

Changes for July 1, 2021

Updated Medicaid B Facility Based Crisis Rate

Updated Medicaid B Mobile Crisis Rate

**ALLIANCE HEALTH
B3 SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate
99241	U4	outpt. consult, minor- phys time approx. 15 min.	per event	\$ 39.98
99242	U4	outpt. consult, moderate- phys time approx. 30 min.	per event	\$ 74.90
99244	U4	outpt. consult, severe- phys time approx. 60 min.	per event	\$ 152.99
H0038	U4	Peer Support B3 Individual (ended as of 10/31/2019)	15 minutes	\$ 12.00
H0038	HQ U4	Peer Support B3 Group (ended as of 10/31/2019)	15 minutes	\$ 2.71
H0043	U4	One time transition - MH	1 time	\$ 5,000.00
H0043	U4 22	One time transition - MH	1 time	\$ 2,500.00
H0045	U4	Respite B3 Individual Child	15 minutes	\$ 5.00
H0045	HQ U4	Respite B3 Group Child	15 minutes	\$ 3.00
H0045	HB U4	Respite B3 Individual Adult	15 minutes	\$ 5.00
H0045	HQ HB U4	Respite B3 Group Adult	15 minutes	\$ 3.00
H2023	U4	Initial Individual Supported Employment - I/DD	15 minutes	\$ 11.21
H2023	U4 HE	Initial Individual Supported Employment - MH	15 minutes	\$ 20.88
H2023	HQ U4	Initial Group Supported Employment	15 minutes	\$ 2.53
H2025	TS U4	Supported Employment Long Term Follow Up	15 minutes	\$ 7.39
H2025	TS HQ U4	Supported Employment Long Term Follow Up - Group	15 minutes	\$ 1.90
H2026	U4	Maintenance Individual Supported Employment - I/DD	15 minutes	\$ 11.21
H2026	U4 HE	Maintenance Individual Supported Employment - MH	15 minutes	\$ 20.88
S5125	U4	Personal Care	15 minutes	\$ 3.54
T1019	U4	Individual Support	15 minutes	\$ 12.00
T2013	TF U4	Community Living and Supports - Individual	15 minutes	\$ 5.26
T2013	TF HQ U4	Community Living and Supports - Group	15 minutes	\$ 3.10
T2025	U4	Specialized Consultative Services	15 minutes	\$ 37.50
T2025	U3 U4	Crisis Behavioral Consultation	15 minutes	\$ 18.75
T2027	22 U4	Developmental Day - Hourly	1 hour	\$ 24.52
T2033	U4	Supported Living Level I	per diem	\$ 152.47
T2033	HI U4	Supported Living Level II	per diem	\$ 184.09
T2033	TF U4	Supported Living Level III	per diem	\$ 215.17
T2038	U4	IDD One time transition	1 time	\$ 5,000.00
T2038	U4 22	IDD One time transition	1 time	\$ 2,500.00
T2041	U4	Community Guide B3	Monthly	\$ 150.00

