$ 134.26	$ 134.26	$ 116.02	$ 100.69	$ 100.69	$ 87.01	$ 114.12	$ 114.12	$ 98.62	$ 100.69	$ 100.69	$ 87.01				X	X	
90845	Psychoanalysis	per event	$ 88.22	$ 88.22	$ 76.23								$ 71.89	$ 71.05									
90846	Family Therapy wo/patient	per event	$ 94.08	$ 94.08	$ 93.77	$ 94.08	$ 94.08	$ 93.77	$ 70.56	$ 70.56	$ 70.33	$ 79.97	$ 79.97	$ 79.70	$ 70.56	$ 70.56	$ 70.33	$ 94.08	$ 94.08	$ 93.77	X	X	
90847	Family Therapy w/patient	per event	$ 116.51	$ 116.51	$ 107.88	$ 114.18	$ 114.18	$ 108.54	$ 85.65	$ 85.65	$ 81.41	$ 97.04	$ 97.04	$ 92.25	$ 85.65	$ 85.65	$ 81.41	$ 110.75	$ 88.78	$ 83.74	X	X	
90849	Group Therapy Multiple Family Group	per event	$ 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			X	X	
90870	Electroconvulsive Therapy	per event	$ 166.08	$ 166.08	$ 124.67													$ 166.08					
96110*	Developmental Testing (limited)	per event	$ 11.99	$ 11.99	$ 11.99	$ 11.99	$ 11.99	$ 11.99				$ 11.99	$ 11.99	$ 11.99				$ 11.99	$ 8.49	$ 8.49			
96112	Developmental Testing first hour	per event	$ 147.53	$ 147.53	$ 146.02	$ 147.53	$ 147.53	$ 146.02				$ 147.53	$ 147.53	$ 146.02					$ 114.97	$ 108.62			
96113	Developmental Testing each additional hour	per event	$ 69.72	$ 69.72	$ 65.57	$ 69.72	$ 69.72	$ 65.57				$ 69.72	$ 69.72	$ 65.57					$ 51.31	$ 49.58			
96116	Neurobehavioral Status Exam	per hour	$ 108.59	$ 108.59	$ 94.26	$ 108.59	$ 108.59	$ 94.26															
96121	Neurobehavioral Status Exam each additional hour	per event	$ 89.22	$ 89.22	$ 79.42	$ 89.22	$ 89.22	$ 79.42															
96130	Psychological Testing Eval first hour	per event	$ 140.66	$ 140.66	$ 140.66	$ 140.66	$ 140.66	$ 140.66															
96131	Psychological Testing Eval each additional hour	per event	$ 107.58	$ 140.66	$ 140.66	$ 102.02	$ 102.02	$ 102.02															
96132	Neuropsychological Testing Eval first hour	per event	$ 151.60	$ 151.60	$ 140.58	$ 151.60	$ 151.60	$ 124.84															
96133	Neuropsychological Testing Eval each additional hour	per event	$ 140.58			$ 115.60	$ 115.60	$ 90.71															
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	per event	$ 53.79			$ 48.98	$ 48.98	$ 27.49															
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	per event	$ 53.79			$ 45.01	$ 45.01	$ 21.26															
96138	Psych test Tech two or more	1st 30 min	$ 37.99			$ 37.99	$ 37.99	$ 37.99				$ 37.99	$ 37.99	$ 37.99					$ 31.09	$ 31.09			
96139	Psych test tech two or more addon	Adtl 30 min	$ 39.13			$ 39.13	$ 39.13	$ 39.13				$ 39.13	$ 39.13	$ 39.13					$ 31.09	$ 31.09			
96146	Psychological or neuropsychological test, automated result	per event	$ 2.57	$ 2.57	$ 2.57	$ 2.57	$ 2.57	$ 2.57				$ 2.57	$ 2.57	$ 2.57					$ 1.66	$ 1.66			
96372	Medication Administration	per event	$ 18.74									$ 16.59						$ 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 (Thorzazine)	Per injection	$ 3.10									$ 3.10											

