

Change for July 2019

Confirmation of rates for Licensed Psychologists for the following codes:

96136

96137

Change for November 2019

Increased the rate for H2016 HI U4 as of July 1, 2019 to be in line with Innovations

Change in rates effective July 1, 2019

H2023 U4 HE

H2026 U4 HE

Added B3DI services

T2029 U4

T2039 U4

S5165 U4

Increased rate for H2016 U4, T2014 U4, and T2020 U4 as of January 1, 2020 to be in line with Innovations

Removed Peer Support B3 as of October 31, 2019

Added Peer Support under Medicaid B as of November 1, 2019

Added new CST modifiers effective January 1, 2020

Ending H2015 HT on December 31, 2019

Removed old codes: T2021 U4 and T2021 HQ U4

Removed old codes: T2013 U4, T2013, T2013 HQ - In Home Skill Building

Removed old code: T1015 In Home Intensive Support

ALLIANCE BEHAVIORAL HEALTHCARE

B3 SERVICE RATES

Effective Date: July 1, 2018

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	\$ 4.71
T2013	TF HQ U4	Community Living and Supports - Group	15 minutes	\$ 3.10
T2025	U4	Specialized Consultative Services	15 minutes	\$ 37.50
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 BEHAVIORAL HEALTHCARE

B3 SERVICE RATES

Effective Date: July 1, 2018

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
S5150	U4	Respite Care - Individual	15 minutes	\$ 3.71
T2014	U4	Residential Supports Level 2	Per diem	\$ 126.53
T2014	U2 U4	Residential Supports Level 2 - AFL	Per diem	\$ 133.86
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 BEHAVIORAL HEALTHCARE

INNOVATIONS SERVICE RATES

Effective Date: July 1, 2018

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	
T2025	22 HT	Specialized Consultative Services - BCBA - LIP	15 minutes	\$ 37.50	
T2025	U1	EOR Management of Funds	Per month	\$ 175.00	

**ALLIANCE BEHAVIORAL HEALTHCARE
INNOVATIONS SERVICE RATES
Effective Date: July 1, 2018**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation
T2025	U2	EOR Employer Supplies (Effective 8/1/2018)			\$2,000 per waiver year*
T2025	U3	Crisis Behavioral Consultation	15 minutes	\$ 18.75	
T2027		Day Supports - Developmental Day	15 minutes	\$ 6.13	
T2027	22	Day Supports - Developmental Day	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	
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
<i>*Specific limitations apply to computer and hardware. Please see Care Coordinator for details.</i>					
<i>Innovations Supplies</i>					
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	
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	

**ALLIANCE BEHAVIORAL HEALTHCARE
INNOVATIONS SERVICE RATES
Effective Date: July 1, 2018**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation
B4155		Enteral Formulae Nutritionally Incomplete/Modular Nutrients	100/cal	\$ 0.98	
B4157		Enteral Formulae Special Metabolic Needs	100/cal	\$ 1.97	

**ALLIANCE BEHAVIORAL HEALTHCARE
MEDICAID B SERVICE RATES
Effective Date: July 1, 2018**

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 (ended as of 12/31/2019)	15 minutes	\$ 14.50	
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 BEHAVIORAL HEALTHCARE
MEDICAID B OUTPATIENT SERVICE RATES
Effective Date: July 1, 2019**

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			

**ALLIANCE BEHAVIORAL HEALTHCARE
MEDICAID B OUTPATIENT SERVICE RATES**

Effective Date: July 1, 2019

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 (Thorazine)	Per injection	\$ 3.10				\$ 3.10			

**ALLIANCE BEHAVIORAL HEALTHCARE
MEDICAID B OUTPATIENT SERVICE RATES**

Effective Date: July 1, 2019

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>										
<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 BEHAVIORAL HEALTHCARE
MEDICAID B E & M SERVICE RATES
Effective Date: July 1, 2018**

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

ALLIANCE BEHAVIORAL HEALTHCARE
MEDICAID B E & M SERVICE RATES
Effective Date: July 1, 2018

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
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
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

**ALLIANCE BEHAVIORAL HEALTHCARE
MEDICAID B E & M SERVICE RATES
Effective Date: July 1, 2018**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
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
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:					
	- The GT modifier can be used with codes 99201 - 99215 and 99241 - 99255.				