

Changes for July 1, 2020

Added B3DI codes

Added Innovation codes

**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 | 15 minutes | \$ 33.68 | |
| 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 | Per hour | \$ 25.80 | |
| 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, physician 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 | | | |

**ALLIANCE HEALTH
MEDICAID B OUTPATIENT SERVICE RATES**

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|-------|-----------------------------------------------------------|---------------|---------|--|--|--|---------|--|--|--|
| J2680 | Fluphenazine decanoate, up to 25 mg, injection (Prolixin) | Per injection | \$ 2.28 | | | | \$ 2.28 | | | |
| J3230 | Chlorpromazin HCl, up to 50mg, injection (Thorazine) | Per injection | \$ 3.10 | | | | \$ 3.10 | | | |

**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 | |
| <i>Notes:</i> | | | | | | | | | | |
| - The <i>GT</i> modifier can be used with codes 90785 - 90837 | | | | | | | | | | |
| * For child services, please include <i>HE</i> modifier. Only billable by MD. | | | | | | | | | | |

**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 |

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

| Procedure Code | Procedure Code Description | Unit | MD/Psychiatrist | Spec 112 - Nurse Pract | Spec 210 - Physician Assistants |
|-----------------------|---------------------------------------------------------------------------------|-------------|------------------------|-------------------------------|----------------------------------------|
| 99245 | outpt. consult, severe- phys time approx 80 min. | per event | \$ 188.03 | \$ 159.83 | \$ 188.03 |
| 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 |

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

| Procedure Code | Procedure Code Description | Unit | MD/Psychiatrist | Spec 112 - Nurse Pract | Spec 210 - Physician Assistants |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|-------------------------------|----------------------------------------|
| 99343 | home visit for the evaluation and management of a new patient, which requires | per event | \$ 116.43 | \$ 98.97 | \$ 116.43 |
| 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> | | | | |