

## MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 12/1/2021

DESCRIPTION	CPT®			PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
	CODE	Age or Setting	Modifier				
Psychiatric Diagnostic Evaluation - no medical svcs*	90791	IP	w/ or w/o GT	\$155.33	\$139.80	\$104.85	\$104.85
Psychiatric Diagnostic Evaluation - no medical svcs*	90791	OP	w/ or w/o GT	\$179.60	\$161.64	\$121.23	\$121.23
Psychotherapy w/ patient, 30 min*	90832	IP	w/ or w/o GT	\$68.30	\$61.47	\$46.10	\$46.10
Psychotherapy w/ patient, 30 min*	90832	OP	w/ or w/o GT	\$77.32	\$69.59	\$52.19	\$52.19
Psychotherapy w/ patient, 45 min*	90834	IP	w/ or w/o GT	\$90.49	\$81.44	\$61.08	\$61.08
Psychotherapy w/ patient, 45 min*	90834	OP	w/ or w/o GT	\$102.63	\$92.37	\$69.28	\$69.28
Psychotherapy w/ patient, 60 min*	90837	IP	w/ or w/o GT	\$133.83	\$120.45	\$90.34	\$90.34
Psychotherapy w/ patient, 60 min*	90837	OP	w/ or w/o GT	\$151.51	\$136.36	\$102.27	\$102.27
Psychotherapy for crisis, first 60 min*	90839	IP	w/ or w/o GT	\$127.24	\$114.52	\$85.89	\$85.89
Psychotherapy for crisis, first 60 min*	90839	OP	w/ or w/o GT	\$162.26	\$146.03	\$109.53	\$109.53
Psychotherapy for crisis, additional 30 min*	+90840	IP	w/ or w/o GT	\$60.33	\$54.30	\$40.72	\$40.72
Psychotherapy for crisis, additional 30 min*	+90840	OP	w/ or w/o GT	\$76.84	\$69.16	\$51.87	\$51.87
Family/Couples Psychotherapy w/o patient present, 50 min*	90846	IP	w/ or w/o GT	\$97.77	\$87.99	\$65.99	\$65.99
Family/Couples Psychotherapy w/o patient present, 50 min*	90846	OP	w/ or w/o GT	\$98.47	\$88.62	\$66.47	\$66.47
Family/Couples Psychotherapy w/ patient present, 50 min*	90847	IP	w/ or w/o GT	\$101.24	\$91.12	\$68.34	\$68.34
Family/Couples Psychotherapy w/ patient present, 50 min*	90847	OP	w/ or w/o GT	\$101.93	\$91.74	\$68.80	\$68.80
Group Psychotherapy*	90853	IP	w/ or w/o GT	\$23.92	\$21.53	\$16.15	\$16.15
Group Psychotherapy*	90853	OP	w/ or w/o GT	\$27.39	\$24.65	\$18.49	\$18.49
Interactive Complexity Add-on	+90785	IP	w/ or w/o GT	\$13.18	\$11.86	\$8.90	\$8.90
Interactive Complexity Add-on	+90785	OP	w/ or w/o GT	\$14.91	\$13.42	\$10.06	\$10.06
Psychiatric Diagnostic Evaluation - w/ medical svcs*	90792	IP	w/ or w/o GT	\$175.44	N/B	N/B	\$118.42
Psychiatric Diagnostic Evaluation - w/ medical svcs*	90792	OP	w/ or w/o GT	\$200.40	N/B	N/B	\$135.27
Psychotherapy w/ patient, 30 min, w/ E&M svc*	+90833	IP	w/ or w/o GT	\$63.10	N/B	N/B	\$42.59
Psychotherapy w/ patient, 30 min, w/ E&M svc*	+90833	OP	w/ or w/o GT	\$70.73	N/B	N/B	\$47.74
Psychotherapy w/ patient, 45 min, w/ E&M svc*	+90836	IP	w/ or w/o GT	\$79.74	N/B	N/B	\$53.82
Psychotherapy w/ patient, 45 min, w/ E&M svc*	+90836	OP	w/ or w/o GT	\$89.45	N/B	N/B	\$60.38
Psychotherapy w/ patient, 60 min, w/ E&M svc*	+90838	IP	w/ or w/o GT	\$106.09	N/B	N/B	\$71.61
Psychotherapy w/ patient, 60 min, w/ E&M svc*	+90838	OP	w/ or w/o GT	\$118.58	N/B	N/B	\$80.04
Electroconvulsive Therapy (E.C.T.)	90870	IP		\$107.48	N/B	N/B	N/B
Electroconvulsive Therapy (E.C.T.)	90870	OP		\$176.13	N/B	N/B	N/B
Office Outpatient Visit, New patient, low to moderate severity*	99202	<21/IP	w/ or w/o GT	\$33.28	N/B	N/B	\$22.46
Office Outpatient Visit, New patient, low to moderate severity*	99202	<21/OP	w/ or w/o GT	\$49.33	N/B	N/B	\$33.30
Office Outpatient Visit, New patient, low to moderate severity*	99202	>20/IP	w/ or w/o GT	\$31.24	N/B	N/B	\$21.09
Office Outpatient Visit, New patient, low to moderate severity*	99202	>20/OP	w/ or w/o GT	\$46.31	N/B	N/B	\$31.26
Office Outpatient Visit, New patient, moderate severity*	99203	<21/IP	w/ or w/o GT	\$56.31	N/B	N/B	\$38.01
