

Fee Schedule for Providers of Community-Based Behavioral Services

Effective: 11/1/2018 - 06/30/2019 *Corrected 1/8/2020*

Service Name	HCPC Code	Modifiers		Units	State Max		Add-On (Effective 8/1/18-6/30/19)	Total State Max	
		1	2		On-Site	Off-Site		On-Site	Off-Site
Group A - billable by BHC, CMHC, IPs									
Assessment and Treatment Planning									
Integrated Assessment and Treatment Planning (IATP)	H2000	HN		1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
Integrated Assessment and Treatment Planning (IATP)	H2000	HO		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
IATP: Review and Update	H2000	HN	SF	1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
IATP: Review and Update	H2000	HO	SF	1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
IATP: Clinical Assessment Tool	H2000	TF		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
IATP: Psychological Assessment	H2000	AH		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
IATP: Psychological Assessment	H2000	HP		1/4 hr	\$ 24.89	\$ 28.88	\$5.00	\$ 29.89	\$ 33.88
IATP: LOCUS Assessment	H2000	HN	HE	1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
Crisis Services									
Crisis Intervention	H2011	HN		1/4 hr	\$ 30.93	\$ 35.88	\$7.00	\$ 37.93	\$ 42.88
Therapy/Counseling Services									
Therapy/Counseling - Individual	H0004	HN		1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Therapy/Counseling - Individual	H0004	HO		1/4 hr	\$ 18.60	\$ 21.57	\$5.00	\$ 23.60	\$ 26.57
Therapy/Counseling - Group	H0004	HN	HQ	1/4 hr	\$ 4.29	\$ 4.98	\$0.00	\$ 4.29	\$ 4.98
Therapy/Counseling - Group	H0004	HO	HQ	1/4 hr	\$ 6.20	\$ 7.19	\$0.00	\$ 6.20	\$ 7.19
Therapy/Counseling - Family	H0004	HN	HR	1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Therapy/Counseling - Family	H0004	HO	HR	1/4 hr	\$ 18.60	\$ 21.57	\$0.00	\$ 18.60	\$ 21.57
Group B - billable by BHC and CMHC									
General Medicaid Rehabilitation Option Services									
Community Support - Individual	H2015	HM		1/4 hr	\$ 14.12	\$ 16.38	\$0.00	\$ 14.12	\$ 16.38
Community Support - Individual	H2015	HN		1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Community Support - Individual	H2015	HO		1/4 hr	\$ 18.60	\$ 21.57	\$0.00	\$ 18.60	\$ 21.57
Community Support - Individual	H2015	HN	HK	1/4 hr	\$ 17.18	N/A	\$5.00	\$ 22.18	N/A
Community Support - Group	H2015	HM	HQ	1/4 hr	\$ 3.53	\$ 4.10	\$0.00	\$ 3.53	\$ 4.10
Community Support - Group	H2015	HN	HQ	1/4 hr	\$ 4.29	\$ 4.98	\$0.00	\$ 4.29	\$ 4.98
Community Support - Group	H2015	HO	HQ	1/4 hr	\$ 6.20	\$ 7.19	\$0.00	\$ 6.20	\$ 7.19
Medication Administration	T1502	TE		Event	\$ 10.54	\$ 12.22	\$0.00	\$ 10.54	\$ 12.22
Medication Administration	T1502	SA		Event	\$ 12.69	\$ 14.73	\$0.00	\$ 12.69	\$ 14.73
Medication Monitoring	H2010	52		1/4 hr	\$ 20.66	\$ 20.66	\$0.00	\$ 20.66	\$ 20.66
Medication Monitoring	H2010	SA		1/4 hr	\$ 24.89	\$ 24.89	\$0.00	\$ 24.89	\$ 24.89
Medication Monitoring	H2010	AF		1/4 hr	\$ 25.22	\$ 25.22	\$10.00	\$ 35.22	\$ 35.22
Medication Training - Individual	H0034	52		1/4 hr	\$ 17.18	\$ 19.93	\$5.00	\$ 22.18	\$ 24.93
Medication Training - Individual	H0034	SA		1/4 hr	\$ 24.89	\$ 28.88	\$0.00	\$ 24.89	\$ 28.88
Medication Training - Group	H0034	52	HQ	1/4 hr	\$ 5.73	\$ 6.65	\$0.00	\$ 5.73	\$ 6.65
Medication Training - Group	H0034	SA	HQ	1/4 hr	\$ 8.30	\$ 9.63	\$0.00	\$ 8.30	\$ 9.63
Targeted Case Management Services									
Case Management - Client-Centered Consultation	T1016	HM	HS	1/4 hr	\$ 14.12	\$ 16.38	\$0.00	\$ 14.12	\$ 16.38
Case Management - Client-Centered Consultation	T1016	HN	HS	1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Case Management - Mental Health	T1016	HM		1/4 hr	\$ 14.12	\$ 16.38	\$0.00	\$ 14.12	\$ 16.38
Case Management - Mental Health	T1016	HN		1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Case Management - Transition Linkage and Aftercare	T1016	HN	TS	1/4 hr	\$ 17.18	\$ 19.93	\$0.00	\$ 17.18	\$ 19.93
Case Management - Transition Linkage and Aftercare	T1016	HO	TS	1/4 hr	\$ 18.60	\$ 21.57	\$0.00	\$ 18.60	\$ 21.57
Crisis Services									
Crisis Intervention - Team	H2011	HN	HT	1/4 hr	N/A	\$ 49.30	\$0.00	N/A	\$ 49.30
Crisis Stabilization	T1019	HN		1 hr	\$ 50.00	\$ 50.00	\$0.00	\$ 50.00	\$ 50.00
Mobile Crisis Response <i>Corrected</i>	S9484	HN		Event	\$ 299.70	\$ 347.50	\$0.00	\$ 299.70	\$ 347.50
Mobile Crisis Response - Team <i>Corrected</i>	S9484	HN	HT	Event	N/A	\$ 477.74	\$0.00	N/A	\$ 477.74

