Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90785 - Interactive Psychotherapy	N/A	Authorization only code	Encounter	$0.00
90785 - Interactive Psychotherapy	AF	Speciality Physician/ Psychiatrist	Encounter	$9.37
90785 - Interactive Psychotherapy	AG	Physician	Encounter	$9.37
90785 - Interactive Psychotherapy	AH	Clinical Psychologist	Encounter	$9.37
90785 - Interactive Psychotherapy	HN	Bachelor's Level	Encounter	$9.37
90785 - Interactive Psychotherapy	HO	Master's Level	Encounter	$9.37
90785 - Interactive Psychotherapy	HP	Doctoral Level	Encounter	$9.37
90785 - Interactive Psychotherapy	SA	Physician Assistant, Nurse Practitioner, Certified Nursing Specialist;	Encounter	$9.37
90785 - Interactive Psychotherapy	TD	Registered Nurse	Encounter	$9.37
9079X - Psychiatric Eval - Bundle for 90791 & 90792.	N/A	Bundle Authorization only code	Encounter	$0.00
90791 - Psych Eval (no medical svc)	AF;AG;AH;HO;HP;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's level; Master's Level; Doctorial; PA,NP,CNS	Encounter	$242.56
90791 - Psych Eval (no medical svc) - Biopsychosocial	BI with: AF;AG;AH;HO;HP;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's level; Master's Level; Doctorial; PA,NP,CNS	Encounter	$216.86
90792 - Psych Eval (w/medical svc)	AF; SA	Specialty Physician/Psychiatrist; PA, NP, CNS	Encounter	$314.21
9083X - Psychotherapy, Bundled Authorization code for 90832, 90834 & 90837.	N/A	Bundle Authorization only code	Encounter	$0.00
90832 - Psychotherapy, 30 (16-37 mins)	AF	(Speciality Physician/Psychiatrist)	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	AG	Physician	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	AH	Clinical Psychologist	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	HN	Bachelor's Level	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	HO	Master's Level	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	HP	Doctoral Level	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	TD	Registered Nurse	Encounter	$99.22

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90833 - Individual Psychotherapy with E/M (16-37 mins)	AF;AG;SA	Specialty Physician/Psychiatrist; Physician; PA,NP,CNS	Encounter	$46.75
90834 - Psychotherapy, 45 (38-52 mins)	AF	Speciality Physician/Psychiatrist	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	AG	Physician	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	AH	Clinical Psychologist	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	HN	Bachelor's Level	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	HO	Master's Level	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	HP	Doctoral Level	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	TD	Registered Nurse	Encounter	$165.38
90836 - Individual Psychotherapy with E/M (38-52 mins)	AF;AG;SA	Specialty Physician/Psychiatrist; Physician; PA,NP,CNS	Encounter	$59.11
90837 - Psychotherapy, 60 (53+ mins)	AF	(Speciality Physician/Psychiatrist)	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	AG	Physician	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	AH	Clinical Psychologist	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	HN	Bachelor's Level	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	HO	Master's Level	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	HP	Doctoral Level	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	TD	Registered Nurse	Encounter	$220.50
90838 - Individual Psychotherapy with E/M (53+ mins)	AF;AG;SA	Specialty Physician/Psychiatrist; Physician; PA,NP,CNS	Encounter	$78.09
90839 - Psychotherapy for crisis, 60 min	AF	(Speciality Physician/Psychiatrist)	Encounter	$132.30
90839 - Psychotherapy for crisis, 60 min	AG	Physician	Encounter	$132.30
90839 - Psychotherapy for crisis, 60 min	AH	(Clinical Psychologist)	Encounter	$132.30
90839 - Psychotherapy for crisis, 60 min	HN	Bachelor's Level	Encounter	$132.30
90839 - Psychotherapy for crisis, 60 min	HO	Master's Level	Encounter	$132.30
90839 - Psychotherapy for crisis, 60 min	HP	Doctoral Level	Encounter	$132.30
90839 - Psychotherapy for crisis, 60 min	TD	Registered Nurse	Encounter	$132.30

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90840 - Psychotherapy for crisis, each additional 30 minutes	AF	(Speciality Physician/Psychiatrist)	Encounter	$66.16
90840 - Psychotherapy for crisis, each additional 30 minutes	AG	Physician	Encounter	$66.16
90840 - Psychotherapy for crisis, each additional 30 minutes	AH	(Clinical Psychologist)	Encounter	$66.16
90840 - Psychotherapy for crisis, each additional 30 minutes	HN	Bachelor's Level	Encounter	$66.16
90840 - Psychotherapy for crisis, each additional 30 minutes	HO	Master's Level	Encounter	$66.16
90840 - Psychotherapy for crisis, each additional 30 minutes	HP	Doctoral Level	Encounter	$66.16
90840 - Psychotherapy for crisis, each additional 30 minutes	TD	Registered Nurse	Encounter	$66.16
9084X - Family Therapy - Bundled Authorization code for 90846 & 90847.	N/A	Bundled Auth code for 90846 & 90847	Encounter	$0.00
90846 - Family Therapy Without Consumer Present	AF	(Speciality Physician/Psychiatrist)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	AG	(Physician)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	AH	(Clinical Psychologist)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	HO	Master's Level	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	HP	Doctoral Level	Encounter	$137.81
90847 - Family Therapy With Consumer Present	AF	Speciality Physician/ Psychiatrist	Encounter	$148.83
90847 - Family Therapy With Consumer Present	AG	(Physician)	Encounter	$148.83
90847 - Family Therapy With Consumer Present	AH	(Clinical Psychologist)	Encounter	$148.83
90847 - Family Therapy With Consumer Present	HO	Master's Level	Encounter	$148.83
90847 - Family Therapy With Consumer Present	HP	Doctoral Level	Encounter	$148.83
90849 - MULTIPLE FAMILY GROUP PS	N/A	Bundle Authorization only code	Encounter	$0.00
90849 - MULTIPLE FAMILY GROUP PS	AF, AG, AH, HO, HP, TD with UN	Specialty Physician/ Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; Registered Nurse	Encounter	$11.03
90849 - MULTIPLE FAMILY GROUP PS	AF, AG, AH, HO, HP, TD with UP	Specialty Physician/ Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; Registered Nurse	Encounter	$7.35

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90849 - MULTIPLE FAMILY GROUP PS	AF, AG, AH, HO, HP, TD with UQ	Specialty Physician/ Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; Registered Nurse	Encounter	$5.52
90849 - MULTIPLE FAMILY GROUP PS	AF, AG, AH, HO, HP, TD with UR	Specialty Physician/ Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; Registered Nurse	Encounter	$4.41
90849 - MULTIPLE FAMILY GROUP PS	AF, AG, AH, HO, HP, TD with US	Specialty Physician/ Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; Registered Nurse	Encounter	$3.68
90853 - Group Therapy	N/A	Authorization only code	Encounter	$0.00
90853 - Group Therapy	AF	Speciality Physician; Individual member served	Encounter	$44.10
90853 - Group Therapy	AF;UN	Speciality Physician; Two Patients served	Encounter	$44.10
90853 - Group Therapy	AF;UP	Speciality Physician; Three patients served	Encounter	$44.10
90853 - Group Therapy	AF;UQ	Speciality Physician; Four patients served	Encounter	$44.10
90853 - Group Therapy	AF;UR	Speciality Physician; Five patients served	Encounter	$44.10
90853 - Group Therapy	AF;US	Speciality Physician; Six or more patients served	Encounter	$44.10
90853 - Group Therapy	AG	Physician; individual member served	Encounter	$44.10
90853 - Group Therapy	AG;UN	Physician; Two patients served	Encounter	$44.10
90853 - Group Therapy	AG;UP	Physician; Three patients served	Encounter	$44.10
90853 - Group Therapy	AG;UQ	Physician; Four members served	Encounter	$44.10
90853 - Group Therapy	AG;UR	Physician; Five patients served	Encounter	$44.10
90853 - Group Therapy	AG;US	Physician; Six or more patients served	Encounter	$44.10
90853 - Group Therapy	AH	Clinical Psychologist; individual member served	Encounter	$44.10
90853 - Group Therapy	AH;UN	Clinical Psychologist; Two patients served	Encounter	$44.10
90853 - Group Therapy	AH;UP	Clinical Psychologist; Three patients served	Encounter	$44.10
90853 - Group Therapy	AH;UQ	Clinical Psychologist; For patients served	Encounter	$44.10

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90853 - Group Therapy	AH;UR	Clinical Psychologist; Five Patients served	Encounter	$44.10
90853 - Group Therapy	AH;US	Clinical Psychologist; Six or more patients	Encounter	$44.10
90853 - Group Therapy	HO	Master's level; individual member served	Encounter	$44.10
90853 - Group Therapy	HO;UN	Master's level; Two patients served	Encounter	$44.10
90853 - Group Therapy	HO;UP	Master's level; Three patient served	Encounter	$44.10
90853 - Group Therapy	HO;UQ	Master's level; Four patients served	Encounter	$44.10
90853 - Group Therapy	HO;UR	Master's level; Five Patients served	Encounter	$44.10
90853 - Group Therapy	HO;US	Master's level;Six or more patients served.	Encounter	$44.10
90853 - Group Therapy	HP	Doctoral Level; Individual member served.	Encounter	$44.10
90853 - Group Therapy	HP;UN	Doctoral level - Two patients served	Encounter	$44.10
90853 - Group Therapy	HP;UP	Doctoral level - Three patients served	Encounter	$44.10
90853 - Group Therapy	HP;UQ	Doctoral level; Four patients served	Encounter	$44.10
90853 - Group Therapy	HP;UR	Doctoral level ; Five patients served	Encounter	$44.10
90853 - Group Therapy	HP;US	Doctoral Level; Six or more patients served	Encounter	$44.10
90853 - Group Therapy	TD	Registered Nurse; individual members served	Encounter	$44.10
90853 - Group Therapy	TD;UN	Registered Nurse; Two patients served	Encounter	$44.10
90853 - Group Therapy	TD;UP	Registered Nurse; Three patients served	Encounter	$44.10
90853 - Group Therapy	TD;UQ	Registered Nurse; Four patients served	Encounter	$44.10
90853 - Group Therapy	TD;UR	Registered Nurse; Five patients served	Encounter	$44.10
90853 - Group Therapy	TD;US	Registered Nurse; Six or more patients served	Encounter	$44.10
90887 - Psychiatric Evaluation interpretive interview	N/A	Authorization only code	Encounter	$0.00
90887 - Psychiatric Evaluation interpretive interview	AF	Specialty physician; Psychiatrist	Encounter	$71.67
90887 - Psychiatric Evaluation interpretive interview	AG	Physician	Encounter	$71.67
90887 - Psychiatric Evaluation interpretive interview	AH	Clinical Psychologist	Encounter	$71.67
90887 - Psychiatric Evaluation interpretive interview	HN	Bachelor's Level	Encounter	$71.67
90887 - Psychiatric Evaluation interpretive interview	HO	Master's Level	Encounter	$71.67
90887 - Psychiatric Evaluation interpretive interview	HP	Doctoral Level	Encounter	$71.67