Office Outpatient Visit, New patient, moderate severity*	99203	<21/OP	w/ or w/o GT	\$75.86	N/B	N/B	\$51.21
Office Outpatient Visit, New patient, moderate severity*	99203	>20/IP	w/ or w/o GT	\$52.86	N/B	N/B	\$35.68
Office Outpatient Visit, New patient, moderate severity*	99203	>20/OP	w/ or w/o GT	\$71.21	N/B	N/B	\$48.07
Office Outpatient Visit, New patient, moderate to high severity*	99204	<21/IP	w/ or w/o GT	\$91.68	N/B	N/B	\$61.88
Office Outpatient Visit, New patient, moderate to high severity*	99204	<21/OP	w/ or w/o GT	\$113.33	N/B	N/B	\$76.50
Office Outpatient Visit, New patient, moderate to high severity*	99204	>20/IP	w/ or w/o GT	\$86.06	N/B	N/B	\$58.09
Office Outpatient Visit, New patient, moderate to high severity*	99204	>20/OP	w/ or w/o GT	\$106.38	N/B	N/B	\$71.81
Office Outpatient Visit, New patient, moderate to high severity*	99205	<21/IP	w/ or w/o GT	\$124.50	N/B	N/B	\$84.04
Office Outpatient Visit, New patient, moderate to high severity*	99205	<21/OP	w/ or w/o GT	\$149.63	N/B	N/B	\$101.00
Office Outpatient Visit, New patient, moderate to high severity*	99205	>20/IP	w/ or w/o GT	\$116.86	N/B	N/B	\$78.88
Office Outpatient Visit, New patient, moderate to high severity*	99205	>20/OP	w/ or w/o GT	\$140.45	N/B	N/B	\$94.80
Office Outpatient Visit, Established patient, minimal*	99211	<21/IP	w/ or w/o GT	\$6.05	N/B	N/B	\$4.08
Office Outpatient Visit, Established patient, minimal*	99211	<21/OP	w/ or w/o GT	\$15.36	N/B	N/B	\$10.37
Office Outpatient Visit, Established patient, minimal*	99211	>20/IP	w/ or w/o GT	\$5.68	N/B	N/B	\$3.83
Office Outpatient Visit, Established patient, minimal*	99211	>20/OP	w/ or w/o GT	\$14.42	N/B	N/B	\$9.73
Office Outpatient Visit, Established patient, minor*	99212	<21/IP	w/ or w/o GT	\$24.20	N/B	N/B	\$16.34
Office Outpatient Visit, Established patient, minor*	99212	<21/OP	w/ or w/o GT	\$37.93	N/B	N/B	\$25.60
Office Outpatient Visit, Established patient, minor*	99212	>20/IP	w/ or w/o GT	\$22.72	N/B	N/B	\$15.34
Office Outpatient Visit, Established patient, minor*	99212	>20/OP	w/ or w/o GT	\$35.60	N/B	N/B	\$24.03
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	<21/IP	w/ or w/o GT	\$45.38	N/B	N/B	\$30.63
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	<21/OP	w/ or w/o GT	\$61.67	N/B	N/B	\$41.63
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	>20/IP	w/ or w/o GT	\$42.59	N/B	N/B	\$28.75
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	>20/OP	w/ or w/o GT	\$57.88	N/B	N/B	\$39.07
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	<21/IP	w/ or w/o GT	\$67.02	N/B	N/B	\$45.24
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	<21/OP	w/ or w/o GT	\$87.50	N/B	N/B	\$59.06
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	>20/IP	w/ or w/o GT	\$62.91	N/B	N/B	\$42.46
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	>20/OP	w/ or w/o GT	\$82.13	N/B	N/B	\$55.44
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	<21/IP	w/ or w/o GT	\$98.67	N/B	N/B	\$66.60
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	<21/OP	w/ or w/o GT	\$122.17	N/B	N/B	\$82.46
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	>20/IP	w/ or w/o GT	\$92.61	N/B	N/B	\$62.51
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	>20/OP	w/ or w/o GT	\$114.68	N/B	N/B	\$77.41
Observation Care Discharge	99217	<21		\$48.17	N/B	N/B	N/B
Observation Care Discharge	99217	>20		\$45.22	N/B	N/B	N/B
Initial Observation Care; straightforward/low complexity	99218	<21		\$65.62	N/B	N/B	N/B
Initial Observation Care; straightforward/low complexity	99218	>20		\$61.60	N/B	N/B	N/B