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		1	2		On-Site	Off-Site		On-Site	Off-Site
Intensive Services Requiring Program Certification									
Community Support Team*	H2016			1/4 hr	\$ 18.60	\$ 21.57	\$9.00	\$ 27.60	\$ 30.57
Mental Health Intensive Outpatient - Adult Program	S9480	HO	HB	1 hr	\$ 16.53	\$ 16.53	\$0.00	\$ 16.53	\$ 16.53
Mental Health Intensive Outpatient - Child Program	S9480	HO	HA	1 hr	\$ 33.07	\$ 33.07	\$0.00	\$ 33.07	\$ 33.07
Behavioral Health Screening Services									
Developmental Screening	96110	TF		Event	\$ 16.07	\$ 16.07	\$0.00	\$ 16.07	\$ 16.07
Developmental Testing	96111	TF		Event	\$ 16.07	\$ 16.07	\$0.00	\$ 16.07	\$ 16.07
Mental Health Risk Assessment	96127	TF		Event	\$ 14.60	\$ 14.60	\$0.00	\$ 14.60	\$ 14.60
Prenatal Care At-Risk Assessment	H1000	TF		Event	\$ 14.60	\$ 14.60	\$0.00	\$ 14.60	\$ 14.60
Family Support Program (FSP) Services									
FSP Application Assistance	G9012	HN	SE	1/4 hr	\$ 18.75	\$ 18.75	\$0.00	\$ 18.75	\$ 18.75
FSP Clinical Case Participation	T1016	HN	SE	1/4 hr	\$ 19.31	\$ 19.31	\$0.00	\$ 19.31	\$ 19.31
FSP Family Support Services	T1999	SE		Event	Event-based purchasing				
FSP Therapeutic Support Services	H0046	SE		Event	Event-based purchasing				
Group C - billable by CMHC only									
Telehealth Services									
Telepsychiatry: Originating Site	Q3014	HN		Event	\$ 25.00	N/A	\$0.00	\$ 25.00	N/A
Intensive Services Requiring Program Certification									
Assertive Community Treatment - Individual*	H0039			1/4 hr	\$ 27.31	\$ 31.68	\$12.00	\$ 39.31	\$ 43.68
Assertive Community Treatment - Group*	H0039	HQ		1/4 hr	\$ 9.10	\$ 10.56	\$0.00	\$ 9.10	\$ 10.56
Psychosocial Rehabilitation - Individual	H2017	HM		1/4 hr	\$ 14.12	N/A	\$0.00	\$ 14.12	N/A
Psychosocial Rehabilitation - Individual	H2017	HN		1/4 hr	\$ 17.18	N/A	\$0.00	\$ 17.18	N/A
Psychosocial Rehabilitation - Individual	H2017	HO		1/4 hr	\$ 18.60	N/A	\$0.00	\$ 18.60	N/A
Psychosocial Rehabilitation - Group	H2017	HM	HQ	1/4 hr	\$ 3.53	N/A	\$0.00	\$ 3.53	N/A
Psychosocial Rehabilitation - Group	H2017	HN	HQ	1/4 hr	\$ 4.29	N/A	\$0.00	\$ 4.29	N/A
Psychosocial Rehabilitation - Group	H2017	HO	HQ	1/4 hr	\$ 6.20	N/A	\$0.00	\$ 6.20	N/A