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90887 - Psychiatric Evaluation interpretive interview	TD	Registered Nurse	Encounter	$71.67
9250X - Speech Hearing & Language Therapy - Bundled Authorization only code for 92507.	N/A	Bundle Authorization only code	Encounter	$0.00
92507 - Speech & Language, Individual - In Office.	HM	Less than Bachelor's Level	Encounter	$76.63
92507 - Speech & Language, Individual - In Office.	HO	SLP	Encounter	$76.63
92507 - Speech & Language, Individual - In Office.	HP	Doctoral Level	Encounter	$76.63
92507 - Speech & Language, Individual - In Office.	HN	Bachelors Level	Encounter	$76.63
92508 - Speech Hearing & Language Therapy - Bundled Authorization only code for 92508.	N/A	Bundle Authorization only code	Encounter	$0.00
92508 - Speech, Hearing & Language Therapy	HM;UN	Less than Bachelor's Level, Two members served	Encounter	$35.84
92508 - Speech, Hearing & Language Therapy	HM;UP	Less than Bachelor's Level, Three members served	Encounter	$23.89
92508 - Speech, Hearing & Language Therapy	HM;UQ	Less than Bachelor's Level, Four members served	Encounter	$17.92
92508 - Speech, Hearing & Language Therapy	HM;UR	Less than Bachelor's Level, Five members served	Encounter	$14.33
92508 - Speech, Hearing & Language Therapy	HM;US	Less than Bachelors Level, Six members served	Encounter	$11.95
92508 - Speech, Hearing & Language Therapy	HN;UN	Bachelor's Level, Two members served	Encounter	$35.84
92508 - Speech, Hearing & Language Therapy	HN;UP	Bachelor's Level, Three members served	Encounter	$23.89
92508 - Speech, Hearing & Language Therapy	HN;UQ	Bachelor's Level, Four members served	Encounter	$17.92
92508 - Speech, Hearing & Language Therapy	HN;UR	Bachelor's Level, Five members served	Encounter	$14.33
92508 - Speech, Hearing & Language Therapy	HN;US	Bachelors Level, Six members served	Encounter	$11.95
92508 - Speech, Hearing & Language Therapy	HO;UN	SLP, Two members served	Encounter	$35.84
92508 - Speech, Hearing & Language Therapy	HO;UP	SLP, Three members served	Encounter	$23.89
92508 - Speech, Hearing & Language Therapy	HO;UQ	SLP, Four members served	Encounter	$17.92
92508 - Speech, Hearing & Language Therapy	HO;UR	SLP, Five members served	Encounter	$14.33
92508 - Speech, Hearing & Language Therapy	HO;US	SLP, Six members served	Encounter	$11.95
92508 - Speech, Hearing & Language Therapy	HP;UN	Doctoral Level, Two members served	Encounter	$35.84
92508 - Speech, Hearing & Language Therapy	HP;UP	Doctoral Level, Three members served	Encounter	$23.89
92508 - Speech, Hearing & Language Therapy	HP;UQ	Doctoral Level, Four members served	Encounter	$17.92

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
92508 - Speech, Hearing & Language Therapy	HP;UR	Doctoral Level, Five members served	Encounter	$14.33
92508 - Speech, Hearing & Language Therapy	HP;US	Doctoral Level, Six members served	Encounter	$11.95
9252X - Speech Sound Production - Bundled Authorization only code for 92523.	N/A		Encounter	$0.00
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension	HO	SLP	Encounter	$132.30
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension	HP	Doctoral Level	Encounter	$132.30
92526 - Treatment of Swallowing Dysfunction	N/A	Authorization only code for 92526.	Encounter	$0.00
92526 - Treatment of Swallowing Dysfunction	HM	Less than Bachelor's Level	Encounter	$57.92
92526 - Treatment of Swallowing Dysfunction	HN	Bachelor's Level	Encounter	$57.92
92526 - Treatment of Swallowing Dysfunction	HO	SLP	Encounter	$57.92
92526 - Treatment of Swallowing Dysfunction	HP	Doctoral Level	Encounter	$57.92
9260X - SLP - Evaluation for Communication Device (Bundle for 92607, 92608 & 92609).	N/A	Bundled Authorization only code for 92607 and 92608.	Encounter	$0.00
92607 - Evaluation for prescription for speech-generating augmentative and alternative communication devices, face-to-face with patient, first hour	HO	SLP	Hour	$132.30
92607 - Evaluation for prescription for speech-generating augmentative and alternative communication devices, face-to-face with patient, first hour	HP	Doctoral Level	Hour	$132.30
92608 - Add-on codes for 92607, each additional 30 minutes	HO	SLP	30 minutes	$66.15
92608 - Add-on codes for 92607, each additional 30 minutes	HP	Doctoral Level	30 minutes	$66.15
92609 - Therapeutic services for the use of speech-generating device, including programming and modification	HO	SLP	Encounter	$57.92
92609 - Therapeutic services for the use of speech-generating device, including programming and modification	HP	Doctoral Level	Encounter	$57.92

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
9261X - Swallowing function - Bundled Authorization only code for 92610.	N/A	Bundled Authorization only code	Encounter	$0.00
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function	HO	SLP	Encounter	$132.30
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function	HP	Doctoral Level	Encounter	$132.30
96110 - Assessment - Developmental screening	N/A	Authorization only code	Encounter	$0.00
96110 - Assessment - Developmental screening	AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$88.20
96110 - Assessment - Biopsychosocial Annual	AN with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$108.43
96110 - Assessment - Biopsychosocial Readmission	PS with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$108.43
96110 - Assessment - Devereaux Early Chilchood Assessment (DECA)	DE with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$216.86
96110 - Assessment - Devereaux Early Chilchood Assessment (DECA)	DT with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$216.86
96110 - Assessment - Devereaux Early Chilchood Assessment (DECA)	DC with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$216.86

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96110 - Assessment - MichiCANS - **Children Only**	CN with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; Registered Nurse	Encounter	$216.86
96127 - Assessment - Vocational	VO with: AF;AG;AH;HN;HP;TD;HO;TD;SA	Brief emotional/behavioral assessment.	Encounter	$108.43
9613X - Psychological testing evaluation - Bundled Authorization only code for 96130 and 96131.	N/A	Bundle Authorization only code	Hour	$0.00
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AF	Speciality Physician/ Psychiatrist	Hour	$99.22
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AG	Physician	Hour	$99.22
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AH	Clinical Psychologist	Hour	$99.22

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HO	Master's Level	Hour	$99.22
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HP	Doctoral Level	Hour	$99.22
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	SA	PA, NP, CNS	Hour	$99.22
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	DG AF;AG;AH;HO;HP;SA	Guardianship Hearing with: Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; PA, NP, CNS	Hour	$99.22
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AF	Specialty physician/ Psychiatrist	Hour	$99.22

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AG	Physician	Hour	$99.22
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AH	Clinical Psychologist	Hour	$99.22
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HO	Master's Level	Hour	$99.22
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HP	Doctoral Level	Hour	$99.22
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	SA	SA, PA, NP, CNS	Hour	$99.22

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	DG AF;AG;AH;HO;HP;SA	Guardianship Hearing with: Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Master's Level; Doctoral Level; PA, NP, CNS	Hour	$99.22
9613Y - Neuropsychological testing evaluation - Bundled Authorization only code for 96132 & 96133.	N/A	Bundle Authorization only code	Hour	$0.00
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AF	Speciality Physician /Psychiatrist	Hour	$99.22
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AG	Physician	Hour	$99.22
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AH	Clinical Psychologist	Hour	$99.22
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HO	Master's Level	Hour	$99.22

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HP	Doctoral Level	Hour	$99.22
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	SA	PA, NP, CNS	Hour	$99.22
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AF	Speciality Physician / Psychiatrist	Hour	$99.22
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AG	Physician	Hour	$99.22
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AH	Clinical Psychologist	Hour	$99.22

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HO	Master's Level	Hour	$99.22
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HP	Doctoral Level	Hour	$99.22
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	SA	PA, NP, CNS	Hour	$99.22
9613Z - Psych test administration and scoring - Bundled Authorization only code for 96136 and 96137.	N/A	Bundle Authorization only code	30 minutes	$0.00
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes	AF	Speciality Physician/ Psychiatrist	30 minutes	$49.61
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes	AG	Physician	30 minutes	$49.61

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes	AH	Clinical Psychologist	30 minutes	$49.61
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes	HO	Master's Level	30 minutes	$49.61
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes	HP	Doctoral Level	30 minutes	$49.61
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes	SA	PA, NP, CNS	30 minutes	$49.61
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes	AF	Speciality Physician/ Psychiatrist	30 minutes	$49.61
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes	AG	Physician	30 minutes	$49.61

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes	AH	Clinical Psychologist	30 minutes	$49.61
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes	HO	Master's Level	30 minutes	$49.61
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes	HP	Doctoral Level	30 minutes	$49.61
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes	SA	PA,NP, CNS	30 minutes	$49.61
9613W - Psych test administration and scoring by technician - Bundled Authorization only code for 96138 and 96139.	N/A	Bundle Authorization only code	30 minutes	$0.00
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	AF	Specialty Physcian	30 minutes	$34.45
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	AG	Physician	30 minutes	$34.45
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	AH	Clinical Psychologist	30 minutes	$34.45

