



Standard Rate Schedule: Medicaid 1915(b)

101 - Physician
 109 - Licensed Psychologist
 110 - LCSW, LPC, LMFT
 111 - Certified Clinical Nurse Specialist

112 - Certified Nurse Practitioner
 128 - Licensed Psychological Associate
 129 - LCAS, CCS
 210 - Physician's Assistant
 LQASP - Licensed Qualified Autism Services Practitioner

rev. 7/23/2020 * This service is subject to the targeted rate enhancement under COVID-19. The enhanced rate of 10% above the rate shown here will remain in effect until further notified.

Service	EffectiveDate	EndDate	ALL	101	109	110	111	112	128	129	210	LQASP
90785 - INTERACTIVE COMPLEXITY	7/1/2020	6/30/2021		\$ 3.96	\$ 3.96	\$ 2.97	\$ 3.37	\$ 3.84	\$ 2.97	\$ 2.97	\$ 2.85	
90791 - Psychiatric Diagnostic Evaluation	7/1/2020	6/30/2021		\$ 125.39	\$ 125.39	\$ 94.04	\$ 106.58	\$ 121.63	\$ 94.04	\$ 94.04	\$ 90.39	
90791Z1 - TF-CBT Psychiatric Diagnostic Evaluation	7/1/2020	6/30/2021		\$ 146.00	\$ 146.00	\$ 110.00	\$ 110.00	\$ 146.00	\$ 110.00	\$ 110.00	\$ 146.00	
90791Z2 - PCIT Psychiatric Diagnostic Evaluation	7/1/2020	6/30/2021		\$ 146.00	\$ 146.00	\$ 110.00	\$ 110.00	\$ 146.00	\$ 110.00	\$ 110.00	\$ 146.00	
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/ MED	7/1/2020	6/30/2021		\$ 104.58				\$ 101.44			\$ 75.00	
90832 - PSYCHOTHERAPY 30 MN	7/1/2020	6/30/2021		\$ 52.24	\$ 52.24	\$ 39.18	\$ 44.40	\$ 50.67	\$ 39.18	\$ 39.18	\$ 37.61	
90832Z1 - TF-CBT - PSYCHOTHERAPY 30 MN	7/1/2020	6/30/2021		\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	
90832Z2 - PCIT PSYCHOTHERAPY 30 MN	7/1/2020	6/30/2021		\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	
90833 - PSYCHOTHERAPY 30 MIN ADD ON TO E&M	7/1/2020	6/30/2021		\$ 34.91				\$ 33.86			\$ 25.04	
90834 - PSYCHOTHERAPY 45 MN	7/1/2020	6/30/2021		\$ 67.85	\$ 67.85	\$ 50.89	\$ 57.67	\$ 65.81	\$ 50.89	\$ 50.89	\$ 48.68	
90834Z1 - TF-CBT - PSYCHOTHERAPY 45 MN	7/1/2020	6/30/2021		\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	
90834Z2 - PCIT PSYCHOTHERAPY 45 MN	7/1/2020	6/30/2021		\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	
90836 - PSYCHOTHERAPY 45 MIN ADD ON TO E&M	7/1/2020	6/30/2021		\$ 56.72				\$ 55.02			\$ 40.68	
90837 - PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		\$ 99.42	\$ 99.42	\$ 74.57	\$ 84.51	\$ 96.44	\$ 74.57	\$ 74.57	\$ 71.29	
90837SR - IN-HOME PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	\$ 112.00	
90837Z1 - TF-CBT - PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	
90837Z2 - PCIT PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	
90837Z3 - DBT PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	
90838 - PSYCHOTHERAPY 60 MIN ADD ON TO E&M	7/1/2020	6/30/2021		\$ 91.59				\$ 88.84			\$ 65.51	
90839 - PSYCHOTHER FOR CRISIS 60 MIN	7/1/2020	6/30/2021		\$ 125.28	\$ 125.28	\$ 93.96	\$ 106.49	\$ 121.52	\$ 93.96	\$ 93.96	\$ 125.28	
90840 - PSYCHOTHER FOR CRISIS ADD'L 30 MN	7/1/2020	6/30/2021		\$ 105.47	\$ 105.47	\$ 79.10	\$ 89.65	\$ 102.31	\$ 79.10	\$ 79.10	\$ 65.41	
