



Fee Schedule

Rates Effective July 1, 2024 - June 30, 2025

Procedure Code	Modifier	Procedure Code Description	Rate
90785		Interactive complexity (List separately in addition to the code for primary procedure)	\$ 4.54
90791		Psychiatric diagnostic evaluation	\$ 159.67
90792		Psychiatric diagnostic evaluation with medical services	\$ 178.40
90832		Psychotherapy, 30 minutes with member and/or family member	\$ 68.76
90833		Psychotherapy, 30 mins, with member or family member, when performed with an E&M service listed separately	\$ 62.93
90834		Psychotherapy, 45 minutes with member and/or family member	\$ 91.09
90836		Psychotherapy, 45 mins, with member or family member, when performed with an E&M service listed separately	\$ 79.63
90837		Psychotherapy, 60 minutes with member and/or family member	\$ 134.51
90838		Psychotherapy, 60 mins, with member or family member, when performed with an E&M service listed separately	\$ 105.41
90839		Psychotherapy for crisis, first 60 minutes	\$ 128.01
90840		Psychotherapy for crisis, each additional 30 minutes (list separately in addition to code for primary service)	\$ 60.69
90846		Family psychotherapy (w/o pt.)	\$ 87.01
90847		Family psychotherapy (conjoint)	\$ 90.09
90849		Multiple-family group psychotherapy	\$ 31.44
90853		Group psychotherapy (not multi-family)	\$ 24.36
90863		Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (list separately in addition to the code for primary procedure)	\$ 36.45
96105		Assessment of aphasia, per hour	\$ 88.32
96110		Developmental test limited, per instrument used	\$ 18.39
96116		Neurobehavioral status exam, per hour	\$ 98.46



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96121		Neurobehavioral status exam by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour list separately in addition to code for primary procedure.	\$ 78.29
96125		Cognitive test by healthcare professional, per hour	\$ 95.38
96127		Brief emotional or behavioral assessment, per standardized instrument	\$ 18.39
96130		Evaluation of psychological test, first hour	\$ 132.41
96131		Evaluation of psychological test, each additional hour	\$ 104.87
96132		Evaluation of neuropsychological test, first hour	\$ 134.51
96133		Evaluation of neuropsychological test, each additional hour	\$ 102.58
96136		Administration of psychological or neuropsychological test, first 30 minutes	\$ 68.10
96137		Administration of psychological or neuropsychological test, each additional 30 minutes	\$ 49.84
96138		Administration of psychological or neuropsychological test by technician, first 30 minutes	\$ 32.41
96139		Administration of psychological or neuropsychological test by technician, each additional 30 minutes	\$ 19.25
96146		Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	\$ 9.82
A0999	ET	Behavioral Health Secure Transport	\$ 267.91
A0425	ET	Ground Mileage, per statute mile	\$ 6.41
H0001	HF	Alcohol/drug assessment, 1 unit per day, untimed	\$ 111.63
H0004	HF	Individual/family counseling and therapy, 8 units per day, 15 min. unit	\$ 26.57
H0005	HF	Group counseling and therapy, 3 units per day, 1 hour unit	\$ 15.91
H0006	HF	SUD Targeted case management, 4 units per day, 15 min. unit	\$ 8.45



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H0010	HF	Clinically Managed Residential Withdrawal Management: ASAM Level 3.2WM, per-diem	\$ 350.20
H0011		Clinically managed residential withdrawal management: ASAM level 3.7WM, per diem	\$ 921.57
H0020	HF	Alcohol and/or drug services; Methadone administration and/or service, 1 unit per day, untimed	\$ 16.29
H2036	U1	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem	\$ 190.00
H2036	U3	ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem	\$ 293.25
H2036	U5	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem	\$ 425.00
H2036	U7	ASAM level 3.7 - Medically monitored intensive inpatient services, per diem	\$ 669.50
S9445	HF	Alcohol/drug screening counseling, 1 unit per day, untimed	\$ 50.44
J0575		Buprenorphine/naloxone, oral, greater than 10 mg; 3 units per day; > or =10mg unit	\$ 7.65
J2315		Office administered injection: Naltrexone, depot form, one (1) mg; 380 mg / day, limit one (1) injection per month; 1 mg unit	\$ 4.21

For more information on billing Fee-For-Service (FFS) Behavioral Health services please see the 'Billing Fee-For-Service (FFS) Behavioral Health Services' section within the State Behavioral Health Services (SBHS) Billing Manual.

[FFS Behavioral Health Services](#)

For more information on capitated payments, Essential and Targeted Directed Payment, through the Essential Fee Schedule, please see Appendix D within the most recent SBHS Billing Manual.

[State Behavioral Services Billing Manual - Appendix D](#)