

**Community Behavioral Health Services
Fee Schedule**

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Assessment Services					
Psychiatric evaluation by physician	H2000	HP		\$210.00 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.*
Psychiatric evaluation by physician—telemedicine	H2000	HP	GT	\$210.00 per evaluation	
Psychiatric evaluation by non-physician	H200	HO		\$150.00 per evaluation	
Brief behavioral health status exam	H2010	HO		\$14.66 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses for brief behavioral health status examinations a maximum of 10 quarter-hour units annually (2.5 hours), per recipient, per state fiscal year.*
Brief behavioral health status exam—telemedicine	H2010	HO	GT	\$14.66 per quarter hour	
Psychiatric review of records	H2000			\$26.00 per review	Medicaid reimburses a maximum of two psychiatric reviews of records, per recipient, per state fiscal year.* This service may not be billed for review of lab work (see medication management).

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Assessment Services, continued					
In-depth assessment, new patient, mental health	H0031	HO		\$125.00 per assessment	<p>Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year.*</p> <p>An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation.</p> <p>A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.</p>
In-depth assessment, new patient, mental health—telemedicine	H0031	HO	GT	\$125.00 per assessment	
In-depth assessment, established patient, mental health	H0031	TS		\$100.00 per assessment	
In-depth assessment, established patient, mental health—telemedicine	H0031	TS	GT	\$100.00 per assessment	
In-depth assessment, new patient, substance abuse	H0001	HO		\$125.00 per assessment	
In-depth assessment, new patient, substance abuse—telemedicine	H0001	HO	GT	\$125.00 per assessment	
In-depth assessment, established patient, substance abuse	H0001	TS		\$100.00 per assessment	
In-depth assessment, established patient, substance abuse—telemedicine	H0001	TS	GT	\$100.00 per assessment	
Bio-psychosocial Evaluation, mental health	H0031	HN		\$48.00 per assessment	<p>Medicaid reimburses one bio-psychosocial evaluation, per recipient, per state fiscal year.*</p> <p>A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.</p>
Bio-psychosocial evaluation, mental health—telemedicine	H0031	HN	GT	\$48.00 per assessment	
Bio-psychosocial evaluation, substance abuse	H0001	HN		\$48.00 per assessment	
Bio-psychosocial evaluation, substance abuse—telemedicine	H0001	HN	GT	\$48.00 per assessment	
Psychological testing	H2019			\$15.00 per quarter hour	Medicaid reimburses a maximum of 40 quarter-hour units (10 hours) of psychological testing, per recipient, per state fiscal year.*

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Assessment Services, continued					
Limited functional assessment, mental health	H0031			\$15.00 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.*
Limited functional assessment, mental health—telemedicine	H0031	GT		\$15.00 per assessment	
Limited functional assessment, substance abuse	H0001			\$15.00 per assessment	
Limited functional assessment, substance abuse—telemedicine	H0001	GT		\$15.00 per assessment	
Treatment Plan Development and Modification					
Treatment plan development, new and established patient, mental health	H0032			\$97.00 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year.*
Treatment plan development, new and established patient, substance abuse	T1007			\$97.00 per event	<p>Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year.*</p> <p>The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.</p>
Treatment plan review, mental health	H0032	TS		\$48.50 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year.*
Treatment plan review, substance abuse	T1007	TS		\$48.50 per event	
					The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Medical and Psychiatric Services					
Medication management	T1015			\$60.00 per event	Medicaid reimburses medication management as medically necessary.
Medication management—telemedicine	T1015	GT		\$60.00 per event	Medication management is not reimbursable on the same day, for the same recipient, as brief group medical therapy or brief individual medical psychotherapy.
Brief individual medical psychotherapy, mental health	H2010	HE		\$15.00 per quarter hour	There is a maximum daily limit of two quarter-hour units.
Brief individual medical psychotherapy, mental health—telemedicine	H2010	HE	GT	\$15.00 per quarter hour	Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year.*
Brief individual medical psychotherapy, substance abuse	H2010	HF		\$15.00 per quarter hour	Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.
Brief individual medical psychotherapy, substance abuse—telemedicine	H2010	HF	GT	\$15.00 per quarter hour	
Brief group medical therapy	H2010	HQ		\$8.65 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 18 quarter-hour units (4.5 hours) of group medical therapy, per recipient, per state fiscal year.* Brief group medical therapy is not reimbursable on the same day, for the same recipient as brief individual medical psychotherapy or behavioral health-related medical services: verbal interactions, medication management.