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DESCRIPTION	CPT®			PHYSICIAN	PSYCHOLOGIST	MASTER'S	CLINICAL NURSE
	CODE	Age or Setting	Modifier			LEVEL	SPECIALIST
Initial Observation Care; moderate complexity	99219	<21		\$89.59	N/B	N/B	N/B
Initial Observation Care; moderate complexity	99219	>20		\$84.10	N/B	N/B	N/B
Initial Observation Care; high complexity	99220	<21		\$121.24	N/B	N/B	N/B
Initial Observation Care; high complexity	99220	>20		\$113.80	N/B	N/B	N/B
Initial Hospital Care, low complexity*	99221	<21	w/ or w/o GT	\$67.48	N/B	N/B	N/B
Initial Hospital Care, low complexity*	99221	>20	w/ or w/o GT	\$63.34	N/B	N/B	N/B
Initial Hospital Care, moderate complexity*	99222	<21	w/ or w/o GT	\$90.75	N/B	N/B	N/B
Initial Hospital Care, moderate complexity*	99222	>20	w/ or w/o GT	\$85.19	N/B	N/B	N/B
Initial Hospital Care, high complexity*	99223	<21	w/ or w/o GT	\$133.57	N/B	N/B	N/B
Initial Hospital Care, high complexity*	99223	>20	w/ or w/o GT	\$125.38	N/B	N/B	N/B
Subsequent Hospital Care, low complexity*	99231	<21	w/ or w/o GT	\$25.60	N/B	N/B	\$17.28
Subsequent Hospital Care, low complexity*	99231	>20	w/ or w/o GT	\$24.03	N/B	N/B	\$16.22
Subsequent Hospital Care, moderate complexity*	99232	<21	w/ or w/o GT	\$47.94	N/B	N/B	\$32.36
Subsequent Hospital Care, moderate complexity*	99232	>20	w/ or w/o GT	\$45.00	N/B	N/B	\$30.38
Subsequent Hospital Care, high complexity*	99233	<21	w/ or w/o GT	\$68.88	N/B	N/B	\$46.49
Subsequent Hospital Care, high complexity*	99233	>20	w/ or w/o GT	\$64.66	N/B	N/B	\$43.65
Observation or Inpatient Care, low complexity	99234	<21		\$87.73	N/B	N/B	N/B
Observation or Inpatient Care, low complexity	99234	>20		\$82.35	N/B	N/B	N/B
Observation or Inpatient Care, moderate complexity	99235	<21		\$111.46	N/B	N/B	N/B
Observation or Inpatient Care, moderate complexity	99235	>20		\$104.63	N/B	N/B	N/B
Observation or Inpatient Care, high complexity	99236	<21		\$143.11	N/B	N/B	N/B
Observation or Inpatient Care, high complexity	99236	>20		\$134.33	N/B	N/B	N/B
Discharge Day management -30 min or less	99238	<21		\$48.17	N/B	N/B	N/B
Discharge Day management -30 min or less	99238	>20		\$45.22	N/B	N/B	N/B
Discharge Day management -more than 30 min	99239	<21		\$70.97	N/B	N/B	N/B
Discharge Day management -more than 30 min	99239	>20		\$66.62	N/B	N/B	N/B
ER Consultation, minor	99281			\$14.85	\$13.37	N/B	N/B
ER Consultation, low to moderate complexity	99282			\$28.78	\$25.90	N/B	N/B
ER Consultation, moderate complexity	99283			\$48.51	\$43.66	N/B	N/B
ER Consultation, high complexity	99284			\$82.40	\$74.16	N/B	N/B
ER Consultation, high complexity/life threatening	99285			\$120.23	\$108.21	N/B	N/B
Prolonged Service, in office or outpatient setting; 60 min	+99354	<21/IP		\$80.51	\$72.46	\$54.34	\$54.34
Prolonged Service, in office or outpatient setting; 60 min	+99354	<21/OP		\$86.10	\$77.49	\$58.12	\$58.12
Prolonged Service, in office or outpatient setting; 60 min	+99354	>20/IP		\$75.58	\$68.02	\$51.02	\$51.02
Prolonged Service, in office or outpatient setting; 60 min	+99354	>20/OP		\$80.82	\$72.74	\$54.55	\$54.55
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	<21/IP		\$59.34	\$53.41	\$40.05	\$40.05
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	<21/OP		\$64.23	\$57.81	\$43.36	\$43.36
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	>20/IP		\$55.70	\$50.13	\$37.60	\$37.60
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	>20/OP		\$60.29	\$54.26	\$40.70	\$40.70
Prolonged Service, in inpatient or observation setting; 60 min	+99356	<21		\$60.97	\$54.87	\$41.15	\$41.15
Prolonged Service, in inpatient or observation setting; 60 min	+99356	>20		\$57.23	\$51.51	\$38.63	\$38.63
Prolonged Service, in inpatient or observation setting; addtl 30 min	+99357	<21		\$61.20	\$55.08	\$41.31	\$41.31
Prolonged Service, in inpatient or observation setting; addtl 30 min	+99357	>20		\$57.45	\$51.71	\$38.78	\$38.78
Office Emergency Services	99058			\$30.57	\$27.51	\$20.63	\$20.63
Smoking and tobacco cessation counseling; 3 to 10 min	99406	IP	w/ or w/o HD	\$7.86	\$7.07	\$5.31	\$5.31
Smoking and tobacco cessation counseling; 3 to 10 min	99406	OP	w/ or w/o HD	\$9.83	\$8.85	\$6.64	\$6.64
Smoking and tobacco cessation counseling; > 10 min	99407	IP	w/ or w/o HD	\$16.16	\$14.54	\$10.91	\$10.91
Smoking and tobacco cessation counseling; > 10 min	99407	OP	w/ or w/o HD	\$18.13	\$16.32	\$12.24	\$12.24
Alcohol/SA structured screening and brief intervention 15-30 min	99408	<21/IP		\$32.94	\$29.65	\$22.23	\$22.23
Alcohol/SA structured screening and brief intervention 15-30 min	99408	<21/OP		\$36.06	\$32.45	\$24.34	\$24.34
Alcohol/SA structured screening and brief intervention 15-30 min	99408	>20/IP		\$32.94	\$29.65	\$22.23	\$22.23
Alcohol/SA structured screening and brief intervention 15-30 min	99408	>20/OP		\$36.06	\$32.45	\$24.34	\$24.34
Alcohol/SA structured screening and brief intervention > 30 min	99409	<21/IP		\$66.22	\$59.60	\$44.70	\$44.70
Alcohol/SA structured screening and brief intervention > 30 min	99409	<21/OP		\$69.34	\$62.41	\$46.80	\$46.80
Alcohol/SA structured screening and brief intervention > 30 min	99409	>20/IP		\$66.22	\$59.60	\$44.70	\$44.70
Alcohol/SA structured screening and brief intervention > 30 min	99409	>20/OP		\$69.34	\$62.41	\$46.80	\$46.80
Therapeutic, prophylactic, or diagnostic injection	96372			\$11.62	N/B	N/B	\$7.84
Therapeutic or Diagnostic Injection; Intravenous Push	96374			\$34.02	N/B	N/B	\$22.96
Developmental test admin by physician or QHP, w/ interp & report, 1st hr	96112	IP		\$128.63	\$115.77	N/B	N/B
Developmental test admin by physician or QHP, w/ interp & report, 1st hr	96112	OP		\$130.71	\$117.64	N/B	N/B
Developmental test admin by licensed school psychologist**, w/ interp & report, 1st hr	96112	OP		N/B	N/B	\$88.23	N/B
Developmental test admin by physician or QHP, w/ interp & report, each addtl 30 min	+96113	IP		\$54.09	\$48.68	N/B	N/B
Developmental test admin by physician or QHP, w/ interp & report, each addtl 30 min	+96113	OP		\$58.25	\$52.43	N/B	N/B
Developmental test admin by licensed school psychologist**, w/ interp & report, each addtl 30 min	+96113	OP		N/B	N/B	\$39.32	N/B
Neurobehavioral status exam, by physician or other QHP, both face-to-face time w/ patient & time interp & report, 1st hr*	96116	IP	w/ or w/o GT	\$83.21	\$74.89	N/B	N/B