90846 - FAMILY THER W/O PT	7/1/2020	6/30/2021		\$ 73.71	\$ 72.24	\$ 54.17	\$ 61.40	\$ 71.50	\$ 54.17	\$ 54.17	\$ 73.71	
90846SR - In-home Family Ther W/O PT	7/1/2020	6/30/2021		\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	
90846Z1 - TF-CBT - FAMILY THER W/O PT	7/1/2020	6/30/2021		\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	
90846Z2 - PCIT - FAMILY THER W/O PT	7/1/2020	6/30/2021		\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	
90847 - FAMILY THER W/ PT	7/1/2020	6/30/2021		\$ 91.53	\$ 89.70	\$ 67.28	\$ 76.24	\$ 88.78	\$ 67.28	\$ 67.28	\$ 91.53	
90847SR - In-home Family Ther W/ PT	7/1/2020	6/30/2021		\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	
90847Z1 - TF-CBT - FAMILY THER W/ PT	7/1/2020	6/30/2021		\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	
90847Z2 - PCIT - FAMILY THER W/ PT	7/1/2020	6/30/2021		\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	
90849 - MULTI-FAM GROUP	7/1/2020	6/30/2021		\$ 27.45	\$ 26.90	\$ 20.18	\$ 22.87	\$ 26.63	\$ 20.18	\$ 20.18	\$ 27.45	
90853 - GROUP THER	7/1/2020	6/30/2021		\$ 29.36	\$ 28.77	\$ 21.58	\$ 24.46	\$ 24.47	\$ 21.58	\$ 21.58	\$ 26.09	
90853Z3 - DBT GROUP THER	7/1/2020	6/30/2021		\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	
90870 - ELECTROCONVULSIVE THERAPY	7/1/2020	6/30/2021		\$ 113.34							\$ 113.34	
96110 - DEVEL TST LMT	7/1/2020	6/30/2021		\$ 8.75	\$ 8.58			\$ 7.30	\$ 6.43		\$ 8.75	
96112 - DEVEL TST EXT	7/1/2020	6/30/2021		\$ 118.53	\$ 116.16				\$ 87.12			
96113 - add on DEVEL TST EXT	7/1/2020	6/30/2021		\$ 52.90	\$ 51.84				\$ 38.88			
96116 - NEUROBEHAV EXAM	7/1/2020	6/30/2021		\$ 79.14	\$ 77.56				\$ 58.18			
96121 - add on NEUROBEHAV EXAM	7/1/2020	6/30/2021		\$ 72.19	\$ 70.75				\$ 53.06			
96130 - PSYCH TESTING CLINICAL PSYCH	7/1/2020	6/30/2021		\$ 103.06	\$ 101.00				\$ 75.75			
96131 - add on PSYCH TESTING CLINICAL PSYCH	7/1/2020	6/30/2021		\$ 78.47	\$ 76.90				\$ 57.68			
96132 - NEUROPSYCH TST- CLIN PSYCH	7/1/2020	6/30/2021		\$ 115.34	\$ 113.03				\$ 84.77			
96133 - add on NEUROPSYCH TST- CLIN PSYCH	7/1/2020	6/30/2021		\$ 87.99	\$ 86.23				\$ 64.67			
96136 - PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	7/1/2020	6/30/2021		\$ 40.55	\$ 39.74				\$ 29.80			
96137 - add on PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	7/1/2020	6/30/2021		\$ 37.46	\$ 36.71				\$ 27.53			
96372 - Therapeutic prophylactic or diagnostic injection	7/1/2020	6/30/2021		\$ 17.04				\$ 14.19			\$ 17.04	

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96374 - therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	7/1/2020	6/30/2021		\$ 43.61				\$ 42.30			\$ 43.61	
96375 - therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	7/1/2020	6/30/2021		\$ 18.91				\$ 18.34			\$ 18.91	
97151 - Behavior identification assessment	7/1/2020	6/30/2021										\$ 20.83