**ALLIANCE HEALTH
B3 SERVICE RATES**

Additional B3 Services*

Procedure Code	Modifier	Service Description	Billing Unit	Rate
H2011	HI U4	Primary Crisis Response	15 minutes	\$ 8.14
H2015	U1 U4	Community Networking - Classes/conferences	\$1,000 per waiver year	
H2015	HQ U4	Community Networking - Group	15 minutes	\$ 2.98
H2015	U4	Community Networking	15 minutes	\$ 5.35
H2016	U4	Residential Supports Level 1	Per diem	\$ 99.03
H2016	U2 U4	Residential Supports Level 1 - AFL	Per diem	\$ 94.26
H2016	HI U4	Residential Supports Level 4	Per diem	\$ 170.54
H2016	HI U2 U4	Residential Supports Level 4 - AFL	Per diem	\$ 173.46
H2025	U4	Supported Employment Services - Individual	15 minutes	\$ 7.39
H2025	HQ U4	Supported Employment Services - Group	15 minutes	\$ 1.90
S5150	U4	Respite Care - Individual	15 minutes	\$ 3.71
T1005	TD U4	Respite Care Nursing - RN	15 minutes	\$ 8.82
T1005	TE U4	Respite Care Nursing - LPN	15 minutes	\$ 8.82
T2014	U4	Residential Supports Level 2	Per diem	\$ 126.53
T2014	U2 U4	Residential Supports Level 2 - AFL	Per diem	\$ 133.86
T2033	U1 U4	Supported Living Periodic	15 minutes	\$ 5.26
T2033	U2 U4	Supported Living Transition	15 minutes	\$ 5.26
T2020	U4	Residential Supports Level 3	Per diem	\$ 148.54
T2020	U2 U4	Residential Supports Level 3 - AFL	Per diem	\$ 153.67
T2034	U4	Out of Home Crisis	Per diem	\$ 235.00
T2021	22 U4	Day Supports Individual - Hourly	1 hour	\$ 24.52
T2021	22 HQ U4	Day Supports Group - Hourly	1 hour	\$ 14.56
T2029	U4	Assistive Technology - Equipment and Supplies (ATES)	\$50,000 over the life of the waiver, combined with S5165 Home mods	
S5165	U4	Home Modifications	\$50,000 over the life of the waiver, combined with T2029 ATES	
T2039	U4	Vehicle Adaptations	\$20,000 over the life of the	

Note: (b)(3) DI services are available through a slot allocation type process and exclusive to individuals transitioning from ICF/IID facilities to the community

**ALLIANCE HEALTH
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation
H2011	HI	Primary Crisis Reponses	15 minutes	\$ 8.14	
H2015		Community Networking	15 minutes	\$ 5.35	
H2015	HQ	Community Networking - Group	15 minutes	\$ 2.98	
H2015	U1	Community Networking - Classes/conferences			\$1,000 per waiver year
H2016		Residential Supports Level 1	Per diem	\$ 99.03	
H2016	U2	Residential Supports Level 1 - AFL	Per diem	\$ 94.26	
H2016	HI	Residential Supports Level 4	Per diem	\$ 170.54	
H2016	HI U2	Residential Supports Level 4 - AFL	Per diem	\$ 173.46	
H2025		Supported Employment Services - Individual	15 minutes	\$ 7.39	
H2025	HQ	Supported Employment Services - Group	15 minutes	\$ 1.90	
H2025	TS	Supported Employment - Long Term Follow Up - Individual	15 minutes	\$ 7.39	
H2025	TS HQ	Supported Employment - Long Term Follow Up Group	15 minutes	\$ 1.90	
S5110		Natural Supports Education	15 minutes	\$ 8.53	
S5111		Natural Supports Education - Conference			\$1,000 per waiver year
S5150		Respite Care - Community Individual	15 minutes	\$ 3.71	Increase as of July 1, 2018
S5150	HQ	Respite Care - Community Group	15 minutes	\$ 2.69	
S5150	US	Respite Care - Community Facility	Per diem	\$ 240.00	
S5165		Home Modifications			\$50,000 over the life of the waiver, combined with T2029 ATES
T1005	TD	Respite Care Nursing - RN	15 minutes	\$ 8.82	
T1005	TE	Respite Care Nursing - LPN	15 minutes	\$ 8.82	
T1999		Individual Goods and Services			\$2,000 per waiver year
T2013	TF	Community Living and Supports - Individual	15 minutes	\$ 5.26	
T2013	TF HQ	Community Living and Supports - Group	15 minutes	\$ 3.10	
T2014		Residential Supports Level 2	Per diem	\$ 126.53	
T2014	U2	Residential Supports Level 2 - AFL	Per diem	\$ 133.86	
T2020		Residential Supports Level 3	Per diem	\$ 148.54	
T2020	U2	Residential Supports Level 3 - AFL	Per diem	\$ 153.67	
T2021	22	Day Supports - Individual	Per Hour	\$ 24.52	
T2021	22 HQ	Day Supports - Group	Per Hour	\$ 14.56	
T2025		Specialized Consultative Services	15 minutes	\$ 37.50	
T2025	HO	Specialized Consultative Services - BCBA	15 minutes	\$ 37.50	