## MAGELLAN VA MEDICAID/DMAS RATES

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DESCRIPTION	CPT®/ HCPCS		Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
	CODE	Age or Setting					
Neurobehavioral status exam, by physician or other QHP, both face-to-face time w/ patient & time interp & report, 1st hr*	96116	OP	w/ or w/o GT	\$96.39	\$86.75	N/B	N/B
Neurobehavioral status exam, by physician or other QHP, both face-to-face time w/ patient & time interp & report, each addtl hr	+96121	IP	w/ or w/o GT	\$73.85	\$66.47	N/B	N/B
Neurobehavioral status exam, by physician or other QHP, both face-to-face time w/ patient & time interp & report, each addtl hr	+96121	OP	w/ or w/o GT	\$81.82	\$73.64	N/B	N/B
Psychological testing eval svcs by physician or other QHP, including patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s) or caregiver(s), 1st hr	96130	IP		\$107.83	\$97.05	N/B	N/B
Psychological testing eval svcs by physician or other QHP, including patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s) or caregiver(s), 1st hr	96130	OP		\$119.96	\$107.96	N/B	N/B
Psychological testing eval svcs by licensed school psychologist**, including patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s) or caregiver(s), 1st hr	96130	OP		N/B	N/B	\$80.97	N/B
Psychological testing eval svcs by physician or other QHP, each addtl hr	+96131	IP		\$81.13	\$73.02	N/B	N/B
Psychological testing eval svcs by physician or other QHP, each addtl hr	+96131	OP		\$90.84	\$81.76	N/B	N/B
Psychological testing eval svcs by licensed school psychologist**, each addtl hr	+96131	OP		N/B	N/B	\$61.32	N/B
Neuropsychological testing eval svcs by physician or other QHP, incl patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s) or caregiver(s), 1st hr	96132	IP		\$105.40	\$94.86	N/B	N/B
Neuropsychological testing eval svcs by physician or other QHP, incl patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s) or caregiver(s), 1st hr	96132	OP		\$132.44	\$119.20	N/B	N/B
Neuropsychological testing eval svcs by physician/other QHP, each addtl hr	+96133	IP		\$79.40	\$71.46	N/B	N/B
Neuropsychological testing eval svcs by physician/other QHP, each addtl hr	+96133	OP		\$103.32	\$92.99	N/B	N/B
Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, 1st 30 min	96136	IP		\$24.27	\$21.84	N/B	N/B
Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, 1st 30 min	96136	OP		\$46.46	\$41.81	N/B	N/B
Psychological or neuropsychological test admin & scoring by licensed school psychologist**, 2 or more tests, any method, 1st 30 min	96136	OP		N/B	N/B	\$31.36	N/B
Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, each addtl 30 min	+96137	IP		\$18.72	\$16.85	N/B	N/B
Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, each addtl 30 min	+96137	OP		\$41.61	\$37.45	N/B	N/B
Psychological or neuropsychological test admin & scoring by licensed school psychologist**, 2 or more tests, any method, each addtl 30 min	+96137	OP		N/B	N/B	\$28.09	N/B
Psychological or neuropsychological test admin & scoring by tech, 2 or more tests, any method, 1st 30 min	96138	IP/OP		\$37.10	\$33.39	N/B	N/B
Psychological or neuropsychological test admin & scoring by tech, 2 or more tests, any method, each addtl 30 min	+96139	IP/OP		\$37.10	\$33.39	N/B	N/B
Psychological or neuropsychological test admin, w/ single automated, standardized instrument via electronic platform, w/ automated result only	96146	IP/OP		\$2.08	\$1.87	N/B	N/B
Telehealth, originating site fee*	Q3014		GT	\$26.15	\$26.15	\$26.15	\$26.15
<b>IACCT Services</b>							
IACCT Initial Assessment*	90889		HK or HK, GT	\$250.00	N/B	N/B	N/B
IACCT Follow-Up Assessment*	90889		TS or TS, GT	\$120.00	N/B	N/B	N/B
Interprofessional telephone/Internet assessment and management service; 5-10 min of medical consultative discussion and review	99446	<21		\$12.57	N/B	N/B	N/B
Interprofessional telephone/Internet assessment and management service; 5-10 min of medical consultative discussion and review	99446	>20		\$11.80	N/B	N/B	N/B
Interprofessional telephone/Internet assessment and management service; 11-20 min of medical consultative discussion and review	99447	<21		\$22.57	N/B	N/B	N/B
Interprofessional telephone/Internet assessment and management service; 11-20 min of medical consultative discussion and review	99447	>20		\$21.19	N/B	N/B	N/B
Interprofessional telephone/Internet assessment and management service; 21-30 min of medical consultative discussion and review	99448			\$41.64	N/B	N/B	N/B
Interprofessional telephone/Internet assessment and management service; 30 min or more of medical consultative discussion and review	99449			\$55.61	N/B	N/B	N/B