SPECIALIZED SERVICES

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist			LP/LPA Original Rate	Rate Effective 5/1/2024		LCSW/LPC/LMFT	Rate Effective 7/1/2024					LCAS/CCS	Rate Effective 7/1/2024					GT			
90791 TI	Comprehensive Trauma Informed Assessment	per event				$ 602.00	$ 674.24		$ 674.24															
90791 22 Z1	Trauma Focused Assessment	per event				$ 168.00	$ 208.02		$ 208.02						$ 208.02						X			
90791 22 Z2	Psychiatric Diagnostic Evaluation, Specialty Child Service	per event				$ 518.93	$ 580.16		$ 580.16						$ 580.16									
90832 22 Z1	TFCBT Individual therapy, 30 minutes	per event				$ 75.48	$ 97.20		$ 97.20						$ 97.20						X			
90834 22 Z1	TFCBT Individual therapy, 45 minutes	per event				$ 106.07	$ 139.02		$ 139.02						$ 139.02						X			
90837 22 Z1	TFCBT Individual therapy, 60 minutes	per event				$ 126.00	$ 165.92		$ 165.92						$ 165.92						X			
90837 22 Z2	PCIT Individual Therapy	per event				$ 126.00	$ 165.92		$ 165.92						$ 165.92						X			
90837 22 Z3	DBT Individual Therapy	per event				$ 110.96	$ 146.11		$ 146.11						$ 146.11						X			
90846 22 Z1	Family Therapy w/o Patient, Specialty Child Service	per event				$ 118.08	$ 127.10		$ 127.10						$ 127.10						X			
90846 22 EN	Family Therapy w/o Patient, PRTF					$ 0.01																		
90847 22 Z1	Family Therapy w/ Patient, Specialty Child Service	per event				$ 177.14	$ 186.37		$ 186.37						$ 186.37						X			
90849 22	MultiFamily Group PSB-CBT	per event				$ 585.46																		
90853 22 Z3	DBT Group Therapy	per event				$ 62.68															X			
90853 22	PSB-CBT Adolescent	per event				$ 646.64																		
90791 U3 SE	SOSE Assessment	per event				$ 1,035.00	$ 1,159.20		$ 1,035.00															

Notes:

- The GT modifier can be used with codes 90785 - 90837

**** For child services, please include HE modifier. Only billable by MD.***

ALLIANCE HEALTH Clinical Nurse Specialist Mental Health					
Procedure Code	CPT Code Description	Unit	**Facility Rate**	**Non-Facility Rate**	**Rate Effective**
90785	PSYTX COMPLEX INTERACTIVE	per event	11.05	12.39	9/1/2024
90791	PSYCH DIAGNOSTIC EVALUATION	per event	151.63	174.39	9/1/2024
90832	PSYTX W PT 30 MINUTES	16-37 minutes	55.69	62.91	9/1/2024
90834	PSYTX W PT 45 MINUTES	38-52 minutes	73.81	83.16	9/1/2024
90837	PSYTX W PT 60 MINUTES	53+ minutes	108.54	122.42	9/1/2024
90839	PSYTX CRISIS INITIAL 60 MIN	53+ minutes	117.14	135.56	9/1/2024
90846	FAMILY PSYTX W/O PT 50 MIN	per event	79.70	79.97	9/1/2024
90847	FAMILY PSYTX W/PT 50 MIN	per event	92.25	97.04	9/1/2024
90849	MULTIPLE FAMILY GROUP PSYTX	per event	36.00	36.00	9/1/2024
90853	GROUP PSYCHOTHERAPY	per event	36.00	36.00	9/1/2024
99408	AUDIT/DAST 15-30 MIN	per event	26.26	28.65	9/1/2024
99409	AUDIT/DAST OVER 30 MIN	per event	52.50	54.91	9/1/2024