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Medical and Psychiatric Services, continued					
Behavioral health medical screening, mental health	T1023	HE		\$43.62 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year.* Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.
Behavioral health medical screening, substance abuse	T1023	HF		\$43.62 per event	
Behavioral health-related medical services: verbal interaction, mental health	H0046			\$15.00 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.* Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services
Behavioral health-related medical services: verbal interaction, mental health-telemedicine	H0046	GT		\$15.00 per event	
Behavioral health-related medical services: verbal interaction, substance abuse	H0047			\$15.00 per event	
Behavioral health-related medical services: verbal interaction, substance abuse-telemedicine	H0047	GT		\$15.00 per event	
Behavioral health-related medical services: medical procedures, mental health	T1015	HE		\$10.00 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.*
Behavioral health-related medical services: medical procedures, substance abuse	T1015	HF		\$10.00 per event	
Behavioral health-related medical services: alcohol and other drug screening specimen	H0048			\$10.00 per event	Medicaid reimburses 52 behavioral health-related medical services: alcohol and other drug screening specimen collections, per recipient, per state fiscal year.*

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Medical and Psychiatric Services, continued					
Medication-assisted treatment services	H0020			\$67.48, weekly rate	Medicaid reimburses medication-assisted treatment services 52 times, per recipient, per state fiscal year.* The service is billed one time per seven days. This service is not reimbursable using any other procedure code.
Behavioral Health Therapy Services					
Individual and family therapy	H2019	HR		\$18.33 per quarter hour	Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year.* There is a maximum daily limit of four quarter-hour units (1 hour).
Individual and family therapy-telemedicine	H2019	HR	GT	\$18.33 per quarter hour	
Group therapy	H2019	HQ		\$6.67 per quarter hour	Medicaid reimburses a maximum of 156 quarter-hour units (39 hours) of group therapy services, per recipient, per state fiscal year.*
Behavioral health day services, mental health	H2012			\$12.50 per hour	Medicaid reimburses a maximum of 190-hour units (47.5 hours; 11.9 half-days) per recipient, per state fiscal year.* Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
Behavioral health day services, substance abuse	H2012	HF		\$12.50 per hour	
Community Support and Rehabilitative Services					
Psychosocial rehabilitation services	H2017			\$9.00 per quarter hour	Medicaid reimburses a maximum of 1,920 units (480 hours; 20 days) of psychosocial rehabilitation services, per recipient, per state fiscal year.* These units count against clubhouse service units.

*July 1 through June 30.

Description of Service	Procedure Code	Modifier 1	Modifier 2	Maximum Fee	Reimbursement and Service Limitations
Community Support and Rehabilitative Services, continued					
Clubhouse services	H2030			\$5.00 per quarter hour	Medicaid reimburses clubhouse services for a maximum of 1920 quarter-hour units (480 hours; 20 days) annually, per recipient, per state fiscal year.* These units count against psychosocial rehabilitation units of service.
Therapeutic Behavioral On-Site Services for Recipient Under the Age of 21 Years					
Therapeutic behavioral on-site services, therapy	H2019	HO		\$16.00 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapy services a maximum combined limit of a total of 36, 15-minute units per month(9 hours) by a master's level or certified behavioral analyst.
Therapeutic behavioral on-site services, behavior management	H2019	HN		\$10.00 per quarter hour	Medicaid reimburses therapeutic behavioral on-site behavior management and therapeutic behavioral on-site therapy services for a maximum combined total of 36, 15-minute units per month by a master's level practitioner, certified behavioral analyst, or certified associate behavioral analyst.
Therapeutic behavioral on-site services, therapeutic support	H2019	HM		\$4.00 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapeutic support services for a maximum of 128 quarter-hour units per month (32 hours), per recipient.