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	HN	Bachelor's Level	30 minutes	$34.45
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	HO	Master's Level	30 minutes	$34.45
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	HP	Doctoral Level	30 minutes	$34.45
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes	TD	Registered Nurse	30 minutes	$34.45
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	AF	Speciality physcician	30 minutes	$34.45
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	AG	Physician	30 minutes	$34.45
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	AH	Clinical Psychologist	30 minutes	$34.45
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	HN	Bachelor's Level	30 minutes	$34.45
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	HO	Master's Level	30 minutes	$34.45

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	HP	Doctoral Level	30 minutes	$34.45
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes	TD	Registered Nurse	30 minutes	$34.45
96372 - Medication Administration (injection)	N/A	Authorization only code	Encounter	$0.00
96372 - Medication Administration (injection)	AF	Speciality Physician/ Psychiatrist	Encounter	$16.53
96372 - Medication Administration (injection)	AG	Physician	Encounter	$16.53
96372 - Medication Administration (injection)	HM	Bachelor's Level	Encounter	$16.53
96372 - Medication Administration (injection)	SA	PA, NP, CNS	Encounter	$16.53
96372 - Medication Administration (injection)	TD	Registered Nurse	Encounter	$16.53
96372 - Medication Administration (injection)	TE	Licensed Practical Nurse	Encounter	$16.53
9711X - OT/PT ROM - Bundled Authorization only code for 97110.	N/A	Bundle Authorization only code	15 Minutes	$0.00
97110 - OT/PT Strength ROM - Individual	CO	Occupational Therapist Assistant	15 Minutes	$29.38
97110 - OT/PT Strength ROM - Individual	CQ	Physical Therapist Assistant	15 Minutes	$29.38
97110 - OT/PT Strength ROM - Individual	HN	Bachelor's Level	15 Minutes	$29.38
97110 - OT/PT Strength ROM - Individual	HO	Master's Level	15 Minutes	$29.38
97110 - OT/PT Strength ROM - Individual	HP	Doctoral Level; Office Based.	15 Minutes	$29.38
97112 - OT/PT - Authorization only code for 97112.	N/A	Authorization only code	15 Minutes	$0.00
97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	CO, CQ, HN, HO, HP	Occupational Therapist Assistant, Physical Therapist Assistant, Bachelor's Level, Master's Level, Doctoral Level - office based	15 Minutes	$22.06
97116 - OT/PT - Authorization only code for 97116.	N/A	Authorization only code	15 Minutes	$0.00

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	CO, CQ, HN, HO, HP	Occupational Therapist Assistant, Physical Therapist Assistant, Bachelor's Level, Master's Level, Doctoral Level - office based	15 Minutes	$22.06
97129 - Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one)	AG, CO, HN, HO, SA	Physician; Occupational Therapist Assistant; Bachelor's Level; Master's Level; PA, NP, CNS	15 Minutes	$21.59
97130 - Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one)	AG, CO, HN, HO, SA	Physician; Occupational Therapist Assistant; Bachelor's Level; Master's Level; PA, NP, CNS	15 Minutes	$21.59
97140 - OT/PT - Authorization only code for 97140.	N/A	Authorization only code	15 Minutes	$0.00
97140 - Manual therapy techniques	CO, CQ, HN, HO, HP	Occupational Therapist Assistant, Physical Therapist Assistant, Bachelor's Level, Master's Level, Doctoral Level - office based	15 Minutes	$22.06
97150 - OT/PT Group	HN;UN	Bachelor's Level, Two members served	Encounter	$24.27
97150 - OT/PT Group	HN;UP	Bachelor's Level, Three members served	Encounter	$16.18
97150 - OT/PT Group	HN;UQ	Bachelor's Level, Four members served	Encounter	$12.13
97150 - OT/PT Group	HN;UR	Bachelor's Level, Five members served	Encounter	$9.71
97150 - OT/PT Group	HN;US	Bachelors Level, Six members served	Encounter	$8.09
97150 - OT/PT Group	HO;UN	SLP, Two members served	Encounter	$24.27
97150 - OT/PT Group	HO;UP	SLP, Three members served	Encounter	$16.18
97150 - OT/PT Group	HO;UQ	SLP, Four members served	Encounter	$12.13
97150 - OT/PT Group	HO;UR	SLP, Five members served	Encounter	$9.71
97150 - OT/PT Group	HO;US	SLP, Six members served	Encounter	$8.09
97150 - OT/PT Group	HP;UN	Doctoral Level, Two members served	Encounter	$24.27
97150 - OT/PT Group	HP;UP	Doctoral Level, Three members served	Encounter	$16.18
97150 - OT/PT Group	HP;UQ	Doctoral Level, Four members served	Encounter	$12.13
97150 - OT/PT Group	HP;UR	Doctoral Level, Five members served	Encounter	$9.71

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
97150 - OT/PT Group	HP;US	Doctoral Level, Six members served	Encounter	$8.09
9716X - PT Generic complexity - Bundled Authorization only code for 97161, 97162 and 97163.	N/A	Bundle Authorization only code	Encounter	$0.00
97161 - PT Low Complexity	HN	Bachelor's Level	Encounter	$110.26
97161 - PT Low Complexity	HO	Master's Level	Encounter	$110.26
97161 - PT Low Complexity	HP	Doctoral Level	Encounter	$110.26
97162 - PT Moderate Complexity	HN	Bachelor's Level	Encounter	$165.38
97162 - PT Moderate Complexity	HO	Master's Level	Encounter	$165.38
97162 - PT Moderate Complexity	HP	Doctoral Level	Encounter	$165.38
97163 - PT High Complexity	HN	Bachelor's Level	Encounter	$214.99
97163 - PT High Complexity	HO	Master's Level	Encounter	$214.99
97163 - PT High Complexity	HP	Doctoral Level	Encounter	$214.99
97164 - PT Re-Evaluation	N/A	Authorization only code	Encounter	$0.00
97164 - PT Re-Evaluation	HN	Bachelor's Level	Encounter	$132.30
97164 - PT Re-Evaluation	HO	Master's Level	Encounter	$132.30
97164 - PT Re-Evaluation	HP	Doctoral Level	Encounter	$132.30
9716Y - Occupational Therapy Evaluation - Bundled Authorization only code for 97165, 97166, & 97167.	N/A	Bundle Authorization only code	Encounter	$0.00
97165 - OT Low Complexity	HN	Bachelor's Level	Encounter	$110.26
97165 - OT Low Complexity	HO	Master's Level	Encounter	$110.26
97166 - OT Moderate Complexity	HN	Bachelor's Level	Encounter	$165.38
97166 - OT Moderate Complexity	HO	Master's Level	Encounter	$165.38
97167 - OT High Complexity	HN	Bachelor's Level	Encounter	$248.07
97167 - OT High Complexity	HO	Master's Level	Encounter	$248.07
97168 - OT Re-Evaluation	N/A	Authorization only code.	Encounter	$0.00
97168 - OT Re-Evaluation	HN	Bachelor's Level	Encounter	$132.30
97168 - OT Re-Evaluation	HO	Master's Level	Encounter	$132.30

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
9753X - OT/PT Therapeutic - Bundled Authorization only code for 97530.	N/A		15 Minutes	$0.00
97530 - OT/PT Individual Therapeutic Activities	CO	Occupational Therapist Assistance; In Office.	15 Minutes	$22.06
97530 - OT/PT Individual Therapeutic Activities	HN	Bachelor's Level	15 Minutes	$22.06
97530 - OT/PT Individual Therapeutic Activities	HO	Master's Level	15 Minutes	$22.06
97530 - OT/PT Individual Therapeutic Activities	HP	Doctoral Level	15 Minutes	$22.06
9753Y - OT/PT Sensory Integration - Bundled Authorization only code for 97533.	N/A		15 Minutes	$0.00
97533 - OT/PT Individual Sensory Integrative Techniques	CO	Occupational Therapist Assistant - In Office.	15 Minutes	$22.06
97533 - OT/PT Individual Sensory Integrative Techniques	HN	Bachelor's Level - In Office.	15 Minutes	$22.06
97533 - OT/PT Individual Sensory Integrative Techniques	HO	Master's Level - In Office.	15 Minutes	$22.06
97535 - OT/PT Self-care/home management training (eg, ADLs) & compensatory training, meal prep, safety procedures, & instructions in use of assistive technology/adaptive equipment (direct patient contact)	CO, HN, HO	Occupational Therapy Assistant; Bachelor's Level; Master's Level.	15 Minutes	$23.02
9896X - Community Health Worker - Bundled Authorization only code for 98960, 98961, 98962.	N/A	Bundled Authorization Only code for 98960, 98961, 98962.	15 Minutes	$0.00
98960 -Community Health Worker		98960 -Community Health Worker - Education and Training for Patient Self-Management; ***Individual Patient*** . 15 Minutes DT:8/day, Max of 128/month. NON-CERTIFIED	15 Minutes	$9.19
98960 -Community Health Worker	TG	Community Health Worker - Education and Training for Patient Self-Management; ***Individual Patient*** . 15 Minutes DT:8/day, Max of 128/month. CERTIFIED	15 Minutes	$10.21