**ALLIANCE HEALTH
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation
T2025	22 HT	Specialized Consultative Services - BCBA - LIP	15 minutes	\$ 37.50	
T2025	U1	EOR Management of Funds	Per month	\$ 175.00	
T2025	U2	EOR Employer Supplies (Effective 8/1/2018)			\$2,000 per waiver year*
T2025	U3	Crisis Behavioral Consultation	15 minutes	\$ 18.75	
T2027		Developmental Day	15 minutes	\$ 6.13	
T2027	22	Developmental Day - Hourly	Per Hour	\$ 24.52	
T2029		Assistive Technology - Equipment and Supplies (ATES)			\$50,000 over the life of the waiver, combined with S5165 Home Mods
T2033		Supported Living Level 1	Per diem	\$ 152.47	
T2033	HI	Supported Living Level 2	Per diem	\$ 184.09	
T2033	TF	Supported Living Level 3	Per diem	\$ 215.17	
T2033	U1	Supported Living Periodic	15 minutes	\$ 5.26	
T2033	U2	Supported Living Transition	15 minutes	\$ 5.26	
T2034		Out of Home Crisis	Per diem	\$ 235.00	
T2038		Community Transition Supports	1 time		\$5,000 over the life of the waiver
T2039		Vehicle Adaptations			\$20,000 over the life of the waiver
T2041		Community Navigator	Monthly	\$ 150.00	
T2041	U1	Community Guide Training for Employer of Record	15 minutes		30 hours

**Specific limitations apply to computer and hardware. Please see Care Coordinator for details.*

Innovations Supplies

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation
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	

**ALLIANCE HEALTH
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation
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
MEDICAID B SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	
H0010		Non-Hospital Medical Detoxification	Per diem	\$ 325.58	*
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	
H0015		SA Intensive Outpatient Program	Per diem	\$ 131.56	*
H0019	HQ	HRI Residential Level III 4 beds or less	Per diem	\$ 232.88	
H0019	TJ	HRI Residential Level III 5 beds or more	Per diem	\$ 189.75	
H0019	HK	HRI Residential Level IV 4 beds or less	Per diem	\$ 315.71	
H0019	UR	HRI Residential Level IV 5 beds or more	Per diem	\$ 315.71	
H0020		Opioid Maintenance Therapy OMT	Per event	\$ 16.60	
H0036	22 HE	Outpatient Therapy Plus	per event	\$ 60.13	
H0040		ACTT	Per event	\$ 324.00	
H0040	22	ACTT Encounter	Per contact	\$ 0.01	**
H0040	TS	ACTT Step Down	Per event	\$ 324.00	
H0046		HRI Residential Level I	Per diem	\$ 49.75	
H2011		Mobile Crisis Management (new rate as of 07/01/2021)	15 minutes	\$ 90.00	
H2012	HA	Day Tx Behavioral Health Child	Per hour	\$ 31.41	
H2015	HT	Community Support Team (new rate as of 11/1/2019, code ends as of 12/31/2019)	15 minutes	\$ 25.91	
H2015	HT HO	Community Support Team Licensed Team Lead	15 minutes	\$ 25.91	
H2015	HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	15 minutes	\$ 25.91	
H2015	HT HN	Community Support Team QP/AP	15 minutes	\$ 25.91	
H2015	HT U1	Community Support Team Peer Support	15 minutes	\$ 25.91	
H2015	HT HM	Community Support Team Para Professional	15 minutes	\$ 25.91	
H2017		Psychosocial Rehabilitation	15 minutes	\$ 2.69	
H2020		HRI Residential Level II Group Setting	Per diem	\$ 126.31	
H2022		Intensive In Home	Per diem	\$ 239.66	
H2033	U3 HE	Multi Systemic Therapy - Payment	Per month	\$ 3,600.00	
H2033	22	Multi Systemic Therapy - Encounter only	Per event	\$ 0.01	
H2035		SA Comprehensive Outpatient Treatment	Per hour	\$ 45.35	*
H0038		Peer Support Individual (Effective 11/1/2019)	15 minutes	\$ 11.97	
H0038	HQ	Peer Support Group (Effective 11/1/2019)	15 minutes	\$ 2.88	
S5145		HRI Residential Level II Family Setting	Per diem	\$ 91.24	
S5145	22 Z3	Rapid Response	Per diem	\$ 200.00	
S9484		Facility Based Crisis Services (new rate as of 07/01/2021)	Per hour	\$ 30.00	
T1023		Diagnostic Assessment	Per event	\$ 231.30	
*Not subject to TPL or Medicare					
**Claims will not be paid to provider. Used for informational purposes only.					

