



Rates Effective October 1, 2025 - June 30, 2026

Procedure Code	Modifier	Procedure Code Description	Rate Effective July 1, 2025	Rate Effective October 1, 2025
90785		Interactive complexity (List separately in addition to the code for primary procedure)	\$ 4.61	\$ 4.54
90791		Psychiatric diagnostic evaluation	\$ 162.22	\$ 159.67
90792		Psychiatric diagnostic evaluation with medical services	\$ 181.25	\$ 178.40
90832		Psychotherapy, 30 minutes with member and/or family member	\$ 69.86	\$ 68.76
90833		Psychotherapy, 30 mins, with member or family member, when performed with an E&M service listed separately	\$ 63.94	\$ 62.93
90834		Psychotherapy, 45 minutes with member and/or family member	\$ 92.55	\$ 91.09
90836		Psychotherapy, 45 mins, with member or family member, when performed with an E&M service listed separately	\$ 80.90	\$ 79.63
90837		Psychotherapy, 60 minutes with member and/or family member	\$ 136.66	\$ 134.51
90838		Psychotherapy, 60 mins, with member or family member, when performed with an E&M service listed separately	\$ 107.10	\$ 105.41
90839		Psychotherapy for crisis, first 60 minutes	\$ 130.06	\$ 128.01
90840		Psychotherapy for crisis, each additional 30 minutes (list separately in addition to the code for primary service)	\$ 61.66	\$ 60.69
90846		Family psychotherapy (w/o pt.)	\$ 88.40	\$ 87.01
90847		Family psychotherapy (conjoint)	\$ 91.53	\$ 90.09
90849		Multiple-family group psychotherapy	\$ 31.94	\$ 31.44
90853		Group psychotherapy (not multi-family)	\$ 24.75	\$ 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)	\$ 37.03	\$ 36.45
96105		Assessment of aphasia, per hour	\$ 89.73	\$ 88.32
96110		Developmental test limited, per instrument used	\$ 18.68	\$ 18.39
96116		Neurobehavioral status exam, per hour	\$ 100.04	\$ 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.	\$ 79.54	\$ 78.29
96125		Cognitive test by healthcare professional, per hour	\$ 96.91	\$ 95.38
96127		Brief emotional or behavioral assessment, per standardized instrument	\$ 18.68	\$ 18.39
96130		Evaluation of psychological test, first hour	\$ 134.53	\$ 132.41
96131		Evaluation of psychological test, each additional hour	\$ 106.55	\$ 104.87
96132		Evaluation of neuropsychological test, first hour	\$ 136.66	\$ 134.51
96133		Evaluation of neuropsychological test, each additional hour	\$ 104.22	\$ 102.58
96136		Administration of psychological or neuropsychological test, first 30 minutes	\$ 69.19	\$ 68.10
96137		Administration of psychological or neuropsychological test, each additional 30 minutes	\$ 50.64	\$ 49.84
96138		Administration of psychological or neuropsychological test by technician, first 30 minutes	\$ 32.93	\$ 32.41
96139		Administration of psychological or neuropsychological test by technician, each additional 30 minutes	\$ 19.56	\$ 19.25
96146		Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	\$ 9.98	\$ 9.82
A0999	ET	Behavioral Health Secure Transport	See BHST Rates under the Transportation Fee Schedule section	See BHST Rates under the Transportation Fee Schedule section



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A0425	ET	Ground Mileage, per statute mile	See the BHST Rates under the Transportation Fee Schedule section	See the BHST Rates under the Transportation Fee Schedule section
H0001	HF	Alcohol/drug assessment, 1 unit per day, untimed	See the Outpatient Substance Abuse Fee Schedule section	See the Outpatient Substance Abuse Fee Schedule section
H0004	HF	Individual/family counseling and therapy, 8 units per day, 15 min. unit	See the Outpatient Substance Abuse Fee Schedule section	See the Outpatient Substance Abuse Fee Schedule section
H0005	HF	Group counseling and therapy, 3 units per day, 1 hour unit	See the Outpatient Substance Abuse Fee Schedule section	See the Outpatient Substance Abuse Fee Schedule section
H0010	HF	Clinically Managed Residential Withdrawal Management: ASAM Level 3.2WM, per-diem	\$ 355.80	\$ 350.20
H0011		Clinically managed residential withdrawal management: ASAM level 3.7WM, per diem	\$ 936.32	\$ 921.57
H0020	HF	Alcohol and/or drug services; Methadone administration and/or service, 1 unit per day, untimed	\$ 16.55	\$ 16.29
H2036	U1	ASAM level 3.1 - Clinically managed low-intensity residential services, per diem	\$ 193.04	\$ 190.00
H2036	U3	ASAM level 3.3 - Clinically managed population-specific high-intensity residential services, per diem	\$ 297.94	\$ 293.25
H2036	U5	ASAM level 3.5 - Clinically managed high-intensity residential services, per diem	\$ 431.80	\$ 425.00
H2036	U7	ASAM level 3.7 - Medically monitored intensive inpatient services, per diem	\$ 680.21	\$ 669.50



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S9445	HF	Alcohol/drug screening counseling, 1 unit per day, untimed	See the Outpatient Substance Abuse Fee Schedule section	See the Outpatient Substance Abuse Fee Schedule section
J0575		Buprenorphine/naloxone, oral, greater than 10 mg; 3 units per day; > or =10mg unit	See Physician-Administered Drug Fee Schedule	See Physician-Administered Drug Fee Schedule
J2315		Office administered injection: Naltrexone, depot form, one (1) mg; 380 mg / day, limit one (1) injection per month; 1 mg unit	See Physician-Administered Drug Fee Schedule	See Physician-Administered Drug Fee Schedule

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](#)