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
98961 -Community Health Worker		98961 -Community Health Worker - Education and Training for Patient Self-Management; ***2 to 4 Patients*** . 15 Minutes DT:8/day, Max of 128/month. NON-CERTIFIED	15 Minutes	$3.06
98961 -Community Health Worker	TG	98961 -Community Health Worker - Education and Training for Patient Self-Management; ***2 to 4 Patients*** . 15 Minutes DT:8/day, Max of 128/month. CERTIFIED	15 Minutes	$3.40
98962 -Community Health Worker		98962 -Community Health Worker - Education and Training for Patient Self-Management; ***5 to 8 Patients*** . 15 Minutes DT:8/day, Max of 128/month. NON-CERTIFIED	15 Minutes	$1.41
98962 -Community Health Worker	TG	98962 -Community Health Worker - Education and Training for Patient Self-Management; ***5 to 8 Patients*** . 15 Minutes DT:8/day, Max of 128/month. CERTIFIED	15 Minutes	$1.57
992XX - E&M visits. Bundled Authorization only code for 99202; 99203; 99204; 99205; 99211; 99212; 99213; 99214; 99215; & 99417.	N/A	Authorization only code.	Encounter	$0.00
99202 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (15 to 29 minutes)	AF	Speciality Physician/ Psychiatrist	Encounter	$71.67
99202 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (15 to 29 minutes)	AG	Physician	Encounter	$71.67

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99202 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (15 to 29 minutes)	SA	PA, NP, CNS	Encounter	$71.67
99203 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (30 to 44 minutes)	AF	Speciality Physician/ Psychiatrist	Encounter	$107.50
99203 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (30 to 44 minutes)	AG	Physican	Encounter	$107.50
99203 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (30 to 44 minutes)	SA	PA, NP, CNS	Encounter	$107.50
99204 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient a medically appropriate historyand/or examination and moderate level of medical decision making. (45 to 59 minutes)	AF	Speciality Physician/ Psychiatrist	Encounter	$152.71
99204 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient a medically appropriate historyand/or examination and moderate level of medical decision making. (45 to 59 minutes)	AG	Physician	Encounter	$152.71

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99204 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient a medically appropriate historyand/or examination and moderate level of medical decision making. (45 to 59 minutes)	SA	PA, NP, CNS	Encounter	$152.71
99205 - E&M Visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (60 to 74 minutes)	AF	Specialty Physician / Psychiaratrist	Encounter	$203.97
99205 - E&M Visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (60 to 74 minutes)	AG	Physician	Encounter	$203.97
99205 - E&M Visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (60 to 74 minutes)	SA	PA, NP, CNS	Encounter	$203.97
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	AF	Specialty physician/ Psychiatrist	Encounter	$55.12
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	AG	Physician	Encounter	$55.12

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	SA	PA, NP, CNS	Encounter	$55.12
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	TD	Registered Nurse	Encounter	$55.12
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	TE	Licensed Practical Nurse	Encounter	$55.12
99212 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (10 to 19 minutes)	AF	Specific Physician/ Psychiatrist	Encounter	$104.73
99212 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (10 to 19 minutes)	AG	Pysician	Encounter	$104.73
99212 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (10 to 19 minutes)	SA	PA, NP, CNS	Encounter	$104.73

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99213 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (20 to 29 minutes)	AF	Specialty physician/ Psychiatrist	Encounter	$170.89
99213 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (20 to 29 minutes)	AG	Physician	Encounter	$170.89
99213 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (20 to 29 minutes)	SA	PA. NP. CNS	Encounter	$170.89
99214 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and moderate level of medical decision making. (30 to 39 minutes)	AF	Speciality Physician /Psychiatrist	Encounter	$198.46
99214 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and moderate level of medical decision making. (30 to 39 minutes)	AG	Physician	Encounter	$198.46
99214 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and moderate level of medical decision making. (30 to 39 minutes)	SA	PA. NP. CNS	Encounter	$198.46

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	AF	Specialty Physician / Psychiatrist	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	AG	Physcian	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	SA	PA. NP, CNS	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	TD	Registered Nurse	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	TE	Licensed Practical	Encounter	$214.99
99308 - Subsequent nursing facility care - 15 minutes	N/A	Authorization only code	Encounter	$0.00
99308 - Subsequent nursing facility care - 15 minutes	AF	Speciality Physician/ Psychiatrist	Encounter	$165.38
99308 - Subsequent nursing facility care - 15 minutes	AG	Physician	Encounter	$165.38
99308 - Subsequent nursing facility care - 15 minutes	SA	PA, NP, CNS	Encounter	$165.38
99309 - Subsequent nursing facility care - 25 minutes	N/A	Authorization only code	Encounter	$0.00
99309 - Subsequent nursing facility care - 25 minutes	AF	Speciality Physician / Psychiatrist	Encounter	$176.40
99309 - Subsequent nursing facility care - 25 minutes	AG	Physician	Encounter	$176.40

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99309 - Subsequent nursing facility care - 25 minutes	SA	PA, NP, CNS	Encounter	$176.40
99310 - Subsequent nursing facility care - 35 minutes	N/A	Authorization only code	Encounter	$0.00
99310 - Subsequent nursing facility care - 35 minutes	AF	Speciality Physician / Psychiatrist	Encounter	$187.42
99310 - Subsequent nursing facility care - 35 minutes	AG	Physcian	Encounter	$187.42
99310 - Subsequent nursing facility care - 35 minutes	SA	PA, NP, CNS	Encounter	$187.42
99506 - Home Visit for Injection	N/A	Authorization only code.	Encounter	$0.00
99506 - Home Visit for Injection	AF	Speciality Physician / Psychiatrist	Encounter	$34.45
99506 - Home Visit for Injection	AG	Physician	Encounter	$34.45
99506 - Home Visit for Injection	SA	PA, NP, CNS	Encounter	$34.45
99506 - Home Visit for Injection	TD	Registered Nurse	Encounter	$34.45
99506 - Home Visit for Injection	TE	Licensed Practical Nurse	Encounter	$34.45
A0120 - Non-emergency Transportation; Mini-Bus	N/A		Item	$44.10
A0130 - Non-Emergency Transportation; Wheelchair Van	N/A		Encounter	$44.10
E1399 - Enhanced/Specialized medical equipment and supplies (Durable Medical Equipment)	N/A	Variable Rate, send to rate setting queue.	Item	$0.00
G8431 - Screening for depression - documented as positive and a follow-up plan is documented.	New code effective 4/1/25	To be utilized with another assessment code, reportable for Screening of Depression and Follow-up (CDF) Measure		$0.01
G8510 - Screening for depression - documented as negative, a follow-up plan is not required.	New code effective 4/1/26	To be utilized with another assessment code, reportable for Screening of Depression and Follow-up (CDF) Measure		$0.01
H0002 Assessment Screening MichiCANS - ***Children Only***	AF;AG; AH; HN; HO; HP; TD	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's Level; Master's Level; Doctoral Level; Registered Nurse	Encounter	$60.00
H0031 - LOCUS Screening	WX	Authorization only code.	Encounter	$0.00

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0031 - LOCUS Screening	WX With AH;HO;HN; and WX IF with AH;HO;HN	Clinical Psycholgist; Master's Level; Bachelor's Level and Infant Mental Health with Clinical Psycholgist; Master's Level; Bachelor's Level	Encounter	$72.29
H0031 -SIS Assesment	WY	Authorization only code.	Encounter	$0.00
H0031 - SIS Assessment	WY;HM	Less than Bachelor's Level	Encounter	$713.31
H0031 - SIS Assessment	WY;HN	Bachelor's Level	Encounter	$713.31
H0031 - Behavior Identification Assessment for non-ABA	6Y	Authorization only code.	Encounter	$0.00
H0031 - Behavior Identification Assessment for non-ABA	6Y With AH;HO;HN	Clinical Psycholgist; Master's Level; Bachelor's Level	Encounter	$102.00
H0032 - Treatment Plan Development by Non-Physician	N/A	Authorization only code	Encounter	$0.00
H0032 - Treatment Plan Development by Non-Physician	AE	Dietician	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	AH	Clinical Psychologist	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	CO	Occupational Therapist Assistant	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	CQ	Physical Therapist Assistant	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	HN	Bachelor's Level	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	HO	Master's Level	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	HP	Doctoral's level	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	SA	PA, NP, CNS	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	TD	Registered Nurse	Encounter	$198.46
H0032 - Treatment Plan Development by Non-Physician	WQ	Independent Faciliator	Encounter	$198.46
H0032 - Treatment Plan Monitoring of speciality service	TS	Authorization only code for Tx Plan Monitoring.	Encounter	$0.00
H0032 - Treatment Plan Monitoring of speciality service	TS;NF	Authorization Only code for OT, PT, SLP non-family training on Tx Plan.	Encounter	$0.00
H0032 - Treatment Plan Monitoring of speciality service	TS;AH;NF	Occupational Therapist Assistant- Non-family training on treatment plan. Clinical Psychologist. In Office.	Encounter	$44.10