**ALLIANCE HEALTH
MEDICAID B OUTPATIENT SERVICE RATES**

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/L MFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA
90785	Interactive Complexity	per event	\$ 4.36	\$ 4.36	\$ 3.27	\$ 3.27	\$ 3.71	\$ 3.71	\$ 3.27	\$ 3.14
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	\$ 137.93	\$ 165.51	\$ 124.13	\$ 124.13	\$ 140.69	\$ 140.69	\$ 124.13	\$ 119.31
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 115.04				\$ 97.78			\$ 82.50
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 57.46	\$ 57.46	\$ 43.10	\$ 43.10	\$ 48.84	\$ 48.84	\$ 43.10	\$ 41.37
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	\$ 38.40				\$ 32.64			\$ 27.54
90834	Psychotherapy - 45 Minutes	38-52 minutes	\$ 74.64	\$ 74.64	\$ 55.98	\$ 55.98	\$ 63.44	\$ 63.44	\$ 55.98	\$ 53.55
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 62.39				\$ 53.03			\$ 44.75
90837	Psychotherapy - 53+ Minutes	53+ minutes	\$ 109.36	\$ 109.36	\$ 82.03	\$ 82.03	\$ 92.96	\$ 92.96	\$ 82.03	\$ 78.42
90838	Psychotherapy - 53+ Minutes Add on to E & M	53+ minutes	\$ 100.75				\$ 85.64	\$ -	\$ -	\$ 72.06
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	53+ minutes	\$ 137.81	\$ 137.81	\$ 103.36	\$ 103.36	\$ 117.14	\$ 117.14	\$ 103.36	\$ 138.14
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	74+ minutes	\$ 116.02	\$ 116.02	\$ 87.01	\$ 87.01	\$ 98.62	\$ 98.62	\$ 87.01	\$ 71.95
90845	Psychoanalysis	per event	\$ 76.23							\$ 76.23
90846	Family Therapy wo/patient	per event	\$ 81.08	\$ 87.41	\$ 65.55	\$ 65.55	\$ 74.29	\$ 74.29	\$ 65.55	\$ 89.19
90847	Family Therapy w/patient	per event	\$ 100.68	\$ 108.54	\$ 81.41	\$ 81.41	\$ 92.25	\$ 92.25	\$ 81.41	\$ 110.75
90849	Group Therapy Multiple Family Group	per event	\$ 30.20	\$ 29.59	\$ 22.20	\$ 22.20	\$ 25.16	\$ 25.16	\$ 22.20	\$ 30.20
90853	Group Therapy non Multiple Family Group	per event	\$ 28.70	\$ 28.13	\$ 21.10	\$ 21.10	\$ 23.91	\$ 23.91	\$ 21.10	\$ 28.70
90870	Electroconvulsive Therapy	per event	\$ 124.67							\$ 124.67
96101*	Psychological Testing end as of 12/31/2018	per hour	\$ 78.52	\$ 76.95		\$ 57.72				
96110*	Developmental Testing (limited)	per event	\$ 9.63	\$ 9.44		\$ 7.07				\$ 9.63
96111*	Developmental Testing (extended) end as of 12/31/2018	per event	\$ 119.42	\$ 117.03		\$ 87.77				\$ 103.06
96112	Developmental Testing first hour	per event		\$ 114.97		\$ 86.23				
96113	Developmental Testing each additional hour	per event		\$ 51.31		\$ 38.48				
96116	Neurobehavioral Status Exam	per hour	\$ 87.05	\$ 76.77		\$ 64.00				
96118*	Neuropsychological Testing end as of 12/31/2018	per hour	\$ 98.16	\$ 96.21		\$ 72.15				
96121	Neurobehavioral Status Exam each additional hour	per event		\$ 70.02		\$ 52.52				
96130	Psychological Testing Eval first hour	per event		\$ 99.96		\$ 74.97				
96131	Psychological Testing Eval each additional hour	per event		\$ 76.11		\$ 57.08				
96132	Neuropsychological Testing Eval first hour	per event		\$ 111.87		\$ 83.90				
96133	Neuropsychological Testing Eval each additional hour	per event		\$ 85.34		\$ 64.01				
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	per event		\$ 39.33		\$ 29.50				
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	per event		\$ 36.33		\$ 27.25				
96146	Psychological or neuropsychological test, automated result	per event		\$ 1.66						
96372	Medication Administration	per event	\$ 18.74				\$ 15.61			\$ 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			