ALLIANCE HEALTH
MEDICAID E & M SERVICE RATES
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS

Procedure Code	Procedure Code Description	Unit	Original Rate MD/Psychiatrist (NF & F)	Rate Effective Jan. 1 2024 MD/Psychiatrist Non-Facility	Rate Effective Jan. 1 2024 MD/Psychiatrist Facility	Original Rates Nurse Practitioner(NF &F)	Rate Effective Jan. 1 2024 NursePractioner Non-Facility	Rate Effective Jan. 1 2024 NursePractioner Facility	Original Rates Physician Assistants (NF & F)	Rates Effective Jan. 1 2024 Non-Facility	Rates Effective Jan. 1 2024 Facility	GT
99202	New patient office or other outpatient visit, typically 20 minutes	per event	$ 69.62	$ 75.24	$ 75.24	$ 53.80	$ 63.96	$ 63.96	$ 63.29	$ 63.29	$ 63.29	X
99203	New patient office or other outpatient visit, typically 30 minutes	per event	$ 100.87	$ 109.00	$ 109.00	$ 77.95	$ 92.66	$ 92.66	$ 91.70	$ 91.70	$ 91.70	X
99204	New patient office or other outpatient visit, typically 45 minutes	per event	$ 156.42	$ 169.04	$ 169.04	$ 120.87	$ 143.69	$ 143.69	$ 142.20	$ 142.20	$ 142.20	X
99205	New patient office or other outpatient visit, typically 60 minutes	per event	$ 197.73	$ 213.69	$ 213.69	$ 152.79	$ 181.63	$ 181.63	$ 179.75	$ 179.75	$ 179.75	X
99211	Established patient office or other outpatient visit, typically 5 minutes	per event	$ 20.35	$ 22.06	$ 22.00	$ 15.73	$ 18.75	$ 18.70	$ 18.50	$ 18.50	$ 18.50	X
99212	Established patient office or other outpatient visit, typically 10 minutes	per event	$ 40.54	$ 54.13	$ 43.81	$ 31.33	$ 46.01	$ 37.24	$ 36.85	$ 36.85	$ 36.85	X
99213	Established patient office or other outpatient visit, typically 15 minutes	per event	$ 75.00	$ 86.78	$ 75.00	$ 63.75	$ 73.76	$ 63.75	$ 63.75	$ 63.75	$ 63.75	X
99214	Established patient office or other outpatient, visit typically 25 minutes	per event	$ 105.00	$ 122.93	$ 110.23	$ 89.25	$ 104.49	$ 93.69	$ 92.72	$ 92.72	$ 92.72	X
99215	Established patient office or other outpatient, visit typically 40 minutes	per event	$ 125.40	$ 172.48	$ 149.08	$ 106.59	$ 146.61	$ 126.70	$ 125.40	$ 125.40	$ 125.40	X
99221	Initial hospital inpatient care, typically 30 minutes per day	per event	$ 83.05	$ 108.60	$ 108.60	$ 70.59	$ 92.31	$ 92.31	$ 83.05	$ 84.44	$ 84.44	
99222	Initial hospital inpatient care, typically 50 minutes per day	per event	$ 113.34	$ 148.21	$ 148.21	$ 96.34	$ 125.97	$ 125.97	$ 113.34	$ 114.24	$ 114.24	
99223	Initial hospital inpatient care, typically 70 minutes per day	per event	$ 166.89	$ 218.23	$ 218.23	$ 141.86	$ 185.50	$ 185.50	$ 166.89	$ 169.58	$ 169.58	
99231	Subsequent hospital inpatient care, typically 15 minutes per day	per event	$ 34.30	$ 48.02	$ 48.02	$ 29.16	$ 40.82	$ 40.82	$ 34.30	$ 34.30	$ 34.30	X
99232	Subsequent hospital inpatient care, typically 25 minutes per day	per event	$ 61.81	$ 80.82	$ 80.82	$ 52.54	$ 68.71	$ 68.71	$ 61.81	$ 61.81	$ 61.81	X
99233	Subsequent hospital inpatient care, typically 35 minutes per day	per event	$ 88.53	$ 115.76	$ 115.76	$ 75.25	$ 98.40	$ 98.40	$ 88.53	$ 88.53	$ 88.53	X