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0032 - Treatment Plan Monitoring of speciality service	TS;CO;NF	Occupational Therapist Assistant- Non-family training on treatment plan. In Office.	Encounter	$44.10
H0032 - Treatment Plan Monitoring of speciality service	TS;CQ;NF	Physical Therapist Assistant - Non-family training on treatment plan. In Office.	Encounter	$44.10
H0032 - Treatment Plan Monitoring of speciality service	TS;HN;NF	OT, PT and SLP - Non-family training or treatment plan. Bachelor's Level. In Office.	Encounter	$44.10
H0032 - Treatment Plan Monitoring of speciality service	TS;HO;NF	OT, PT and SLP - Non-family training or treatment plan. Master's Level. In Office.	Encounter	$44.10
H0032 - Treatment Plan Monitoring of speciality service	TS;TD;NF	Non-Family training on Treatment Plan; Registered Nurse; In-Office.	Encounter	$44.10
H0032 - Treatment Plan Monitoring of speciality service	TS;AE	Dietician	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;AH	Clinical Psychologist	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;CO	Occupational Therapist Assistant	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;CQ	Physical Therapist Assistant	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;HN	Bachelor's Level	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;HO	Master's Level	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;HP	Doctoral Level	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;SA	PA, NP, CNS	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;TD	Registered Nurse	Encounter	$132.30
H0032 - Treatment Plan Monitoring of speciality service	TS;WQ	Independent Facilitor	Encounter	$132.30
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	N/A	Authorization only code	15 Minutes	$0.00
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;IF	Infant Mental Health. Specialty Physician/Psychiatrist; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UN;IF	Infant Mental Health. Specialty Physician/Psychiatrist; 2 patients served.	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UP;IF	Infant Mental Health. Specialty Physician/Psychiatrist; 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UQ;IF	Infant Mental Health. Specialty Physician/Psychiatrist; 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UR;IF	Infant Mental Health. Specialty Physician/Psychiatrist; 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;US;IF	Infant Mental Health. Specialty Physician/Psychiatrist; 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;IF;FH	Infant Mental Health. Specialty Physician/Psychiatrist; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UN;IF;FH	Infant Mental Health. Specialty Physician/Psychiatrist; 2 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UP;IF;FH	Infant Mental Health. Specialty Physician/Psychiatrist; 3 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UQ;IF;FH	Infant Mental Health. Specialty Physician/Psychiatrist; 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UR;IF;FH	Infant Mental Health. Specialty Physician/Psychiatrist; 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;US;IF;FH	Infant Mental Health. Specialty Physician/Psychiatrist; 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;FH	Specialty Physician/Psychiatrist; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UN;FH	Specialty Physician/Psychiatrist; 2 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UP;FH	Specialty Physician/Psychiatrist; 3 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UQ;FH	Specialty Physician/Psychiatrist; 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UR;FH	Specialty Physician/Psychiatrist; 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;US;FH	Specialty Physician/Psychiatrist; 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;LI	Specialty Physician/Psychiatrist. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UN;LI	Specialty Physician/Psychiatrist. 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UP;LI	Specialty Physician/Psychiatrist. 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UQ;LI	Specialty Physician/Psychiatrist. 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UR;LI	Specialty Physician/Psychiatrist. 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;US;LI	Specialty Physician/Psychiatrist. 6 or more members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;IF	Infant Mental Health. Physician; Individual member served.	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UN;IF	Infant Mental Health. Physician; 2 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UP;IF	Infant Mental Health. Physician; 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UQ;IF	Infant Mental Health. Physician; 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UR;IF	Infant Mental Health. Physician; 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;US;IF	Infant Mental Health. Physician; 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;IF;FH	Infant Mental Health. Physician; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UN;IF;FH	Infant Mental Health. Physician; 2 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UP;IF;FH	Infant Mental Health. Physician; 3 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UQ;IF;FH	Infant Mental Health. Physician; 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UR;IF;FH	Infant Mental Health. Physician; 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;US;IF;FH	Infant Mental Health. Physician; 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;FH	Physician; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UN;FH	Physician; 2 patients served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UP;FH	Physician; 3 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UQ;FH	Physician; 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UR;FH	Physician; 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;US;FH	Physician; 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;LI	Physician. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UN;LI	Physician. 2 Members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UP;LI	Physician. 3 Members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UQ;LI	Physician. 4 Members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UR;LI	Physician. 5 Members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;US;LI	Physician. 6 or more Members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;IF	Infant Mental Health. Clinical Psychologist; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN;IF	Infant Mental Health. Clinical Psychologist; 2 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP;IF	Infant Mental Health. Clinical Psychologist; 3 patients served.	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ;IF	Infant Mental Health. Clinical Psychologist; 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR;IF	Infant Mental Health. Clinical Psychologist; 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US;IF	Infant Mental Health. Clinical Psychologist; 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;IF;FH	Infant Mental Health. Clinical Psychologist; Individual member served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN;IF;FH	Infant Mental Health. Clinical Psychologist; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP;IF;FH	Infant Mental Health. Clinical Psychologist; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ;IF;FH	Infant Mental Health. Clinical Psychologist; Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR;IF;FH	Infant Mental Health. Clinical Psychologist; Five patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US;IF;FH	Infant Mental Health. Clinical Psychologist; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH	Clinical Psychologist; Individual members served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN	Clinical Psychologist; Two patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP	Clinical Psychologist; Three patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ	Clinical Psychologist; Four patients served	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR	Clinical Psychologist; Five patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US	Clinical Psychologist; Six or more patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;FH	Clinical Psychologist; individual members served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN;FH	Clinical Psychologist; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP;FH	Clinical Psychologist; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ;FH	Clinical Psychologist; Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR;FH	Clinical Psychologist; Five patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US;FH	Clinical Psychologist; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;LI	Clinical Psychologist. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN;LI	Clinical Psychologist. Individual 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP;LI	Clinical Psychologist. Individual 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ;LI	Clinical Psychologist. Individual 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR;LI	Clinical Psychologist. Individual 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US;LI	Clinical Psychologist. Individual 6 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;IF;FH	Infant Mental Health. Less than Bachelor's Level; Individual member served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UN;IF;FH	Infant Mental Health. Less than Bachelor's Level; 2 patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UP;IF;FH	Infant Mental Health. Less than Bachelor's Level; 3 patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UQ;IF;FH	Infant Mental Health. Less than Bachelor's Level; 4 patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UR;IF;FH	Infant Mental Health. Less than Bachelor's Level; Five patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;US;IF;FH	Infant Mental Health. Less than Bachelor's Level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM	Less than Bachelor's Level; Individual members served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UN	Less than Bachelor's level; Two patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UP	Less than Bachelor's Level; Three patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UQ	Less than Bachelor's level; Four patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UR	Less than Bachelor's Level; Five patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;US	Less than Bachelor's Level; Six patients served	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;FH	Less than Bachelor's Level; Individual members served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UN;FH	Less than Bachelor's Level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UP;FH	Less than Bachelor's Level; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UQ;FH	Less than Bachelor's Level; Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UR;FH	Less than Bachelor's Level; Five patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;US;FH	Less than Bachelor's Level; Six patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;LI	Less than Bachelor's level. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UN;LI	Less than Bachelor's level. 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UP;LI	Less than Bachelor's level. 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UQ;LI	Less than Bachelor's. 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UR;LI	Less than Bachelor's. 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;US;LI	Less than Bachelor's. 6 or more members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;IF	Infant Mental Health. Bachelor's Level; Individaul member served.	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN;IF	Infant Mental Health. Bachelor's Level; 2 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP;IF	Infant Mental Health. Bachelor's Level; 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ;IF	Infant Mental Health. Bachelor's Level; 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR;IF	Infant Mental Health. Bachelor's Level; 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US;IF	Infant Mental Health. Bachelor's Level; 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;IF;FH	Infant Mental Health. Bachelor's Level; Individual member served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN;IF;FH	Infant Mental Health. Bachelor's Level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP;IF;FH	Infant Mental Health. Bachelor's level; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ;IF;FH	Infant Mental Health. Bachelor's Level; Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR;IF;FH	Infant Mental Health. Bachelor's level; Five patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US;IF;FH	Infant Mental Health. Bachelor's level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN	Bachelor's Level; individual members served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN	Bachelor's Level;Two patients served	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP	Bachelor's Level; Three patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ	Bachelor's Level; Four patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR	Bachelor's level; Five patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US	Bachelor's level; Six or more patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;FH	Bachelor's Level; individual members served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN;FH	Bachelor's Level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP;FH	Bachelor's level; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ;FH	Bachelor's level; Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR;FH	Bachelor's level; Five patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US;FH	Bachelor's level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;LI	Bachelor's Level. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN;LI	Bachelor's Level. 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP;LI	Bachelor's Level. 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ;LI	Bachelor's Level. 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR;LI	Bachelor's Level. 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US;LI	Bachelor's Level. 6 or more members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;IF	Infant Mental Health. Master's Level. Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN;IF	Infant Mental Health. Master's Level. 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP;IF	Infant Mental Health. Master's Level. 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ;IF	Infant Mental Health. Master's Level. 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR;IF	Infant Mental Health. Master's Level. 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US;IF	Infant Mental Health. Master's Level. 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;IF;FH	Infant Mental Health. Master's level; Individual member served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN;IF;FH	Infant Mental Health. Master's level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP;IF;FH	Infant Mental Health. Master's level; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ;IF;FH	Infant Mental Health. Master's level; Four patients served. Face to Face ONLY.	15 Minutes	$79.81

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR;IF;FH	Infant Mental Health. Master's level; Five members serviced. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US;IF;FH	Infant Mental Health. Master's level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO	Master's level; individual members served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN	Master's level; Two patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP	Master's level; Three patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ	Master's level; Four patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR	Master's level; Five members serviced	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US	Master's level; Six or patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;FH	Master's level; individual members served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN;FH	Master's level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP;FH	Master's level; Three patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ;FH	Master's level; Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR;FH	Master's level; Five members serviced. Face to Face ONLY.	15 Minutes	$79.81

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US;FH	Master's level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;LI	Master's level. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN;LI	Master's level. 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP;LI	Master's Level. 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ;LI	Master's level. 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR;LI	Master's level. 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US;LI	Master's level. 6 or more members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;IF	Infant Mental Health. Doctoral Level. Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN;IF	Infant Mental Health. Doctoral Level. 2 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP;IF	Infant Mental Health. Doctoral Level. 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ;IF	Infant Mental Health. Doctoral Level. 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR;IF	Infant Mental Health. Doctoral Level. 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US;IF	Infant Mental Health. Doctoral Level. 6 or more patients served.	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;IF;FH	Infant Mental Health. Doctoral level; Individual member served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN;IF;FH	Infant Mental Health. Doctoral level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP;IF;FH	Infant Mental Health. Doctoral Level; Three patient served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ;IF;FH	Infant Mental Health. Doctoral Level: Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR;IF;FH	Infant Mental Health. Doctoral Level; Five members served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US;IF;FH	Infant Mental Health. Doctoral Level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP	Doctoral level; individual members served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN	Doctoral level; Two patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP	Doctorial Level; Three patient served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ	Doctoral Level: Four patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR	Doctoral Level; Five members serviced	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US	Doctoral Level; Six or patients served	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;FH	Doctoral level; individual members served. Face to Face ONLY.	15 Minutes	$79.81

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN;FH	Doctoral level; Two patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP;FH	Doctorial Level; Three patient served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ;FH	Doctoral Level: Four patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR;FH	Doctoral Level; Five members serviced. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US;FH	Doctoral Level; Six or more patients served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;LI	Doctoral Level. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN;LI	Doctoral Level. 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP;LI	Doctoral Level. 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ;LI	Doctoral Level. 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR;LI	Doctoral Level. 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US;LI	Doctoral Level. 6 or more members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;IF	Infant Mental Health. Registered Nurse. Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UN;IF	Infant Mental Health. Registered Nurse. 2 patients served.	15 Minutes	$77.18