**ALLIANCE HEALTH
MEDICAID B OUTPATIENT SERVICE RATES**

J3230	Chlorpromazin HCl, up to 50mg, injection (Thorazine)	Per injection	\$	3.10			\$	3.10		
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**ALLIANCE HEALTH
MEDICAID B OUTPATIENT SERVICE RATES**

SPECIALIZED SERVICES

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/L MFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA
90837 22 Z1	TFCBT Individual therapy	per event		\$ 126.00	\$ 126.00	\$ 126.00			\$ 126.00	
90837 22 Z2	PCIT Individual Therapy	per event		\$ 126.00	\$ 126.00	\$ 126.00			\$ 126.00	
90837 22 Z3	DBT Individual Therapy	per event		\$ 110.96	\$ 110.96	\$ 110.96			\$ 110.96	
90853 22 Z3	DBT Group Therapy	per event		\$ 62.68	\$ 62.68	\$ 62.68			\$ 62.68	
90791 22 Z1	Trauma Focused Assessment	per event		\$ 168.00	\$ 168.00	\$ 168.00			\$ 168.00	
Notes:										
<i>- The GT modifier can be used with codes 90785 - 90837</i>										
<i>* For child services, please include HE modifier. Only billable by MD.</i>										

**ALLIANCE HEALTH
MEDICAID B E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
99201	E & M Problem Focused New Patient approx. 10 minutes	per event	\$ 40.15	\$ 31.02	\$ 36.50
99202	E & M Expanded, New Patient approx. 20 minutes	per event	\$ 69.62	\$ 53.80	\$ 63.29
99203	E & M Detailed, New Patient approx. 30 minutes	per event	\$ 100.87	\$ 77.95	\$ 91.70
99204	E & M Moderate, New Patient approx. 45 minutes	per event	\$ 156.42	\$ 120.87	\$ 142.20
99205	E & M High, New Patient approx. 60 minutes	per event	\$ 197.73	\$ 152.79	\$ 179.75
99211	E & M Problem Focused Estab Patient approx. 5 minutes	per event	\$ 20.35	\$ 15.73	\$ 18.50
99212	E & M Expanded, Estab Patient approx 10 minutes	per event	\$ 40.54	\$ 31.33	\$ 36.85
99213	E & M Detailed, Estab Patient approx. 15 minutes	per event	\$ 67.69	\$ 52.31	\$ 61.53
99214	E & M Moderate, Estab Patient approx. 25 minutes	per event	\$ 101.99	\$ 78.82	\$ 92.72
99215	E & M High Estab Patient approx. 40 minutes	per event	\$ 125.40	\$ 106.59	\$ 125.40
99217	observation care discharge day management	per event	\$ 61.32	\$ 52.12	