99234	Hospital observation or inpatient care low severity, 40 minutes per day	per event	$ 117.16	$ 153.21	$ 153.21	$ 99.59	$ 130.22	$ 130.22				
99235	Hospital observation or inpatient care moderate severity, 50 minutes per day	per event	$ 153.91	$ 201.25	$ 201.25	$ 130.82	$ 171.07	$ 171.07		$ 149.29	$ 153.91	
99236	Hospital observation or inpatient care high severity, 55 minutes per day	per event	$ 191.29	$ 250.14	$ 250.14	$ 162.60	$ 212.63	$ 212.63		$ 185.55	$ 191.29	
99238	Hospital discharge day management, 30 minutes or less	per event	$ 61.11	$ 79.92	$ 79.92	$ 51.94	$ 67.91	$ 67.91	$ 61.11	$ 61.11	$ 61.11	X
99239	Hospital discharge day management, more than 30 minutes	per event	$ 88.81	$ 116.14	$ 116.14	$ 75.49	$ 98.71	$ 98.71	$ 86.15	$ 90.03	$ 90.03	X
99242	Outpatient consultation, moderate, typically 30 minutes	per event	$ 74.90	$ 97.94	$ 97.94	$ 63.67	$ 83.25	$ 83.25	$ 74.90	$ 74.90	$ 74.90	X
99243	Outpatient consultation, severe, typically 40 minutes	per event	$ 103.00	$ 134.69	$ 134.69	$ 87.55	$ 114.49	$ 114.49	$ 103.00	$ 103.00	$ 103.00	X
99244	Outpatient consultation, severe, typically 60 minutes	per event	$ 152.99	$ 200.06	$ 200.06	$ 130.04	$ 170.05	$ 170.05	$ 152.99	$ 152.99	$ 152.99	X
99245	Outpatient consultation, severe, typically 80 minutes	per event	$ 188.03	$ 245.88	$ 245.88	$ 159.83	$ 209.00	$ 209.00	$ 188.03	$ 188.03	$ 188.03	X
99252	Inpatient consultation, typically 40 minutes	per event	$ 63.25	$ 82.71	$ 82.71	$ 53.76	$ 70.30	$ 70.30	$ 63.25	$ 63.25	$ 63.25	X
99253	Inpatient consultation, typically 55 minutes	per event	$ 96.02	$ 125.56	$ 125.56	$ 81.62	$ 106.73	$ 106.73	$ 93.15	$ 94.63	$ 94.63	X
99254	Inpatient consultation, typically 80 minutes	per event	$ 138.89	$ 181.62	$ 181.62	$ 118.06	$ 154.38	$ 154.38	$ 134.73	$ 137.45	$ 137.45	X
99255	Inpatient consultation, typically 110 minutes	per event	$ 169.23	$ 221.30	$ 221.30	$ 143.85	$ 188.11	$ 188.11	$ 164.15	$ 165.47	$ 165.47	X
99281	Emergency department visit, self limited or minor problem	per event	$ 17.03	$ 17.03	$ 17.03	$ 17.03	$ 17.03	$ 17.03	$ 17.03	$ 17.76	$ 17.76	
99282	Emergency department visit, low to moderately severe problem	per event	$ 33.13	$ 33.13	$ 33.13	$ 33.13	$ 33.13	$ 33.13	$ 33.13	$ 34.61	$ 34.61	
99283	Emergency department visit, moderately severe problem	per event	$ 51.35	$ 51.35	$ 51.35	$ 49.81	$ 49.81	$ 49.81	$ 51.35	$ 51.82	$ 51.82	
99284	Emergency department visit, problem of high severity	per event	$ 96.14	$ 96.14	$ 96.14	$ 96.14	$ 96.14	$ 96.14	$ 96.14	$ 98.33	$ 98.33	
99285	Emergency department visit, problem with significant threat to life or function	per event	$ 142.93	$ 142.93	$ 142.93	$ 142.93	$ 142.93	$ 142.93	$ 142.93	$ 144.87	$ 144.87	
99291	critical care, evaluation and management of the critically ill or critically, first 30-74 minutes	per event	$ 232.59	$ 232.59	$ 232.59							
99304	initial nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	per event	$ 74.00	$ 96.76	$ 96.76							
99305	initial nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	per event	$ 103.46	$ 135.28	$ 135.28	$ 87.94	$ 109.50	$ 109.50	$ 87.94	$ 109.00	$ 109.00	