## MAGELLAN VA MEDICAID/DMAS RATES

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DESCRIPTION	HCPCS CODE	Age or Setting	MODIFIER	RATE
One on one Support in Residential - per hour	H2027			\$25.61
Cmnty-Based Residential Group Home, Level B - per diem	H2020	<21	HW (CSA)	\$164.50
Cmnty-Based Residential Group Home, Level B - per diem	H2020	<21	HK (non-CSA)	\$164.50
Assessment, Therapeutic Day Treatment for Children	H0032		U7	\$41.10
Assessment, Therapeutic Day Treatment for Adults*	H0032		U7 or U7, GT	\$41.10
Therapeutic Day Treatment (TDT)	H2016	<21		\$41.10
Mental Health Partial Hospitalization Program (MH-PHP) - Community Based Clinic Program, - per diem	H0035			\$136.82
Mental Health Partial Hospitalization Program (MH-PHP) - Hospital Based	H0035			\$250.61
Mental Health Program - per diem				
Mental Health Intensive Outpatient Services (MH-IOP) - per diem	S9480			\$159.20
Mental Health Intensive Outpatient Services (MH-IOP) with Occupational Therapy - per diem	S9480		GO	\$160.83
Intensive In-Home Assessment	H0031	<21		\$67.50
Intensive In-Home Services, per hour	H2012	<21		\$67.50
Assessment, Psychosocial Rehab*	H0032		U6 or U6, GT	\$27.26
Psychosocial Rehabilitation svcs; per unit	H2017			\$27.26
1 unit 2-3.99 hours				
2 units 4-6.99 hours				
3 units 7 or more hours				
Assessment, Mental Health Skill Building Services	H0032	Urban	U8	\$102.38
Assessment, Mental Health Skill Building Services	H0032	Rural	U8	\$93.38
Mental Health Skill Building Services	H0046	Urban		\$102.38
1 unit = 1 to 2.99 hours per day				
2 units = 3 to 4.99 hours per day				
Mental Health Skill Building Services	H0046	Rural		\$93.38
1 unit = 1 to 2.99 hours per day				
2 units = 3 to 4.99 hours per day				
Case Management, Foster Care - per month	T1016			\$367.31
Case Management, Mental Health, per month	H0023			\$367.31
Peer Support Services - Individual (Mental Health)	H0024			\$7.31
Peer Support Services - Group (Mental Health)	H0025			\$3.04
ACT - Contracted as Base Large Team - per diem	H0040			\$178.76
ACT - Contracted as Base Medium Team - per diem	H0040		U1	\$190.50
ACT - Contracted as Base Small Team - per diem	H0040		U2	\$219.60
ACT - Contracted as High Fidelity Large Team - per diem	H0040		U3	\$213.84
ACT - Contracted as High Fidelity Medium Team - per diem	H0040		U4	\$232.47
ACT - Contracted as High Fidelity Small Team - per diem	H0040		U5	\$275.95
Mobile Crisis (1:1 Licensed)	H2011		HO	\$71.08
Mobile Crisis (1:1 Prescreener)	H2011		32	\$71.08
Mobile Crisis (Non-Emergency 1:1 Prescreener Licensed)	H2011		HK	\$71.08
Mobile Crisis (2:1 MA/Peer)	H2011		HT, HM	\$113.85
Mobile Crisis (2:1 Licensed/Peer)	H2011		HT, HO	\$121.51
Mobile Crisis (2:1 MA/MA)	H2011		HT, HN	\$124.27
Mobile Crisis (2:1 Licensed/MA)	H2011		HT	\$131.93
Community Stabilization	S9482		HN	\$40.23
Community Stabilization	S9482		HO	\$48.30
Community Stabilization	S9482		HT, HM	\$74.86
Community Stabilization	S9482		HT	\$85.83
23-hour Crisis Stabilization	S9485			\$920.06
23-hour Crisis Stabilization	S9485		32	\$920.06
23-hour Crisis Stabilization	S9485		HK	\$920.06
Residential Crisis Stabilization	H2018			\$770.04
Residential Crisis Stabilization	H2018		32	\$770.04
Residential Crisis Stabilization	H2018		HK	\$770.04
Functional Family Therapy (Bachelor Established)	H0036		HN	\$38.37
Functional Family Therapy (Master Established)	H0036		HO	\$41.94
Functional Family Therapy (Bachelor New)	H0036		HN, HK	\$45.82
Functional Family Therapy (Master New)	H0036		HO, HK	\$49.69
Multisystemic Therapy (Bachelor Established)	H2033		HN	\$51.78
Multisystemic Therapy (Master Established)	H2033		HO	\$56.21
Multisystemic Therapy (Bachelor New)	H2033		HN, HK	\$57.38
Multisystemic Therapy (Master New)	H2033		HO, HK	\$61.91

# MAGELLAN VA MEDICAID/DMAS RATES

**EFFECTIVE: 12/1/2021**

## EPSDT Therapeutic Group Home and EPSDT Residential Treatment Setting Only Services

DESCRIPTION	CPT® CODE	Age or Setting	RATE
Behavior identification assessment, by a physician or other QHP, each 15 min face-to-face with patient and/or guardian(s)/caregiver(s), administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interp of the assessment, and preparing report/treatment plan	97151	IP	\$22.29
Behavior identification-supporting assessment, by one technician under the direction of a physician or other QHP, face-to-face with the patient, each 15 min	97152	IP	\$18.01
Family adaptive behavior treatment guidance, by physician or other QHP, w/ or w/o the patient present, face-to-face w/ guardian(s)/caregiver(s), each 15 min. Do not report in conjunction with 90785-90899, 96105-96155.	97156	IP	\$21.67
Multiple-family group adaptive behavior treatment guidance, by physician or other QHP, w/o the patient present, face-to-face w/ multiple sets of guardians/caregivers, each 15 min. Do not report in conjunction with 90785-90899, 96105-96115. Do not report if the group has more than 8 families.	97157	IP	\$5.02