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UP;IF	Infant Mental Health. Registered Nurse. 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UQ;IF	Infant Mental Health. Registered Nurse. 4 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UR;IF	Infant Mental Health. Registered Nurse. 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;US;IF	Infant Mental Health. Registered Nurse. 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;IF;FH	Infant Mental Health. Registered Nurse. Individual member served. Face to Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UN;IF;FH	Infant Mental Health. Registered Nurse. 2 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UP;IF;FH	Infant Mental Health. Registered Nurse. 3 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UQ;IF;FH	Infant Mental Health. Registered Nurse. 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UR;IF;FH	Infant Mental Health. Registered Nurse. 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;US;IF;FH	Infant Mental Health. Registered Nurse. 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;FH	Registered Nurse. Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UN;FH	Registered Nurse. 2 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UP;FH	Registered Nurse. 3 patients served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UQ;FH	Registered Nurse. 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UR;FH	Registered Nurse. 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;US;FH	Registered Nurse. 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;LI	Registered Nurse. Individual member served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UN;LI	Registered Nurse. 2 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UP;LI	Registered Nurse. 3 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UQ;LI	Registered Nurse. 4 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UR;LI	Registered Nurse. 5 members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;US;LI	Registered Nurse. 6 or more members served. Hospital Discharge Planning.	15 Minutes	$39.91
H0045 - Respite Care Services, not in the home, licensed residential setting.	N/A	Authorization Only code for H0045 for Medicaid, HAB Waiver & Therapeutic Camping.	Day	$0.00
H0045 - Respite Care Services, not in the home, licensed residential setting.	HM;TY	Therapeutic Camping; Variable rate, send to rate setting queue.	Day	$0.00
H0045 - Respite Care Services, not in the home, licensed residential setting.	Individual	DSP	Day	$198.46
H0045 - Respite Care Services, not in the home, licensed residential setting.	UN	DSP	Day	$99.23

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0045 - Respite Care Services, not in the home, licensed residential setting.	UP	DSP	Day	$66.15
H0045 - Respite Care Services, not in the home, licensed residential setting.	UQ	DSP	Day	$49.62
H0045 - Respite Care Services, not in the home, licensed residential setting.	UR	DSP	Day	$39.69
H0045 - Respite Care Services, not in the home, licensed residential setting.	US	DSP	Day	$33.08
H0045 - Respite Care Services, not in the home, licensed residential setting.	AN	DSP, HAB Waiver only	Day	$253.58
H0045 - Respite Care Services, not in the home, licensed residential setting.	AN with UN	DSP, HAB Waiver only	Day	$126.79
H0045 - Respite Care Services, not in the home, licensed residential setting.	AN with UP	DSP, HAB Waiver only	Day	$84.53
H0045 - Respite Care Services, not in the home, licensed residential setting.	AN with UQ	DSP, HAB Waiver only	Day	$63.40
H0045 - Respite Care Services, not in the home, licensed residential setting.	AN with UR	DSP, HAB Waiver only	Day	$50.72
H0045 - Respite Care Services, not in the home, licensed residential setting.	AN with US	DSP, HAB Waiver only	Day	$42.26
H0046 - Peer mentor services provided by a DD Peer Mentor	N/A	Authorization only code	Encounter	$0.00
H0046 - Peer mentor services provided by a DD Peer Mentor	WU	DD Peer Mentor; Individual member served.	Encounter	$35.32
H0046 - Peer mentor services provided by a DD Peer Mentor	WU;UN	DD Peer Mentor; Two patients served	Encounter	$13.26
H0046 - Peer mentor services provided by a DD Peer Mentor	WU;UP	DD Peer Mentor; Three patients served	Encounter	$13.26
H0046 - Peer mentor services provided by a DD Peer Mentor	WU;UQ	DD Peer Mentor; Four patients served	Encounter	$13.26
H0046 - Peer mentor services provided by a DD Peer Mentor	WU;UR	DD Peer Mentor; Five patients served	Encounter	$13.26
H0046 - Peer mentor services provided by a DD Peer Mentor	WU;US	DD Peer Mentor; Six or patients served	Encounter	$13.26

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2000 - Behavioral Management Review	N/A	Authorization only code.	Encounter	$0.00
H2000 - Behavioral Management Review	AF	Speciality physical/Psychiatrist	Encounter	$248.07
H2000 - Behavioral Management Review	AG	Physician	Encounter	$248.07
H2000 - Behavioral Management Review	AH	Clinical Psychologist.	Encounter	$248.07
H2000 - Behavioral Management Review	HO	Master's Level		$248.07
H2000 - Behavioral Management Review	HP	Doctoral Level.	Encounter	$248.07
H2000 - Behavioral Management Review - Monitoring	TS	Authorization only code	Encounter	$0.00
H2000 - Behavioral Management Review - Monitoring	TS;AF	Speciality Physician/ Psychiatrist	Encounter	$88.20
H2000 - Behavioral Management Review - Monitoring	TS;AG	Physician	Encounter	$88.20
H2000 - Behavioral Management Review - Monitoring	TS;AH	Clinical Psychologist	Encounter	$88.20
H2000 - Behavioral Management Review - Monitoring	TS;HN	Bachelor's Level	Encounter	$88.20
H2000 - Behavioral Management Review - Monitoring	TS;HO	Master's Level	Encounter	$88.20
H2000 - Behavioral Management Review - Monitoring	TS;HP	Doctoral Level	Encounter	$88.20
H2011 - Crisis Intervention Services	AF	Speciality Physician/ Psychiatrist	15 Minutes	$55.12
H2011 - Crisis Intervention Services	AG	Physician	15 Minutes	$55.12
H2011 - Crisis Intervention Services	AH	Clinical Psychologist	15 Minutes	$55.12
H2011 - Crisis Intervention Services	HN	Bachelor's Level	15 Minutes	$55.12
H2011 - Crisis Intervention Services	HO	Master's Level	15 Minutes	$55.12
H2011 - Crisis Intervention Services	HP	Doctoral Level	15 Minutes	$55.12
H2011 - Crisis Intervention Services	TD	Registered Nurse	15 Minutes	$55.12
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	N/A	Authorization Only code.	15 Minutes	$0.00
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Facility based. (Individual member served)	15 Minutes	$5.51

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UN	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Two members served	15 Minutes	$3.99
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UP	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Three members served	15 Minutes	$3.76
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UQ	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Four members served	15 Minutes	$3.66
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UR	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Five members served	15 Minutes	$3.58
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;US	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Facility based; Six or more members served	15 Minutes	$3.54
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;DW	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Facility based. Individual member served, Deviated Wage.	15 Minutes	$3.45
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UN;DW	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Two members served, Deviated Wage.	15 Minutes	$2.39
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UP;DW	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Three members served, Deviated Wage.	15 Minutes	$2.16
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UQ;DW	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Four members served, Deviated Wage.	15 Minutes	$2.06

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;UR;DW	Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based; Five members served, Deviated Wage.	15 Minutes	$1.98
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L1;US;DW	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Facility based; Six or more members served, Deviated Wage.	15 Minutes	$1.94
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L2	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based; Individual member served.	15 Minutes	$6.68
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L2;UN	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based; Two patients served	15 Minutes	$4.98
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L2;UP	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based; Three patients served	15 Minutes	$4.75
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L2;UQ	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based; Four patients served	15 Minutes	$4.65
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L2;UR	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based; Five patients served	15 Minutes	$4.57
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L2;US	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based; Six or more patients served	15 Minutes	$4.53
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L3	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based with Wheelchair; Individual member served.	15 Minutes	$7.43

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L3;UN	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based with Wheelchair; Two patients served	15 Minutes	$5.54
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L3;UP	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based with Wheelchair; Three patients served.	15 Minutes	$5.31
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L3;UQ	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based with Wheelchair; Four patients served	15 Minutes	$5.21
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L3;UR	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based with Wheelchair; Five patients served.	15 Minutes	$5.13
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation (HAB)	L3;US	Skill Building & Training / Out-of-Home Non-Vocational Habilitation -Community based with Wheelchair; Six or more patients	15 Minutes	$5.09
H2X15 - Community Living Supports, Unlicensed, 15-minutes.- Bundled Authorization only code for H2015.	N/A	Bundled Authorizations Only.	15 Minutes	$0.00
H2015 - Comprehensive Community Support Services	21	Two Staff/One Member	15 Minutes	$12.94
H2015 - Comprehensive Community Support Services	S1	One Member/One Staff	15 Minutes	$6.47
H2015 - Comprehensive Community Support Services	UN;S1	2 Members, 1 Staff	15 Minutes	$3.24
H2015 - Comprehensive Community Support Services	UN;S2	2 Members, 2 Staff	15 Minutes	$6.47
H2015 - Comprehensive Community Support Services	UN;S3	2 Members, 3 Staff	15 Minutes	$9.71
H2015 - Comprehensive Community Support Services	UN;S4	2 Members, 4 Staff	15 Minutes	$12.94
H2015 - Comprehensive Community Support Services	UP;S1	3 Members, 1 Staff	15 Minutes	$2.16
H2015 - Comprehensive Community Support Services	UP;S2	3 Members, 2 Staff	15 Minutes	$4.31
H2015 - Comprehensive Community Support Services	UP;S3	3 Members, 3 Staff	15 Minutes	$6.47
H2015 - Comprehensive Community Support Services	UP;S4	3 Members, 4 Staff	15 Minutes	$8.63