99306	initial nursing facility care, per day, for the evaluation and management of patient, typically 45 minutes	per event	$ 132.95	$ 176.28	$ 176.28							
99307	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 10 minutes	per event	$ 36.52	$ 47.75	$ 47.75	$ 31.04	$ 40.60	$ 40.60	$ 36.52	$ 37.14	$ 37.14	
99308	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 15 minutes	per event	$ 55.83	$ 73.02	$ 73.02	$ 47.46	$ 62.06	$ 62.06	$ 55.83	$ 57.71	$ 57.71	
99309	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 25 minutes	per event	$ 74.06	$ 102.95	$ 102.95	$ 62.95	$ 87.51	$ 87.51	$ 74.06	$ 76.26	$ 76.26	
99310	subsequent nursing facility care, per day, for the evaluation and management of patient, typically 35 minutes	per event	$ 109.51	$ 148.04	$ 148.04	$ 93.08	$ 125.83	$ 125.83	$ 109.51	$ 113.48	$ 113.48	
99315	Nursing facility discharge day management, 30 minutes or less	per event	$ 53.43	$ 78.79	$ 78.79	$ 45.42	$ 66.97	$ 66.97	$ 53.43	$ 60.81	$ 60.81	
99316	Nursing facility discharge management, more than 30 minutes	per event	$ 69.81	$ 126.94	$ 126.94	$ 59.34	$ 107.90	$ 107.90	$ 69.81	$ 88.54	$ 88.54	
99341	home visit for the evaluation and management of a new patient, typically 20 minutes	per event	$ 49.64	$ 64.91	$ 64.91	$ 42.19	$ 55.17	$ 55.17	$ 49.64	$ 49.64	$ 49.64	
99342	home visit for the evaluation and management of a new patient, typically 30 minutes	per event	$ 72.30	$ 94.54	$ 94.54	$ 61.46	$ 80.37	$ 80.37	$ 72.30	$ 72.30	$ 72.30	
99344	home visit for the evaluation and management of a new patient, typically 60 minutes	per event	$ 152.86	$ 199.88	$ 199.88	$ 129.93	$ 169.90	$ 169.90	$ 152.86	$ 152.86	$ 152.86	
99345	home visit for the evaluation and management of a new patient, typically 75 minutes	per event	$ 183.86	$ 240.43	$ 240.43	$ 156.28	$ 204.36	$ 204.36	$ 183.86	$ 185.44	$ 185.44	
99347	home visit for the evaluation and management of an established patient, typically 15 minutes	per event	$ 48.44	$ 63.35	$ 63.35	$ 41.17	$ 53.83	$ 53.83	$ 48.44	$ 48.44	$ 48.44	
99348	home visit for the evaluation and management of an established patient, typically 25 minutes	per event	$ 73.14	$ 95.63	$ 95.63	$ 62.17	$ 81.30	$ 81.30	$ 73.14	$ 73.14	$ 73.14	
99349	home visit for the evaluation and management of an established patient, typically 40 minutes	per event	$ 106.51	$ 139.27	$ 139.27	$ 90.53	$ 118.38	$ 118.38	$ 106.51	$ 107.47	$ 107.47	
99350	home visit for the evaluation and management of an established patient, typically 60 minutes	per event	$ 148.49	$ 194.18	$ 194.18	$ 126.22	$ 165.05	$ 165.05	$ 148.49	$ 149.41	$ 149.41	
99406	smoking & tobacco use cessation counseling visit; intermediate, >3 mins, max 10 mins	per event	$ 11.57	$ 15.59	$ 15.59	$ 11.57	$ 24.29	$ 19.48	$ 11.57	$ 12.04	$ 11.57	
99407	smoking & tobacco use cessation counseling visit; intensive, > 10 mins	per event	$ 22.36			$ 22.36	$ 45.48	$ 41.19	$ 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	$ 40.18	$ 40.18				$ 28.58	$ 30.11	$ 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	per event	$ 57.37	$ 78.99	$ 78.99				$ 57.37	$ 59.19	$ 60.41	