## Applied Behavior Analysis (ABA) Services

DESCRIPTION	CPT®/HCPCS CODE	Modifier	RATE
Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 min of the physician's or other qualified healthcare professional's time face-to-face w/ patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings/recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151	HN or HN, GT	\$23.48
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 min	97151	TF or TF, GT	\$39.40
	97151	HO or HO, GT	\$46.63
	97152	w/ or w/o GT	\$15.00
Behavior identification supporting assessment, each 15 min of technicians' time face-to-face with a patient, requiring the following components: - administered by the physician or other qualified healthcare professional who is on site; - with the assistance of two or more technicians; - for a patient who exhibits destructive behavior; - completed in an environment that is customized to the patient's behavior	97152	HN or HN, GT	\$23.48
	0362T	HN	\$53.47
	0362T	TF	\$69.39
Adaptive behavior treatment w/ protocol modification admin by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face w/ one patient, each 15 min	0362T	HO	\$76.62
	97155	HN	\$23.48
	97155	TF	\$39.40
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 min	97155	HO	\$46.63
	97153		\$15.00
	97153	HN	\$23.48
Adaptive behavior treatment with protocol modification, each 15 min of technicians' time face-to-face with a patient, requiring the following components: - administered by the physician or other qualified healthcare professional who is on site; - with the assistance of two or more technicians; - for a patient who exhibits destructive behavior; - completed in an environment that is customized to the patient's behavior	97153	TF	\$39.40
	97153	HO	\$46.63
	0373T	HN	\$53.47
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face w/ multiple patients, each 15 min	0373T	TF	\$69.39
	0373T	HO	\$76.62
	97158	HN or HN, GT	\$22.83
Group adaptive behavior treatment by protocol, administered by technician under the supervision of a physician or other qualified healthcare professional, face-to-face w/ two or more patients, each 15 min tech time	97158	TF or TF, GT	\$28.13
	97158	HO or HO, GT	\$30.54
	97154		\$12.77
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 min	97154	HN	\$15.60
	97154	TF	\$13.13
	97154	HO	\$15.55
Multiple family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (w/o the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 min	97156	HN or HN, GT	\$23.48
	97156	TF or TF, GT	\$39.40
	97156	HO or HO, GT	\$46.63
	97157	HN or HN, GT	\$7.83
	97157	TF or TF, GT	\$13.13
	97157	HO or HO, GT	\$15.55

## ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)

### Community Based Care

DESCRIPTION	HCPCS/Rev CODE	RATE
Substance Use Case Management (licensed by DBHDS)	H0006	\$273.38^
Peer Support Services - Individual (Substance Use Disorder)	T1012	\$7.31
Peer Support Services - Group (Substance Use Disorder)	S9445	\$3.04
Intensive Outpatient - ASAM level 2.1	H0015 or rev 0906 w/ H0015	\$281.25^
Partial Hospitalization - ASAM level 2.5	S0201 or rev 0913 w/ S0201	\$562.50^

# MAGELLAN VA MEDICAID/DMAS RATES

**EFFECTIVE: 12/1/2021**

**Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT)**

DESCRIPTION	CPT® CODE	Age	PHYSICIAN	PSYCHOLOGIST	MASTER'S	CLINICAL NURSE
					LEVEL	SPECIALIST
Office Outpatient Visit, Established patient, minimal	99211	<21	\$15.36	N/B	N/B	\$10.37
Office Outpatient Visit, Established patient, minimal	99211	>20	\$14.42	N/B	N/B	\$9.73
Office Outpatient Visit, Established patient, minor	99212	<21	\$37.93	N/B	N/B	\$25.60
Office Outpatient Visit, Established patient, minor	99212	>20	\$35.60	N/B	N/B	\$24.03
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	<21	\$61.67	N/B	N/B	\$41.63
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	>20	\$57.88	N/B	N/B	\$39.07
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	<21	\$87.50	N/B	N/B	\$59.06
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	>20	\$82.13	N/B	N/B	\$55.44
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	<21	\$122.17	N/B	N/B	\$82.46
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	>20	\$114.68	N/B	N/B	\$77.41

DESCRIPTION	CPT®/HCPCS		
	CODE	Modifier	RATE
Medication Assisted Treatment (MAT) induction - Physician	H0014		\$157.50
Substance Use Care Coordination	G9012		\$273.38^
Medication Administration	H0020		\$9.00
Opioid treatment services - Individual	H0004		\$27.00
Opioid treatment services - Group	H0005		\$8.16
Definitive drug classes - 1-7 drug classes	G0480		\$79.74
Definitive drug classes - 8-14 drug classes	G0481		\$122.99
Definitive drug classes - 15-21 drug classes	G0482		\$166.03
Definitive drug classes - 22 or more drug classes	G0483		\$215.23
Telehealth originating site facility fee*	Q3014	GT	\$26.15
Pregnancy Test	81025		\$7.30
Alcohol Breathalyzer	82075		\$5.52
Presumptive drug class screening, any drug class, direct optical observation only	80305		\$12.60
Presumptive drug class screening, any drug class, instrument assisted direct optical observation	80306		\$17.14
Presumptive drug class screening, any drug class, instrument chemistry analyzers	80307		\$62.14
TB Test	86580		\$8.22
Syphilis test, non-treponemal antibody; qualitative	86592		\$4.18
Syphilis test, non-treponemal antibody; quantitative	86593		\$4.40
Treponema pallidum	86780		\$13.24
HIV-1 test	86701		\$8.89
HIV-2 test	86702		\$9.20
HIV-1 and HIV-2 test, single result	86703		\$11.48
Hepatitis B core antibody (HBcAb); total	86704		\$12.04
Hepatitis C antibody	86803		\$14.27
EKG with at least 12 leads, with interpretation and report	93000		\$12.19
EKG tracing only, without interpretation and report	93005		\$5.39
EKG, interpretation and report only	93010		\$6.80
<b>Medication administration in clinic - ASAM Levels 2.1 to 3.7:</b>			
Methadone oral 5 mg	S0109		\$0.26
Buprenorphine, oral, 1 mg, per unit	J0571		\$1.00
Buprenorphine/naloxone oral <=3 mg, per unit	J0572		\$4.34
Buprenorphine/naloxone oral >=3 mg but <= 6 mg, per unit	J0573		\$7.76
Buprenorphine/naloxone oral >=6 mg but <=10 mg, per unit	J0574		\$7.76
Buprenorphine/naloxone oral >10 mg, per unit	J0575		\$15.52
Naltrexone Injection, depot form, 1 mg, per unit	J2315		\$3.43

**Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings**

DESCRIPTION	CPT® CODE	Age	Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S	CLINICAL NURSE
						LEVEL	SPECIALIST
Psychotherapy w/ patient, 30 min - ASAM level 1*	90832		w/ or w/o GT	\$77.32	\$69.59	\$52.19	\$52.19
Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1*	+90833		w/ or w/o GT	\$70.73	N/B	N/B	\$47.74
Psychotherapy w/ patient, 45 min - ASAM level 1*	90834		w/ or w/o GT	\$102.63	\$92.37	\$69.28	\$69.28
Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1*	+90836		w/ or w/o GT	\$89.45	N/B	N/B	\$60.38
Psychotherapy w/ patient, 60 min - ASAM level 1*	90837		w/ or w/o GT	\$151.51	\$136.36	\$102.27	\$102.27
Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1*	+90838		w/ or w/o GT	\$118.58	N/B	N/B	\$80.04
Family Psychotherapy w/o patient, 50 min - ASAM level 1*	90846		w/ or w/o GT	\$98.47	\$88.62	\$66.47	\$66.47
Family Psychotherapy w/ patient, 50 min - ASAM level 1*	90847		w/ or w/o GT	\$101.93	\$91.74	\$68.80	\$68.80
Group Psychotherapy - ASAM level 1*	90853		w/ or w/o GT	\$27.39	\$24.65	\$18.49	\$18.49
Office Outpatient Visit, New patient, low to moderate severity	99202	<21		\$49.33	N/B	N/B	\$33.30
Office Outpatient Visit, New patient, low to moderate severity	99202	>20		\$46.31	N/B	N/B	\$31.26
Office Outpatient Visit, New patient, moderate severity	99203	<21		\$75.86	N/B	N/B	\$51.21
Office Outpatient Visit, New patient, moderate severity	99203	>20		\$71.21	N/B	N/B	\$48.07
Office Outpatient Visit, New patient, moderate to high severity	99204	<21		\$113.33	N/B	N/B	\$76.50
Office Outpatient Visit, New patient, moderate to high severity	99204	>20		\$106.38	N/B	N/B	\$71.81
Office Outpatient Visit, New patient, moderate to high severity	99205	<21		\$149.63	N/B	N/B	\$101.00
Office Outpatient Visit, New patient, moderate to high severity	99205	>20		\$140.45	N/B	N/B	\$94.80
Office Outpatient Visit, Established patient, minimal	99211	<21		\$15.36	N/B	N/B	\$10.37
Office Outpatient Visit, Established patient, minimal	99211	>20		\$14.42	N/B	N/B	\$9.73

# MAGELLAN VA MEDICAID/DMAS RATES

**EFFECTIVE: 12/1/2021**

**Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings (continued)**

DESCRIPTION	CPT®		Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
	CODE	Age					
Office Outpatient Visit, Established patient, minor	99212	<21		\$37.93	N/B	N/B	\$25.60
Office Outpatient Visit, Established patient, minor	99212	>20		\$35.60	N/B	N/B	\$24.03
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	<21		\$61.67	N/B	N/B	\$41.63
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	>20		\$57.88	N/B	N/B	\$39.07
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	<21		\$87.50	N/B	N/B	\$59.06
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	>20		\$82.13	N/B	N/B	\$55.44
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	<21		\$122.17	N/B	N/B	\$82.46
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	>20		\$114.68	N/B	N/B	\$77.41

DESCRIPTION	CPT®/HCPCS		
	CODE	Modifier	RATE
Definitive drug classes - 1-7 drug classes	G0480		\$79.74
Definitive drug classes - 8-14 drug classes	G0481		\$122.99
Definitive drug classes - 15-21 drug classes	G0482		\$166.03
Definitive drug classes - 22 or more drug classes	G0483		\$215.23
Telehealth originating site facility fee*	Q3014	GT	\$26.15
Pregnancy Test	81025		\$7.30
Alcohol Breathalyzer	82075		\$5.52
Presumptive drug class screening, any drug class, direct optical observation only	80305		\$12.60
Presumptive drug class screening, any drug class, instrument assisted direct optical observation	80306		\$17.14
Presumptive drug class screening, any drug class, instrument chemistry analyzers	80307		\$62.14
TB Test	86580		\$8.22
Syphilis test, non-treponemal antibody; qualitative	86592		\$4.18
Syphilis test, non-treponemal antibody; quantitative	86593		\$4.40
Treponema pallidum	86780		\$13.24
HIV-1 test	86701		\$8.89
HIV-2 test	86702		\$9.20
HIV-1 and HIV-2 test, single result	86703		\$11.48
Hepatitis B core antibody (HBcAb); total	86704		\$12.04
Hepatitis C antibody	86803		\$14.27
EKG with at least 12 leads, with interpretation and report	93000		\$12.19
EKG tracing only, without interpretation and report	93005		\$5.39
EKG, interpretation and report only	93010		\$6.80

**Residential and Inpatient Treatment**

DESCRIPTION	HCPCS/Rev CODE	Modifier	RATE
Clinically managed low intensity residential services - ASAM level 3.1	H2034		\$175.00
Clinically managed population-specific high intensity residential services - ASAM level 3.3	H0010 Rev 1002	TG	\$393.50 (max)
Clinically managed high-intensity residential services (Adult) - ASMA level 3.5	H0010 Rev 1002	HB	\$393.50 (max)
Clinically managed medium-intensity residential services (Adolescent) - ASAM level 3.5	H0010 Rev 1002	HA	\$393.50 (max)
Medically monitored intensive inpatient services (Adult) - ASAM level 3.7	H2036 Rev 1002	HB	Psychiatric per diem rate
Psychiatric Units & Freestanding Psychiatric Hospitals			
Medically monitored intensive inpatient services (Adult) - ASAM level 3.7	H2036 Rev 1002	HB	\$393.50 (max)
Residential Treatment Services			
Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7	H2036 Rev 1002	HA	Psychiatric per diem rate
Psychiatric Units & Freestanding Psychiatric Hospitals			
Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7	H2036 Rev 1002	HA	\$393.50 (max)
Residential Treatment Services			
Medically managed intensive inpatient services - ASAM level 4.0	H0011 Rev 1002		Psychiatric per diem or DRG

