



**Standard Rate Schedule:
Tailored Plan/NC Medicaid Direct
Clinician-Based**

Effective: 07-01-2024

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Covered Services	101	112	210	109	128	111	110 / 129
90785 - INTERACTIVE COMPLEXITY	\$ 14.58	\$ 12.39	\$ 14.58	\$ 14.58	\$ 10.94	\$ 12.39	\$ 10.94
90791 - In-Home Psychiatric Diagnostic Evaluation	\$ 205.16	\$ 174.39	\$ 205.16	\$ 205.16	\$ 153.87	\$ 174.39	\$ 153.87
90791 - Psychiatric Diagnostic Evaluation	\$ 205.16	\$ 174.39	\$ 205.16	\$ 205.16	\$ 153.87	\$ 174.39	\$ 153.87
90791YB - Enhanced Psychiatric Diagnostic Evaluation	\$ 205.16	\$ 175.00	\$ 175.00	\$ 205.16	\$ 175.00	\$ 175.00	\$ 175.00
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/ MED	\$ 229.63	\$ 195.19	\$ 229.63				
90832 - IN-HOME PSYCHOTHERAPY 30 MN	\$ 74.01	\$ 68.74	\$ 74.01	\$ 74.01	\$ 68.74	\$ 68.74	\$ 68.74
90832 - PSYCHOTHERAPY 30 MN	\$ 74.01	\$ 62.91	\$ 74.01	\$ 74.01	\$ 55.51	\$ 62.91	\$ 55.51
9083222 - Specialty Psychotherapy, 30 min	\$ 75.48	\$ 75.48	\$ 75.48	\$ 75.48	\$ 75.48	\$ 75.48	\$ 75.48
90833 - PSYCHOTHERAPY 30 MIN ADD ON TO E&M	\$ 67.73	\$ 57.57	\$ 67.73				
90834 - IN-HOME PSYCHOTHERAPY 45 MN	\$ 103.11	\$ 103.11	\$ 103.11	\$ 103.11	\$ 103.11	\$ 103.11	\$ 103.11
90834 - PSYCHOTHERAPY 45 MN	\$ 97.83	\$ 83.16	\$ 97.83	\$ 97.83	\$ 73.37	\$ 83.16	\$ 73.37
9083422 - Specialty Psychotherapy, 45 min	\$ 106.07	\$ 106.07	\$ 106.07	\$ 106.07	\$ 106.07	\$ 106.07	\$ 106.07
90834YE - Equine-assisted Psychotherapy, 45 min	\$ 97.83	\$ 86.51	\$ 97.83	\$ 97.83	\$ 86.51	\$ 86.51	\$ 86.51
90836 - PSYCHOTHERAPY 45 MIN ADD ON TO E&M	\$ 85.87	\$ 72.99	\$ 85.87				
90837 - IN-HOME PSYCHOTHERAPY 60 MN	\$ 144.02	\$ 137.48	\$ 144.02	\$ 144.02	\$ 137.48	\$ 137.48	\$ 137.48
90837 - PSYCHOTHERAPY 60 MN	\$ 144.02	\$ 122.42	\$ 144.02	\$ 144.02	\$ 108.02	\$ 122.42	\$ 108.02
9083722 - Specialty Psychotherapy, 60 min	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00
90837YE - Equine-assisted Psychotherapy, 60 min	\$ 144.02	\$ 126.77	\$ 144.02	\$ 144.02	\$ 126.77	\$ 126.77	\$ 126.77
90838 - PSYCHOTHERAPY 60 MIN ADD ON TO E&M	\$ 113.56	\$ 96.53	\$ 113.56				
90839 - PSYCHOTHER FOR CRISIS 60 MIN	\$ 138.11	\$ 117.39	\$ 138.11	\$ 138.11	\$ 103.58	\$ 117.39	\$ 103.58
90840 - PSYCHOTHER FOR CRISIS ADDÆL 30 MN	\$ 107.43	\$ 89.65	\$ 68.23	\$ 105.47	\$ 85.94	\$ 89.65	\$ 85.94
90846 - FAMILY THER W/O PT	\$ 94.08	\$ 79.97	\$ 94.08	\$ 93.77	\$ 70.56	\$ 79.97	\$ 70.56
90846 - In-home Family Ther W/O PT	\$ 136.88	\$ 136.88	\$ 136.88	\$ 94.08	\$ 136.88	\$ 136.88	\$ 136.88
9084622 - Specialty Family Therapy w/o Patient	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00
90847 - FAMILY THER W/ PT	\$ 98.10	\$ 83.39	\$ 98.10	\$ 98.10	\$ 74.58	\$ 83.39	\$ 74.58
90847 - In-home Family Ther W/ PT	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88	\$ 136.88
9084722 - Specialty Family Therapy w/ Patient	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00	\$ 160.00