ALLIANCE HEALTH
TBI SERVICE RATES
GENERAL BH SERVICES TAXONOMY PERMISSIONS

Procedure Code	Modifier	Service Description	Billing Unit	Original Rates	Rate Effective1/01/24	Rate Effective 09/01/24	Limitation*	GT can be billed	CR XU can be billed
97129		Cognitive Rehabilitation	15 minutes	$ 13.52	$ 13.52	$ 25.00			
97130		Cognitive Rehabilitation	15 minutes	$ 13.52	$ 13.52	$ 25.00			
H2011	HI	Crisis Intervention and Stabilization	15 minutes	$ 8.14	$ 8.14				
H2015		Community Networking	15 minutes	$ 5.89	$ 7.02				
H2015	HQ	Community Networking - Group	15 minutes	$ 3.16	$ 3.54				
H2015	U1	Community Networking - Classes/conferences	By invoice				$1,000 per year		
H2015	U2	Community Networking - Transportation	By invoice				$1,000 per waiver year		
H2016	22	Residential Supports 1	Per diem	$ 134.15	$ 163.08				X
H2016	U2 22	Residential Supports Level 1 - AFL	Per diem	$ 134.15	$ 163.08				X
H2025		Supported Employment - Individual	15 minutes	$ 7.93	$ 9.06				
H2025	HQ	Supported Employment - Group	15 minutes	$ 2.17	$ 2.74				
S5110		Natural Supports Education	15 minutes	$ 8.53	$ 8.53				
S5111		Natural Supports Education - Conference					$1,000 per year		
S5125		Personal Care	15 minutes	$ 4.43	$ 5.21				X
S5150		Respite Care - Community Individual	15 minutes	$ 4.25	$ 5.38				
S5150	HQ	Respite Care - Community Group	15 minutes	$ 2.96	$ 3.34				
S5150	US	Respite Care - Community Individual/Group/Institutional	Per diem	$ 251.52	$ 275.63				
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	$ 6.99				
T1005	TD	Respite Care Nursing - RN	15 minutes	$ 8.82	$ 10.02				
T1005	TE	Respite Care Nursing - LPN	15 minutes	$ 8.82	$ 10.02				
T1015		In Home Intensive	15 minutes	$ 5.21	$ 5.21				
T2012	TS	Personal Care	15 minutes	$ 3.54	$ 3.54				
T2012	U5	Life Skills Training Individual - Community Only	15 minutes	$ 5.80	$ 6.93				
T2012	HQ U5	Life Skills Training Group - Community Only	15 minutes	$ 3.73	$ 3.73			X	
T2013	TF U5	Life Skills Training - Individual	15 minutes	$ 6.33	$ 6.93				
T2013	TF HQ U5	Life Skills Training - Group	15 minutes	$ 4.07	$ 4.07				X
T2014	22	Residential Supports 2	Per diem	$ 170.36	$ 199.29				X
T2014	U2 22	Residential Supports Level 2 - AFL	Per diem	$ 170.36	$ 199.29				
T2017		Remote Supports	Per Hour	$ 11.54	$ 11.54				X
T2020	22	Residential Supports 3	Per diem	$ 237.45	$ 266.38				X
T2020	U2 22	Residential Supports Level 3 - AFL	Per diem	$ 237.45	$ 266.38				
T2021	22	Day Supports - Individual	Per hour	$ 26.68	$ 31.20				
T2021	22 HQ	Day Supports - Group	Per hour	$ 15.28	$ 16.79				
T2025		Specialized Consultative Services	15 minutes	$ 37.50	$ 38.00				
T2025	U3	Crisis Behavioral Consultation	15 minutes	$ 18.75	$ 18.75		$50,000 over the life of the waiver, combined with S5165 Home Mods		
T2029		Assistive Technology - Equipment and Supplies	By invoice						
T2033	22	Supported Living Level 1	Per diem	$ 169.75	$ 223.19				
T2033	HI 22	Supported Living Level 2	Per diem	$ 218.65	$ 325.53				
T2033	TF 22	Supported Living Level 3	Per diem	$ 360.00	$ 427.33				
T2033	U1 22	Supported Living Periodic	15 minutes	$ 6.33	$ 8.00				
T2034		Out of Home Crisis	Per diem	$ 235.00	$ 235.00		$5,000 over the life of the waiver		
T2038		Community Transition Supports	By invoice				$20,000 over the life of the waiver		
T2039		Vehicle Adaptations	By invoice						
T2041	U5	Resource Facilitation	Per month	$ 150.00	$ 150.00				

ALLIANCE HEALTH TBI SERVICE RATES CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS		
CODE	**SERVICE DESCRIPTION**	**RATE**
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
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	$ 23.55
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	$ 20.05
97140	MANUAL THERAPY TECHNIQUES	$ 21.25
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	$ 64.13
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	$ 64.13
97167	EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINS	$ 64.13
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	$ 42.32
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
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS

CODE	SERVICE DESCRIPTION	RATE
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
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	$ 23.55
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	$ 20.05
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
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	$ 66.11
97163	PT EVAL HIGH COMPLEX 45 MIN	$ 66.11
97164	PT RE-EVAL EST PLAN CARE	$ 44.80
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
CLINICIAN BASED SERVICES TAXONOMY PERMISSIONS

CODE	SERVICE DESCRIPTION	RATE	GT
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	$ 66.89	X
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	$ 23.40	X
92521	EVALUATION OF SPEECH FLUENCY	$ 91.67	X
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	$ 74.55	X
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	$ 154.64	X
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	$ 77.33	X
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	$ 62.42	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
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	$ 22.45	X
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	$ 62.39	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
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	$ 109.18	X
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	$ 81.64	X