DESCRIPTION	CPT®		Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
	CODE	Age					
Psychiatric Diagnostic Evaluation - no medical svcs - ASAM level 1*	90791		w/ or w/o GT	\$179.60	\$161.64	\$121.23	\$121.23
Psychotherapy w/ patient, 30 min - ASAM level 1*	90832		w/ or w/o GT	\$77.32	\$69.59	\$52.19	\$52.19
Psychotherapy w/ patient, 45 min - ASAM level 1*	90834		w/ or w/o GT	\$102.63	\$92.37	\$69.28	\$69.28
Psychotherapy w/ patient, 60 min - ASAM level 1*	90837		w/ or w/o GT	\$151.51	\$136.36	\$102.27	\$102.27
Psychiatric Diagnostic Evaluation - w/ medical svcs - ASAM level 1*	90792		w/ or w/o GT	\$200.40	N/B	N/B	\$135.27
Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1*	+90833		w/ or w/o GT	\$70.73	N/B	N/B	\$47.74
Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1*	+90836		w/ or w/o GT	\$89.45	N/B	N/B	\$60.38
Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1*	+90838		w/ or w/o GT	\$118.58	N/B	N/B	\$80.04
Family Psychotherapy w/o patient, 50 min - ASAM level 1*	90846		w/ or w/o GT	\$98.47	\$88.62	\$66.47	\$66.47
Family Psychotherapy w/ patient, 50 min - ASAM level 1*	90847		w/ or w/o GT	\$101.93	\$91.74	\$68.80	\$68.80
Group Psychotherapy - ASAM level 1*	90853		w/ or w/o GT	\$27.39	\$24.65	\$18.49	\$18.49
Interactive Complexity Add-on - ASAM level 1*	+90785		w/ or w/o GT	\$14.91	\$13.42	\$10.06	\$10.06
Alcohol/SA structured screening and brief intervention 15-30 min - ASAM	99408	<21		\$36.06	\$32.45	\$24.34	\$24.34
Alcohol/SA structured screening and brief intervention 15-30 min - ASAM	99408	>20		\$36.06	\$32.45	\$24.34	\$24.34
Alcohol/SA structured screening and brief intervention > 30 min - ASAM	99409	<21		\$69.34	\$62.41	\$46.80	\$46.80
Alcohol/SA structured screening and brief intervention > 30 min - ASAM	99409	>20		\$69.34	\$62.41	\$46.80	\$46.80

# MAGELLAN VA MEDICAID/DMAS RATES

**EFFECTIVE: 12/1/2021**

**Effective Through: 11/30/2021**

Crisis Intervention, MH - per 15 min*	H0036	Urban	w/ or w/o GT	\$34.64
Crisis Intervention, MH - per 15 min*	H0036	Rural	w/ or w/o GT	\$20.94
Crisis Intervention, MH (ECO) - per 15 min*	H0036	Urban	32 or GT, 32	\$34.64
Crisis Intervention, MH (ECO) - per 15 min*	H0036	Rural	32 or GT, 32	\$20.94
Crisis Stabilization, per hour	H2019	Urban		\$100.13
Crisis Stabilization, per hour	H2019	Rural		\$91.13
In-Home Behavioral Therapies for juveniles, per 15 min	H2033	<21		\$16.88
Initial Assessment, In-Home Behavioral Therapies for juveniles, per hour	H0032	<21	UA	\$67.50

**Effective Through: 6/30/2021**

DESCRIPTION	HCPCS CODE	Designation	MODIFIER	RATE
Therapeutic Day Treatment, Child - per unit	H0035	<21	HA	\$36.53
1 unit = 2 to 2.99 hours				
2 units = 3 to 4.99 hours				
3 units = 5 plus hours				
Day Treatment, Adult - per unit	H0035	>20	HB	\$34.78
1 unit 2-3.99 hours				
2 units 4-6.99 hours				
3 units 7 or more hours				
Assessment, Intensive Community Treatment*	H0032	Urban	U9 or U9, GT	\$153.00
Assessment, Intensive Community Treatment*	H0032	Rural	U9 or U9, GT	\$139.00
Intensive Community Treatment - per hour	H0039	Urban		\$153.00
Intensive Community Treatment - per hour	H0039	Rural		\$139.00

Modifier	Description	Modifier	Description
32	Mandated services - Emergency Custody Order (ECO)	TG	Complex/High Tech level of care
GO	Services delivered under an outpatient occupational therapy plan of care	TS	Follow-up service
GT	Interactive telecommunication	U1	Medicaid care level 1, state defined
HA	Child/Adolescent program	U2	Medicaid care level 2, state defined
HB	Adult program, non-geriatric	U3	Medicaid care level 3, state defined
HD	Pregnant/Parenting women's program	U4	Medicaid care level 4, state defined
HK	Specialized MH programs for high-risk pop (non-CSA)	U5	Medicaid care level 5, state defined
HM	Less than bachelor degree level	U6	Medicaid care level 6, state defined
HN	Bachelors degree level	U7	Medicaid care level 7, state defined
HO	Masters degree level	U8	Medicaid care level 8, state defined
HT	Multidisciplinary team	U9	Medicaid care level 9, state defined
HW	State MH Agency funded (CSA)	UA	Medicaid care level 10, state defined
TF	Intermediate level of care		

**Notes:**

- \* Procedures with the asterisk are eligible for telehealth/telemedicine under DMAS guidelines and requirements. Use the GT modifier when performing these services via telehealth. The spoke site where the member is located may only bill the Q3014 code.
- \*\* Outpatient psychiatric services provided by licensed school psychologists must be within the scope of practice for school psychologists as defined by the Virginia Board of Psychology.
- ^ The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.
- 1. This reimbursement schedule represents the most frequently utilized Current Procedural Terminology (CPT) codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code.
- 2. N/B signifies that the service is non-billable for that provider type.
- 3. Magellan will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
- 4. Labs should only be billed if performed in-house. If patient or specimen is sent to a independent laboratory, the laboratory should bill.
- 5. Rates for all services are subject to the provisions and limitations of the Member's benefit plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
- 6. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.