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2015 - Comprehensive Community Support Services	UQ;S1	4 Members, 1 Staff	15 Minutes	$1.62
H2015 - Comprehensive Community Support Services	UQ;S2	4 Members, 2 Staff	15 Minutes	$3.24
H2015 - Comprehensive Community Support Services	UQ;S3	4 Members, 3 Staff	15 Minutes	$4.85
H2015 - Comprehensive Community Support Services	UQ;S4	4 Members, 4 Staff	15 Minutes	$6.47
H2015 - Comprehensive Community Support Services	UR;S1	5 Members, 1 Staff	15 Minutes	$1.29
H2015 - Comprehensive Community Support Services	UR;S2	5 Members, 2 Staff	15 Minutes	$2.59
H2015 - Comprehensive Community Support Services	UR;S3	5 Members, 3 Staff	15 Minutes	$3.88
H2015 - Comprehensive Community Support Services	UR;S4	5 Members, 4 Staff	15 Minutes	$5.18
H2015 - Comprehensive Community Support Services	US;S1	6 or More Members, 1 Staff	15 Minutes	$1.08
H2015 - Comprehensive Community Support Services	US;S2	6 or More Members, 2 Staff	15 Minutes	$2.16
H2015 - Comprehensive Community Support Services	US;S3	6 or More Members, 3 Staff	15 Minutes	$3.24
H2015 - Comprehensive Community Support Services	US;S4	6 or More Members, 4 Staff	15 Minutes	$4.31
H2021 - Intensive Care Coordination with Wraparound	N/A	Authorization only code	15 Minutes	$0.00
H2021 - Intensive Care Coordination with Wraparound	AF, AG, AH, HN, HO, HP, SA, TD	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's level; Master's Level; Doctorial; PA,NP,CNS; Registered Nurse	15 Minutes	$89.02
H2021 - Intensive Care Coordination with Wraparound	AF, AG, AH, HN, HO, HP, SA, TD with FH	Specialty Physician/Psychiatrist; Physician; Clinical Psychologist; Bachelor's level; Master's Level; Doctorial; PA,NP,CNS; Registered Nurse Face to Face with parent and/or child	15 Minutes	$91.26
H2023 - Supported Employment	N/A	Authorization only code.	15 Minutes	$0.00
H2023 - Supported Employment	HM	Less than Bachelor's level; Individual member served	15 Minutes	$9.86
H2023 - Supported Employment	HM;UN	Less than Bachelor's level; Two patients served	15 Minutes	$7.30
H2023 - Supported Employment	HM;UP	Less than Bachelor's level; Three patients served	15 Minutes	$7.27
H2023 - Supported Employment	HM;UQ	Less than Bachelor's level; Four patients served	15 Minutes	$7.26
H2023 - Supported Employment	HM;UR	Less than Bachelor's Level; Five patients served	15 Minutes	$7.24

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2023 - Supported Employment	HM;US	Less than Bachelor's level; Six paients served	15 Minutes	$7.24
H2023 - Supported Employment	HN	Bachelor's level; Individual member served	15 Minutes	$8.68
H2023 - Supported Employment	HN;UN	Bachelor's Level; Two patients served	15 Minutes	$6.12
H2023 - Supported Employment	HN;UP	Bachelor's Level; Three patients served	15 Minutes	$6.09
H2023 - Supported Employment	HN;UQ	Bachelor's Level; Four patients served	15 Minutes	$6.08
H2023 - Supported Employment	HN;UR	Bachelor's level; Five patients served	15 Minutes	$6.06
H2023 - Supported Employment	HN;US	Bachelor's level; Six paients served	15 Minutes	$6.06
H2025 - Supported Employment Job Coaching	N/A	Authorization only code	15 Minutes	$0.00
H2025 - Supported Employment Job Coaching	HM	Less than Bachelor's Level	15 Minutes	$9.58
H2030 - Mental Health Clubhouse Services	N/A	Authorization only code	15 Minutes	$0.00
H2030 - Mental Health Clubhouse Services	HM	Less than Bachelor's Level	15 Minutes	$3.05
H2030 - Mental Health Clubhouse Services	HN	Bachelor's Level	15 Minutes	$3.05
H2030 - Mental Health Clubhouse Services	HO	Master's Level	15 Minutes	$3.05
H2030 - Mental Health Clubhouse Services	HP	Doctoral Level	15 Minutes	$3.05
S5111 - Family Training	N/A	Authorization only code	Encounter	$0.00
S5111 - Family Training	AE	Dietician; Individual member served.	Encounter	$132.30
S5111 - Family Training	AE;UN	Dietician; 2 patients served.	Encounter	$132.30
S5111 - Family Training	AE;UP	Dietician; 3 patients served.	Encounter	$132.30
S5111 - Family Training	AE;UQ	Dietician; 4 patients served.	Encounter	$132.30
S5111 - Family Training	AE;UR	Dietician; 5 patients served.	Encounter	$132.30
S5111 - Family Training	AE;US	Dietician; 6 or more patients served.	Encounter	$132.30
S5111 - Family Training	AF	Specialty physician/ Psychiatrist; individuals members served	Encounter	$132.30
S5111 - Family Training	AF;UN	Specialty physician; Two patients served	Encounter	$132.30
S5111 - Family Training	AF;UP	Speciality physician; Three patient served	Encounter	$132.30
S5111 - Family Training	AF;UQ	Doctoral level; Four patients served	Encounter	$132.30
S5111 - Family Training	AF;UR	Specialty physician; Five members serviced	Encounter	$132.30

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	AF;US	Specialist physician; Six or patients served	Encounter	$132.30
S5111 - Family Training	AG	Physician; Individual members served	Encounter	$132.30
S5111 - Family Training	AG;UN	Physician; Two patients served	Encounter	$132.30
S5111 - Family Training	AG;UP	Physician; Three patient served	Encounter	$132.30
S5111 - Family Training	AG;UQ	Physician; Four patients served	Encounter	$132.30
S5111 - Family Training	AG;UR	Physician; Five patients served	Encounter	$132.30
S5111 - Family Training	AG;US	Physician; Six or more patients served	Encounter	$132.30
S5111 - Family Training	AH	Clinical Psychologist; individual members served	Encounter	$132.30
S5111 - Family Training	AH;UN	Clinical Psychologist; Two patients served	Encounter	$132.30
S5111 - Family Training	AH;UP	Clinical Psychologist; Three patients served	Encounter	$132.30
S5111 - Family Training	AH;UQ	Clinical Psychologist; Four patients served	Encounter	$132.30
S5111 - Family Training	AH;UR	Clinical Psychologist; Five patients served	Encounter	$132.30
S5111 - Family Training	AH;US	Clinical Psychologist; Six or more patients served	Encounter	$132.30
S5111 - Family Training	CO	Occupational Therapist Assistant; Individual member served.	Encounter	$132.30
S5111 - Family Training	CO;UN	Occupational Therapist Assistant; 2 patients served.	Encounter	$132.30
S5111 - Family Training	CO;UP	Occupational Therapist Assistant; 3 patients served.	Encounter	$132.30
S5111 - Family Training	CO;UQ	Occupational Therapist Assistant; 4 patients served.	Encounter	$132.30
S5111 - Family Training	CO;UR	Occupational Therapist Assistant; 5 patients served.	Encounter	$132.30
S5111 - Family Training	CO;US	Occupational Therapist Assistant; 6 or more patients served.	Encounter	$132.30
S5111 - Family Training	CQ	Physical Therapist Assistant; Individual member served.	Encounter	$132.30
S5111 - Family Training	CQ;UN	Physical Therapist Assistant; 2 patients served.	Encounter	$132.30
S5111 - Family Training	CQ;UP	Physical Therapist Assistant; 3 patients served.	Encounter	$132.30
S5111 - Family Training	CQ;UQ	Physical Therapist Assistant; 4 patients served.	Encounter	$132.30
S5111 - Family Training	CQ;UR	Physical Therapist Assistant; 5 patients served.	Encounter	$132.30

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	CQ;US	Physical Therapist Assistant; 6 or more patients served.	Encounter	$132.30
S5111 - Family Training	HM	Less than Bachelor's Level; individual members served	Encounter	$132.30
S5111 - Family Training	HM;UN	Less than Bachelor's level; Two patients served	Encounter	$132.30
S5111 - Family Training	HM;UP	Less than Bachelor's level; Three patients served	Encounter	$132.30
S5111 - Family Training	HM;UQ	Less than Bachelor's level; Four patients served	Encounter	$132.30
S5111 - Family Training	HM;UR	Less than Bachelor's Level; Five patients served	Encounter	$132.30
S5111 - Family Training	HM;US	Less than Bachelor's level; Six or patients served	Encounter	$132.30
S5111 - Family Training	HN	Clinical Psychologist; individuals members served	Encounter	$132.30
S5111 - Family Training	HN;UN	Bachelor's Level; Two patients served	Encounter	$132.30
S5111 - Family Training	HN;UP	Bachelor's Level; Three patients served	Encounter	$132.30
S5111 - Family Training	HN;UQ	Bachelor's level; Four members served	Encounter	$132.30
S5111 - Family Training	HN;UR	Bachelor's level; Five patients served	Encounter	$132.30
S5111 - Family Training	HN;US	Bachelor's level; Six or more patients served	Encounter	$132.30
S5111 - Family Training	HO	Master's level; individual members served	Encounter	$132.30
S5111 - Family Training	HO;UN	Master's level; Two patients served	Encounter	$132.30
S5111 - Family Training	HO;UP	Master's level; Three patients served	Encounter	$132.30
S5111 - Family Training	HO;UQ	Master's level; Four patients served	Encounter	$132.30
S5111 - Family Training	HO;UR	Master's level; Five Patients served	Encounter	$132.30
S5111 - Family Training	HO;US	Master's level; Six or more patients served	Encounter	$132.30
S5111 - Family Training	HP	Doctoral level; individual members served	Encounter	$132.30
S5111 - Family Training	HP;UN	Doctoral level; Two patients served	Encounter	$132.30
S5111 - Family Training	HP;UP	Doctoral level; Three patients served	Encounter	$132.30
S5111 - Family Training	HP;UQ	Doctoral level; Four patients served	Encounter	$132.30
S5111 - Family Training	HP;UR	Doctoral level; Five patients served	Encounter	$132.30
S5111 - Family Training	HP;US	Doctoral Level; Six or more patients served	Encounter	$132.30