99218	initial observation, per day, low complexity	per event	\$ 57.84	\$ 49.16	
99219	initial observation care, per day, moderate complexity	per event	\$ 95.78	\$ 81.41	\$ 95.78
99220	initial observation care, per day, high complexity	per event	\$ 134.33	\$ 114.18	
99221	initial hosp. care, minor. phys time approx 30 min	per event	\$ 83.05	\$ 70.59	\$ 83.05
99222	initial hosp care, moderate-phys time approx 50 min	per event	\$ 113.34	\$ 96.34	\$ 113.34
99223	initial hosp care, severe-phys time approx 70 min	per event	\$ 166.89	\$ 141.86	\$ 166.89
99224	Subsequent observation care, per day, for the evaluation and management	per event	\$ 23.29	\$ 19.80	\$ 23.29
99225	Subsequent observation care, per day, for the evaluation and management	per event	\$ 41.37	\$ 35.16	\$ 41.37
99226	Subsequent observation care, per day, for the evaluation and management	per event	\$ 61.86	\$ 52.58	\$ 61.86
99231	hosp visit, stable. phys time approx 15 minutes	per event	\$ 34.30	\$ 29.16	\$ 34.30
99232	hosp visit, moderate. phys time approx 25 minutes	per event	\$ 61.81	\$ 52.54	\$ 61.81
99233	hosp visit, complex. phys time approx 35 minutes	per event	\$ 88.53	\$ 75.25	\$ 88.53
99234	observation/inpatient lov	per event	\$ 117.16	\$ 99.59	
99235	hospital/observation 1-day mod sev	per event	\$ 153.91	\$ 130.82	
99236	hospital/observation 1-day high sev	per event	\$ 191.29	\$ 162.60	
99238	hospital discharge day management; 30 minutes or less	per event	\$ 61.11	\$ 51.94	\$ 61.11
99239	hospital discharge day management; more than 30 minutes	per event	\$ 88.81	\$ 75.49	
99241	outpt. consult, minor- phys time approx 15 min.	per event	\$ 39.98	\$ 33.98	\$ 39.98
99242	outpt. consult, moderate- phys time approx 30 min.	per event	\$ 74.90	\$ 63.67	\$ 74.90
99243	outpt. consult, severe- phys time approx 40 min.	per event	\$ 103.00	\$ 87.55	\$ 103.00
99244	outpt. consult, severe- phys time approx 60 min.	per event	\$ 152.99	\$ 130.04	\$ 152.99
99245	outpt. consult, severe- phys time approx 80 min.	per event	\$ 188.03	\$ 159.83	\$ 188.03