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90849 - MULTI-FAM GROUP	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00
90853 - GROUP THER	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00
9085322 - Specialty Group Therapy	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68	\$ 62.68
90853YE - Equine-assisted Group Therapy	\$ 36.69	\$ 36.69	\$ 36.69	\$ 36.69	\$ 36.69	\$ 36.69	\$ 36.69
90870 - ELECTROCONVULSIVE THERAPY	\$ 166.08		\$ 166.08				
96110 - DEVEL TST LMT	\$ 11.99	\$ 8.49		\$ 11.99	\$ 11.99		
96112 - DEVEL TST EXT	\$ 147.53			\$ 147.53	\$ 147.53		
96113 - add on DEVEL TST EXT	\$ 69.72			\$ 69.72	\$ 69.72		
96116 - NEUROBEHAV EXAM	\$ 118.32			\$ 108.59	\$ 108.59		
96121 - add on NEUROBEHAV EXAM	\$ 118.32			\$ 89.22	\$ 89.22		
96130 - PSYCH TESTING CLINICAL PSYCH	\$ 140.66			\$ 140.66	\$ 140.66		
96131 - add on PSYCH TESTING CLINICAL PSYCH	\$ 107.58			\$ 102.02	\$ 102.02		
96132 - NEUROPSYCH TST- CLIN PSYCH	\$ 151.60			\$ 151.60	\$ 151.60		
96133 - add on NEUROPSYCH TST- CLIN PSYCH	\$ 140.58			\$ 115.60	\$ 115.60		
96136 - PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	\$ 53.79			\$ 48.98	\$ 48.98		
96137 - add on PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	\$ 53.79			\$ 45.01	\$ 45.01		
96372 - Therapeutic prophylactic or diagnostic injection	\$ 17.36	\$ 14.19	\$ 16.53				
99202 - OP Visit New Pat, straightforward, 15-29 minutes	\$ 69.34	\$ 58.94	\$ 61.78				
99203 - OP Visit New Pat, low level, 30-44 minutes	\$ 107.50	\$ 91.38	\$ 88.81				
99204 - OP Visit New Pat, moderate, 45-59 minutes	\$ 160.17	\$ 136.14	\$ 136.01				
99205 - OP Visit New Pat, high level, 60-74 minutes	\$ 211.53	\$ 179.80	\$ 171.26				
99211 - OP Visit Est Pat, presenting problem minimal	\$ 22.06	\$ 18.75	\$ 17.69				
99212 - OP Visit Est Pat, straightforward, 10-19 minutes	\$ 54.13	\$ 46.01	\$ 36.05				
99213 - OP Visit Est Pat, low level, 20-29 minutes	\$ 86.78	\$ 73.76	\$ 60.23				
99214 - OP Visit Est Pat, moderate, 30-39 minutes	\$ 122.93	\$ 104.49	\$ 89.05				



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99215 - OP Visit Est Pat, high level, 40-54 minutes	\$ 172.48	\$ 146.61	\$ 120.17				
99221 - Initial Hospital Care 30 Min	\$ 84.59	\$ 80.56	\$ 84.44				
99222 - Initial Hospital Care-Mod-50 Min	\$ 125.99	\$ 107.09	\$ 114.24				
99223 - Initial Hospital Care-70 Min	\$ 169.97	\$ 142.95	\$ 169.58				
99231 - Subsequent Hospital 15 Min	\$ 48.02	\$ 40.82	\$ 33.60				
99232 - Subsequent Hospital 25 Min	\$ 76.69	\$ 65.19	\$ 60.90				
99233 - Subsequent Hospital 35 Min	\$ 115.38	\$ 98.07	\$ 87.25				
99234 - Observation/Inpat Low	\$ 119.33	\$ 99.59	\$ 114.79				
99235 - Hosp/Obs 1-Day Mod Sev	\$ 156.75	\$ 131.35	\$ 150.78				
99236 - Hosp/Obs 1-Day High Sev	\$ 202.58	\$ 172.19	\$ 187.41				
99238 - Hospital Discharge 30	\$ 78.10	\$ 66.39	\$ 61.02				
99239 - Hospital Discharge > 30 Min	\$ 110.74	\$ 94.13	\$ 90.03				
99241U4 - Physician Consult - Brief	\$ 55.00						
99242 - outpt. consult, moderate- phys time approx 30 min.	\$ 76.28	\$ 72.65	\$ 73.02				
99242U4 - Physician Consult - Intermediate	\$ 90.00						
99243 - outpt. consult, severe- phys time approx 40 min.	\$ 109.63	\$ 93.19	\$ 100.02				
99244 - outpt. consult, severe- phys time approx 60 min.	\$ 157.00	\$ 133.45	\$ 149.77				
99245 - outpt. consult, severe- phys time approx 80 min.	\$ 204.86	\$ 174.13	\$ 182.68				
99252 - initial inpt consult- phys time approx 40 min.	\$ 69.68	\$ 59.23	\$ 61.48				
99253 - initial inpt consult- phys time approx 55 min.	\$ 97.80	\$ 82.60	\$ 94.63				
99254 - initial inpt consult- phys time approx 80 min.	\$ 141.46	\$ 134.72	\$ 137.45				
99255 - initial inpt consult- phys time approx 110 min.	\$ 181.57	\$ 154.33	\$ 165.47				
99304 - initial nursing facility care, per day, for the evaluation and management	\$ 77.79	\$ 71.78	\$ 76.17				
99305 - Init Nursing Fac Care 35 Min	\$ 128.82	\$ 109.50	\$ 109.00				
99306 - initial nursing facility care, per day, for the evaluation and management	\$ 176.28	\$ 149.84	\$ 139.55				