97152 - Behavior identification supporting assessment, tech	7/1/2020	6/30/2021										\$ 12.50
97153 - Adaptive behavior treatment by protocol, tech	7/1/2020	6/30/2021										\$ 12.50
97154 - Group adaptive behavior treatment by protocol, tech	7/1/2020	6/30/2021										\$ 7.50
97155 - Adaptive behavior treatment with protocol modification, QHP	7/1/2020	6/30/2021										\$ 27.50
97156 - Family adaptive behavior treatment guidance	7/1/2020	6/30/2021										\$ 30.00
97157 - Multiple-family group adaptive behavior treatment guidance	7/1/2020	6/30/2021										\$ 5.00
98966CR - Telephone Assessment and Management Service - 5-10 min	7/1/2020	6/30/2021			\$ 11.89	\$ 8.92	\$ 8.92		\$ 8.92	\$ 8.92	\$ 11.89	
98967CR - Telephone Assessment and Management Service - 11-20 min	7/1/2020	6/30/2021			\$ 23.16	\$ 17.37	\$ 17.37		\$ 17.37	\$ 17.37	\$ 23.16	
98968CR - Telephone Assessment and Management Service - 21-30 min	7/1/2020	6/30/2021			\$ 33.95	\$ 25.46	\$ 25.46		\$ 25.46	\$ 25.46	\$ 33.95	
99201 - OP E/M New Patient (10mn)	7/1/2020	6/30/2021		\$ 33.18				\$ 33.18			\$ 33.18	
99202 - Op Visit Expanded New Pat 20 M	7/1/2020	6/30/2021		\$ 57.54				\$ 55.81			\$ 57.54	
99203 - Op Visit Detailed New Pat 30 M	7/1/2020	6/30/2021		\$ 83.36				\$ 80.86			\$ 83.36	
99204 - Op Visit Com/Mod New 45 M	7/1/2020	6/30/2021		\$ 129.27				\$ 125.39			\$ 129.27	
99205 - Op Visit Com/High New 60 M	7/1/2020	6/30/2021		\$ 163.41				\$ 158.51			\$ 163.41	
99211 - Op Visit Eval/Mgt Est Pat 5 Mn	7/1/2020	6/30/2021		\$ 16.82				\$ 16.32			\$ 16.82	
99212 - Op Visit Exp Est Pat 10 Min	7/1/2020	6/30/2021		\$ 33.50				\$ 32.50			\$ 33.50	
99213 - Op Visit Exp Est Pat 15 M	7/1/2020	6/30/2021		\$ 55.94				\$ 54.26			\$ 55.94	
99214 - Op Visit Exp Est Pat 25 M	7/1/2020	6/30/2021		\$ 84.29				\$ 81.76			\$ 84.29	
99215 - Op Visit Exp Est Pat 40 Min	7/1/2020	6/30/2021		\$ 114.00				\$ 110.58			\$ 114.00	
99217 - observation care discharge day management	7/1/2020	6/30/2021		\$ 61.32				\$ 59.48			\$ 61.32	
99218 - initial observation, per day, low complexity	7/1/2020	6/30/2021		\$ 57.84				\$ 56.10			\$ 57.83	
99219 - initial observation care, per day, moderate complexity	7/1/2020	6/30/2021		\$ 95.78				\$ 92.91			\$ 95.78	
99220 - initial observation care, per day, high complexity	7/1/2020	6/30/2021		\$ 134.33				\$ 130.30			\$ 134.32	
99221 - Initial Hospital Care 30 Min	7/1/2020	6/30/2021		\$ 83.05				\$ 80.56			\$ 83.05	
99222 - Initial Hospital Care-Mod-50 Min	7/1/2020	6/30/2021		\$ 113.34				\$ 109.94			\$ 113.34	
99223 - Initial Hospital Care-70 Min	7/1/2020	6/30/2021		\$ 166.89				\$ 161.88			\$ 166.89	
99231 - Subsequent Hospital 15 Min	7/1/2020	6/30/2021		\$ 34.30				\$ 33.27			\$ 34.30	
99232 - Subsequent Hospital 25 Min	7/1/2020	6/30/2021		\$ 61.81				\$ 59.96			\$ 61.81	
99233 - Subsequent Hospital 35 Min	7/1/2020	6/30/2021		\$ 88.53				\$ 85.87			\$ 88.53	
99234 - Observation/Inpat Low	7/1/2020	6/30/2021		\$ 117.16				\$ 113.65			\$ 117.16	