*ACT and CST services must be billed with an additional modifier indicating the highest level of practitioner level delivering the unit(s) of service from the acceptable list of modifiers. See the Handbook for Providers of Community-Based Behavioral Services for more information.

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Allowable Place of Service Codes		
On-Site	Off-Site	
11 - Office	03 - School	33 - Custodial Care Facility
15 - Mobile Unit	04 - Homeless Shelter	34 - Hospice
20 - Urgent Care Facility	12 - Home	51 - Inpatient Psych Facility (Free Standing Psych)
53 - Community Mental Health Center	13 - Assisted Living Facility	52 - Psychiatric Facility - Partial Hospitalization
	14 - Group Home	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities (ICF/IID)
	21 - Inpatient Hospital (Hospital)	55 - Substance Use Disorder (SUD) Residential
	22 - On-Campus Outpatient Hospital	56 - Psychiatric Residential Treatment Facility (PRTF)
	23 - Emergency Room - Hospital	57 - Substance Use Disorder (SUD) Treatment Site
	26 - Military Treatment Facility	71 - Public Health Clinic
	31 - Skilled Nursing Facility (SNF)	99 - Other Place of Service
	32 - Nursing Facility	

Modifier Key	
Modifier	Description
52	Lower level of care
AF	Physician
AH	Psychologist - Masters
ET	Crisis Service
H9	Forensic Service
HA	Child program
HB	Adult program
HE	LOCUS assessment
HH	Substance Use Disorder (SUD) worker
HJ	Employment supports
HK	High risk mental health program
HM	RSA
HN	MHP
HO	QMHP
HP	Psychologist - Licensed Clinical
HQ	Group setting
HR	Family/couple
HS	Client not present
HT	Multidisciplinary team
HW	Funded by DMH
SA	APN
SE	FSP service
SF	Review
TD	RN
TE	LPN/LVN
TF	LPHA
TG	Complex level of care
TS	Transition service

Place of Service Crosswalk	
Fee Schedule Pricing	Billable POS Code
On-Site	11
	15
	20
	53
Off-Site	21
	51
	22
	52
	56
	57
	03
	23
	71
	31
	32
	33
	04
	12
	13
	14
	26
	34
	54
	55
99	

Modifier
52
AF
AH
ET
H9
HA
HB
HE
HH
HJ
HK
HM
HN
HO
HP
HQ
HR
HS
HT
HW
SA
SE
SF
TD
TE
TF
TG
TS

Modifier Key
Description
Lower level of care
Specialty physician
Clinical psychologist
Emergency services
Court-ordered
Child/adolescent program
Adult program, nongeriatric
LOCUS assessment
Substance Use Disorder Worker
Employee assistance program
Specialized mental health programs for high-risk populations
RSA
MHP
QMHP
Doctoral level
Group setting
Family/couple
Client not present
Multidisciplinary team
Funded by state mental health agency
APN
FSP service
Second opinion ordered
RN
LPN/LVN
LPHA
Complex level of care
Follow-up/transition service