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	SA	PA, NP, CNS; Individual members served	Encounter	$132.30
S5111 - Family Training	SA;UN	PA, NP, CNS; Two patients served	Encounter	$132.30
S5111 - Family Training	SA;UP	PA, NP, CNS; Three patients served	Encounter	$132.30
S5111 - Family Training	SA;UQ	PA, NP,CNS; Four patients served	Encounter	$132.30
S5111 - Family Training	SA;UR	PA, NP, CNS; Five patients served	Encounter	$132.30
S5111 - Family Training	SA;US	PA, NP, CNS; Six or more patients served	Encounter	$132.30
S5111 - Family Training	TD	Registered Nurse; individual members served	Encounter	$132.30
S5111 - Family Training	TD;UN	Registered Nurse; Two patients served	Encounter	$132.30
S5111 - Family Training	TD;UP	Registered Nurse; Three patients served	Encounter	$132.30
S5111 - Family Training	TD;UQ	Registered Nurse; Four patients served	Encounter	$132.30
S5111 - Family Training	TD;UR	Registered Nurse; Five patients served	Encounter	$132.30
S5111 - Family Training	TD;US	Registered Nurse; Six or more patients served	Encounter	$132.30
S5111 - Family Training	WP	Trained Parent; Individual member served	Encounter	$134.54
S5111 - Family Training	WP;UN	Trained Parent; Two members served	Encounter	$134.54
S5111 - Family Training	WP;UP	Trained Parent; Three patients served	Encounter	$134.54
S5111 - Family Training	WP;UQ	Trained Parent; Four patients served	Encounter	$134.54
S5111 - Family Training	WP;UR	Trained Parent; Five patients served	Encounter	$134.54
S5111 - Family Training	WP;US	Trained Parent; Six or more served	Encounter	$134.54
S5116 - Home Care Training, Non-Family (Waiver Services Only)	N/A	Authorization only code	Encounter	$0.00
S5116 - Home Care Training, Non-Family (Waiver Services Only)	AF	Specialty physician; Psychiatrist	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Services Only)	AG	Physician	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Services Only)	AH	Clinical Psycologist	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Services Only)	HN	Bachelor's Level	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Services Only)	HO	Master's Level	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Services Only)	HP	Doctoral Level	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Services Only)	SA	Physician Assistant, Nurse Practitioner, Certified Nursing Specialist.	Encounter	$68.45

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5116 - Home Care Training, Non-Family (Waiver Services Only)	TD	Registered Nurse	Encounter	$68.45
S5165 - Home Modifications, Per Service.	N/A	varying rate. must use client specific rate on auth or client budget	Item	$0.00
S944X - Patient Education - Bundled Authorization code for S9445.	N/A		Encounter	$0.00
S9445 - Patient Education, NOC, Non-Physician, Individual - In Office	AE	Registered Dietician	Encounter	$44.10
S9445 - Patient Education, NOC, Non-Physician, Individual - In Office	SA	PA, NP, CNS	Encounter	$44.10
S9445 - Patient Education, NOC, Non-Physician, Individual - In Office	TD	Registered Nurse	Encounter	$44.10
S9446 - Patient Education, NOC, Non-Physician, Group	N/A	Authorization only code	Encounter	$0.00
S9446 - Patient Education, NOC, Non-Physician, Group	AE, SA, TD with UN	Registered Dietician; PA, NP, CNS; Registered Nurse	Encounter	$7.17
S9446 - Patient Education, NOC, Non-Physician, Group	AE, SA, TD with UP	Registered Dietician; PA, NP, CNS; Registered Nurse	Encounter	$4.78
S9446 - Patient Education, NOC, Non-Physician, Group	AE, SA, TD with UQ	Registered Dietician; PA, NP, CNS; Registered Nurse	Encounter	$3.58
S9446 - Patient Education, NOC, Non-Physician, Group	AE, SA, TD with UR	Registered Dietician; PA, NP, CNS; Registered Nurse	Encounter	$2.87
S9446 - Patient Education, NOC, Non-Physician, Group	AE, SA, TD with US	Registered Dietician; PA, NP, CNS; Registered Nurse	Encounter	$2.39
T100X - Nursing Assessment - Bundled Authorization only code for T1001.	N/A	Bundled Authorization code for T1001.	Encounter	$0.00
T1001 - Nursing Assessment - In Office	SA	PA, NP, CNS	Encounter	$88.20
T1001 - Nursing Assessment - In Office	TD	Registered Nurse	Encounter	$88.20
T1002 - RN services	N/A	Authorization only code.	Up to 15 min	$0.00

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T1002 - RN services	TD	Registered Nurse	Up to 15 min	$13.79
T1005 - Respite	N/A	Authorization only code.	Up to 15 min	$0.00
T1005 - Respite	HM	Less than Bachelor's Level; individual members served	Up to 15 min	$5.85
T1005 - Respite	HM;UN	Less than Bachelor's level; Two patients served	Up to 15 min	$4.63
T1005 - Respite	HM;UP	Less than Bachelor's level; Three patients served	Up to 15 min	$4.60
T1005 - Respite	HM;UQ	Less than Bachelor's level; Four patients served	Up to 15 min	$4.59
T1005 - Respite	HM;UR	Less than Bachelor's Level; Five patients served	Up to 15 min	$4.57
T1005 - Respite	HM;US	Less than a Bachelor's level; Six or more patients served	Up to 15 min	$4.57
T1017 - Targeted Case Management	N/A	Authorization Only code for TCM & Monitoring.	15 Minutes	$0.00
T1017 - Targeted Case Management	AE	Dietician	15 Minutes	$106.32
T1017 - Targeted Case Management	AF	Speciality Physician/ Psychiatrist	15 Minutes	$106.32
T1017 - Targeted Case Management	AG	Physician	15 Minutes	$106.32
T1017 - Targeted Case Management	AH	Clinical Psychologist	15 Minutes	$106.32
T1017 - Targeted Case Management	HM	Less than Bachelor's Level	15 Minutes	$106.32
T1017 - Targeted Case Management	HN	Bachelor's Level	15 Minutes	$106.32
T1017 - Targeted Case Management	HO	Master's Level	15 Minutes	$106.32
T1017 - Targeted Case Management	HP	Doctoral Level	15 Minutes	$106.32
T1017 - Targeted Case Management	SA	PA, NP, CNS	15 Minutes	$106.32
T1017 - Targeted Case Management	TD	Registered Nurse	15 Minutes	$106.32
T1017 - Targeted Case Management	WQ	Independent Facilitator	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	AE;OA	Dietician; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	AF;OA	Specialty Physician/ Psychiatrist; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	AG;OA	Physician; Assisted Outpatient Treatment.	15 Minutes	$106.32

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T1017 - Targeted Case Management - AOT	AH;OA	Clinical Psychologist; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	HM;OA	Less than Bachelor's Level; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	HN;OA	Bachelor's Level; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	HO;OA	Master's Level; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	HP;OA	Doctoral Level; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	SA;OA	PA, NP, CNS; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - AOT	TD;OA	Registered Nurse; Assisted Outpatient Treatment.	15 Minutes	$106.32
T1017 - Targeted Case Management - Discharge Planning - Adult	AE;DP	Dietician; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	AF;DP	Specialty Physician/ Psychiatrist; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	AG;DP	Physician; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	AH;DP	Clinical Psychologist; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	HM;DP	Less than Bachelor's Level; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	HN;DP	Bachelor's Level; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	HO;DP	Master's Level; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	HP;DP	Doctoral Level; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	SA;DP	PA, NP, CNS; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - Discharge Planning - Adult	TD;DP	Registered Nurse; Discharge Planning, Adults.	15 Minutes	$53.16
T1017 - Targeted Case Management - HAB Waiver Only	AN;HN	Bachelor's level; Support Coordination for HAB Waiver only	15 Minutes	$113.77
T1017 - Targeted Case Management - HAB Waiver Only	AN;HO	Master's Level; Support Coordination for HAB Waiver only	15 Minutes	$113.77
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;AE	Hospital Liaison services, Dietitian	15 Minutes	$53.16

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;AF	Hospital Liaison services, Specialty Physician (Psychiatrist)	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;AG	Hospital Liaison services, Physician	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;AH	Hospital Liaison services, Clinical Psychologist	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison	LI;BI AE;AF;AG;AH;HM;HN;HO;HP;SA;TD	Hospital Liaison Services, IBPS Dietician; Specialty Physician/Psychiatist; Physician; Clinical Psychologist; Less than Bachelor's Level, Bachelor's Level; Master's Level; Doctoral Level; PA,NP,CNS; RN	15 Minutes	$55.21
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;HM	Hospital Liaison services, Less than Bachelor's degree	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;HN	Hospital Liaison services, Bachelor's degree	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;HO	Hospital Liaison services, Master's degree	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;HP	Hospital Liaison services, Doctoral degree	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;SA	Hospital Liaison services, PA, NP, CNS	15 Minutes	$53.16
T1017 - Targeted Case Management - Hospital Liaison - Child	LI;TD	Hospital Liaison services, RN	15 Minutes	$53.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;AE	Dietician; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;AF	Specialty Physician/ Psychiatrist; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;AG	Physician; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;AH	Clinical Psychologist; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;HM	Bachelor's level' Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16

Contract Program: I/DD Outpatient services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;HN	Bachelor's level; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;HO	Master's level; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;HP	Doctoral level; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;SA	PA, NP, CNS; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;TD	Registered Nurse; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1017 - Targeted Case Management - Nursing Home Monitoring	SE;WQ	Independent Facilitator; Nursing Home Monitoring (POS = 31 or 32).	15 Minutes	$66.16
T1999 - Miscellaneous Therapeutic Items & Supplies, NOC	N/A	Variable rate; Send to rate setting queue.	Item	$0.00
T2028 - Specialized Supply, NOS	N/A	Variable rate; Send to rate setting queue.	Item	$0.00
T2029 - Specialized Medical Equipment, NOS	N/A	Variable rate; Send to rate setting queue.	Item	$0.00
T2039 - Vehicle Modifications	N/A	Variable rate; Send to rate setting queue.	Item	$0.00