99235 - Hosp/Obs 1-Day Mod Sev	7/1/2020	6/30/2021		\$ 153.91				\$ 149.29			\$ 153.90	
99236 - Hosp/Obs 1-Day High Sev	7/1/2020	6/30/2021		\$ 191.29				\$ 185.55			\$ 191.27	
99238 - Hospital Discharge 30	7/1/2020	6/30/2021		\$ 61.11				\$ 59.28			\$ 61.11	
99239 - Hospital Discharge > 30 Min	7/1/2020	6/30/2021		\$ 88.81				\$ 86.15			\$ 88.81	
99241 - outpt. consult, minor- phys time approx 15 min.	7/1/2020	6/30/2021		\$ 39.98				\$ 38.78			\$ 39.98	
99241U4 - Physician Consult - Brief	7/1/2020	6/30/2021		\$ 55.00								
99242 - outpt. consult, moderate- phys time approx 30 min.	7/1/2020	6/30/2021		\$ 74.90				\$ 72.65			\$ 74.90	
99242U4 - Physician Consult - Intermediate	7/1/2020	6/30/2021		\$ 90.00								
99243 - outpt. consult, severe- phys time approx 40 min.	7/1/2020	6/30/2021		\$ 103.00				\$ 99.91			\$ 103.00	
99244 - outpt. consult, severe- phys time approx 60 min.	7/1/2020	6/30/2021		\$ 152.99				\$ 148.40			\$ 152.99	
99244U4 - Physician Consult - Extensive	7/1/2020	6/30/2021		\$ 168.00								
99245 - outpt. consult, severe- phys time approx 80 min.	7/1/2020	6/30/2021		\$ 188.03				\$ 182.39			\$ 188.03	
99251 - initial inpt consult- phys time approx 20 min.	7/1/2020	6/30/2021		\$ 40.82				\$ 39.60			\$ 40.82	
99252 - initial inpt consult- phys time approx 40 min.	7/1/2020	6/30/2021		\$ 63.25				\$ 61.35			\$ 63.25	
99253 - initial inpt consult- phys time approx 55 min.	7/1/2020	6/30/2021		\$ 96.02				\$ 93.14			\$ 96.02	
99254 - initial inpt consult- phys time approx 80 min.	7/1/2020	6/30/2021		\$ 138.89				\$ 134.72			\$ 138.89	
99255 - initial inpt consult- phys time approx 110 min.	7/1/2020	6/30/2021		\$ 169.23				\$ 164.15			\$ 169.23	
99281 - er visit, minor	7/1/2020	6/30/2021		\$ 17.03				\$ 16.52			\$ 17.03	
99282 - er visit, low severity	7/1/2020	6/30/2021		\$ 33.13				\$ 32.14			\$ 33.13	

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99283 - er visit, moderate severity	7/1/2020	6/30/2021		\$ 51.35				\$ 49.81			\$ 51.35	
99284 - er visit, high severity	7/1/2020	6/30/2021		\$ 96.14				\$ 93.26			\$ 96.14	
99285 - emergency department visit for the evaluation and management of a patient,	7/1/2020	6/30/2021		\$ 142.93				\$ 138.64			\$ 142.93	
99291 - critical care, evaluation and management of the critically ill or critically	7/1/2020	6/30/2021		\$ 232.59								
99292 - critical care, 30-74 min Add 30 Min	7/1/2020	6/30/2021		\$ 105.47								
99304 - initial nursing facility care, per day, for the evaluation and management of	7/1/2020	6/30/2021		\$ 74.00				\$ 71.78			\$ 74.00	
99305 - Init Nursing Fac Care 35 Min	7/1/2020	6/30/2021		\$ 103.46				\$ 100.36			\$ 103.46	
99306 - initial nursing facility care, per day, for the evaluation and management of a	7/1/2020	6/30/2021		\$ 132.95				\$ 128.96			\$ 132.95	
99307 - subsequent nursing facility care, per day, for the evaluation and management of	7/1/2020	6/30/2021		\$ 36.52				\$ 35.42			\$ 36.52	