**ALLIANCE HEALTH
MEDICAID B E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
99251	initial inpt consult- phys time approx 20 min.	per event	\$ 40.82	\$ 34.70	\$ 40.82
99252	initial inpt consult- phys time approx 40 min.	per event	\$ 63.25	\$ 53.76	\$ 63.25
99253	initial inpt consult- phys time approx 55 min.	per event	\$ 96.02	\$ 81.62	\$ 93.15
99254	initial inpt consult- phys time approx 80 min.	per event	\$ 138.89	\$ 118.06	\$ 134.73
99255	initial inpt consult- phys time approx 110 min.	per event	\$ 169.23	\$ 143.85	\$ 164.15
99281	er visit, minor	per event	\$ 17.03		\$ 17.03
99282	er visit, low severity	per event	\$ 33.13		\$ 33.13
99283	er visit, moderate severity	per event	\$ 51.35		\$ 51.35
99284	er visit, high severity	per event	\$ 96.14		\$ 96.14
99285	emergency department visit for the evaluation and management of a patient,	per event	\$ 142.93		\$ 142.93
99291	critical care, evaluation and management of the critically ill or critically	per event	\$ 232.59		
99304	initial nursing facility care, per day, for the evaluation and management of	per event	\$ 74.00		
99305	initial nursing facility care, per day, for the evaluation and management of	per event	\$ 103.46		
99306	initial nursing facility care, per day, for the evaluation and management of a	per event	\$ 132.95		
99307	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 36.52	\$ 31.04	\$ 36.52
99308	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 55.83	\$ 47.46	\$ 55.83
99309	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 74.06	\$ 62.95	\$ 74.06
99310	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 109.51	\$ 93.08	\$ 109.51
99315	nursing facility discharge day management; 30 minutes or less	per event	\$ 53.43	\$ 45.42	\$ 53.43
99316	nursing facility discharge day management; 30 minutes or less more than 30	per event	\$ 69.81	\$ 59.34	\$ 69.81
99318	evaluation and management of a patient involving an annual nursing facility	per event	\$ 77.42	\$ 65.81	\$ 77.42
99324	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 49.64	\$ 42.19	\$ 49.64
99325	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 72.30	\$ 61.46	\$ 72.30
99326	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 119.54	\$ 101.61	\$ 119.54
99327	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 155.92	\$ 132.53	\$ 155.92
99328	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 183.55	\$ 156.02	\$ 183.55
99334	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 51.16	\$ 43.49	\$ 51.16
99335	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 79.25	\$ 67.36	\$ 79.25
99336	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 111.60	\$ 94.86	\$ 111.60
99337	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 160.35	\$ 136.30	\$ 160.35
99341	home visit for the evaluation and management of a new patient, which requires	per event	\$ 49.64	\$ 42.19	\$ 49.64
99342	home visit for the evaluation and management of a new patient, which requires	per event	\$ 72.30	\$ 61.46	\$ 72.30
99343	home visit for the evaluation and management of a new patient, which requires	per event	\$ 116.43	\$ 98.97	\$ 116.43

**ALLIANCE HEALTH
MEDICAID B E & M SERVICE RATES**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
99344	home visit for the evaluation and management of a new patient, which requires	per event	\$ 152.86	\$ 129.93	\$ 152.86
99345	home visit for the evaluation and management of a new patient, which requires	per event	\$ 183.86	\$ 156.28	\$ 183.86
99347	home visit for the evaluation and management of an established patient, which	per event	\$ 48.44	\$ 41.17	\$ 48.44
99348	home visit for the evaluation and management of an established patient, which	per event	\$ 73.14	\$ 62.17	\$ 73.14
99349	home visit for the evaluation and management of an established patient, which	per event	\$ 106.51	\$ 90.53	\$ 106.51
99350	home visit for the evaluation and management of an established patient, which	per event	\$ 148.49	\$ 126.22	\$ 148.49
99354	prolonged physician service in the office or other outpatient setting requiring	per event	\$ 84.57	\$ 71.88	
99355	prolonged physician service in the office or other outpatient setting requiring	per event	\$ 83.72	\$ 71.16	
99356	prolonged physician service in the inpatient setting, requiring direct	per event	\$ 77.23	\$ 65.65	
99357	prolonged physician service in the inpatient setting, requiring direct	per event	\$ 77.76	\$ 66.10	
99406	smoking & tobacco use cessation counseling visit; intermediate, >3 mins, max 10 mins	per event	\$ 11.57		\$ 11.57
99407	smoking & tobacco use cessation counseling visit; intensive, > 10 mins	per event	\$ 22.36		\$ 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		\$ 28.58
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		\$ 57.37
Notes:					
	<i>- The GT modifier can be used with codes 99201 - 99215 and 99241 - 99255.</i>				