99308 - subsequent nursing facility care, per day, for the evaluation and management of	7/1/2020	6/30/2021		\$ 55.83				\$ 54.16			\$ 55.83	
99309 - subsequent nursing facility care, per day, for the evaluation and management of	7/1/2020	6/30/2021		\$ 74.06				\$ 71.84			\$ 74.06	
99310 - subsequent nursing facility care, per day, for the evaluation and management of	7/1/2020	6/30/2021		\$ 109.51				\$ 106.22			\$ 109.51	
99315 - nursing facility discharge day management; 30 minutes or less	7/1/2020	6/30/2021		\$ 53.43				\$ 51.83			\$ 53.43	
99316 - nursing facility discharge day management; 30 minutes or less more than 30	7/1/2020	6/30/2021		\$ 69.81				\$ 67.72			\$ 69.81	
99318 - evaluation and management of a patient involving an annual nursing facility	7/1/2020	6/30/2021		\$ 77.42				\$ 75.10			\$ 77.42	
99324 - domiciliary or rest home visit for the evaluation and management of a new	7/1/2020	6/30/2021		\$ 49.64				\$ 48.15			\$ 49.64	
99325 - domiciliary or rest home visit for the evaluation and management of a new	7/1/2020	6/30/2021		\$ 72.30				\$ 70.13			\$ 72.30	
99326 - domiciliary or rest home visit for the evaluation and management of a new	7/1/2020	6/30/2021		\$ 119.54				\$ 115.95			\$ 119.54	
99327 - domiciliary or rest home visit for the evaluation and management of a new	7/1/2020	6/30/2021		\$ 155.92				\$ 151.24			\$ 155.92	
99328 - domiciliary or rest home visit for the evaluation and management of a new	7/1/2020	6/30/2021		\$ 183.55				\$ 178.04			\$ 183.55	
99334 - domiciliary or rest home visit for the evaluation and management of an	7/1/2020	6/30/2021		\$ 51.16				\$ 49.63			\$ 51.16	
99335 - domiciliary or rest home visit for the evaluation and management of an	7/1/2020	6/30/2021		\$ 79.25				\$ 76.87			\$ 79.25	
99336 - domiciliary or rest home visit for the evaluation and management of an	7/1/2020	6/30/2021		\$ 111.60				\$ 108.25			\$ 111.60	
99337 - domiciliary or rest home visit for the evaluation and management of an	7/1/2020	6/30/2021		\$ 160.35				\$ 155.54			\$ 160.35	
99341 - home visit for the evaluation and management of a new patient, which requires	7/1/2020	6/30/2021		\$ 49.64				\$ 48.15			\$ 49.64	
99342 - home visit for the evaluation and management of a new patient, which requires	7/1/2020	6/30/2021		\$ 72.30				\$ 70.13			\$ 72.30	
99343 - home visit for the evaluation and management of a new patient, which requires	7/1/2020	6/30/2021		\$ 116.43				\$ 112.94			\$ 116.43	
99344 - home visit for the evaluation and management of a new patient, which requires	7/1/2020	6/30/2021		\$ 152.86				\$ 148.27			\$ 152.86	
99345 - home visit for the evaluation and management of a new patient, which requires	7/1/2020	6/30/2021		\$ 183.86				\$ 178.34			\$ 183.86	
99347 - home visit for the evaluation and management of an established patient, which	7/1/2020	6/30/2021		\$ 48.44				\$ 46.99			\$ 48.44	