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99307 - subsequent nursing facility care, per day, for the evaluation and management	\$ 38.23	\$ 32.50	\$ 37.14				
99308 - subsequent nursing facility care, per day, for the evaluation and management	\$ 71.70	\$ 60.95	\$ 57.71				
99309 - subsequent nursing facility care, per day, for the evaluation and management	\$ 102.95	\$ 87.51	\$ 76.26				
99310 - subsequent nursing facility care, per day, for the evaluation and management	\$ 148.04	\$ 125.83	\$ 113.48				
99315 - nursing facility discharge day management; 30 minutes	\$ 78.79	\$ 66.97	\$ 60.81				
99316 - nursing facility discharge day management; more than 30 min	\$ 126.94	\$ 107.90	\$ 88.54				
99341 - home visit for the evaluation and management of a new patient, which requires min 15 minutes	\$ 50.56	\$ 48.15	\$ 48.63				
99342 - home visit for the evaluation and management of a new patient, which requires minimum 30 minutes	\$ 75.83	\$ 64.46	\$ 70.83				
99344 - home visit for the evaluation and management of a new patient, which requires minimum 60 minutes	\$ 155.68	\$ 148.27	\$ 152.76				
99345 - home visit for the evaluation and management of a new patient, which requires minimum 75 minutes	\$ 195.88	\$ 166.50	\$ 185.44				
99347 - home visit for the evaluation and management of an established patient, which requires minimum 20 minutes	\$ 49.34	\$ 46.99	\$ 47.46				
99348 - home visit for the evaluation and management of an established patient, which required minimum 30 minutes	\$ 74.50	\$ 62.81	\$ 71.66				
99349 - home visit for the evaluation and management of an established patient, which requires minimum 40 minutes	\$ 123.40	\$ 104.89	\$ 107.47				
99350 - home visit for the evaluation and management of an established patient, which requires minimum 60 minutes	\$ 180.11	\$ 153.09	\$ 149.41				



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99406 - smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	\$ 14.29	\$ 12.15	\$ 14.29				
99407 - smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$ 26.75	\$ 22.74	\$ 26.75				
99408 - alcohol and/or substance (other than tobacco) abuse structured screening (e.g. audit, dast) and brief intervention (sbi) services; 15-30 minutes	\$ 33.71	\$ 29.81	\$ 33.71	\$ 33.71	\$ 25.28	\$ 28.65	\$ 25.28
99409 - alcohol and/or substance (other than tobacco) abuse structured screening (e.g. audit, dast) and brief intervention (sbi) services; greater than 30 minutes	\$ 64.60	\$ 58.60	\$ 64.60	\$ 64.60	\$ 48.45	\$ 54.91	\$ 48.45
99421 - Online Digital E/M Service, 5-10 min	\$ 27.30	\$ 12.16	\$ 28.84				
99422 - Online Digital E/M Service, 11-20 min	\$ 45.58	\$ 24.07	\$ 48.18				
99423 - Online Digital E/M Service, 21 or more min	\$ 68.68	\$ 38.48	\$ 71.24				
99441 - Telephone Evaluation and Management Service - 5-10 min	\$ 53.63	\$ 45.59	\$ 28.84				
99442 - Telephone Evaluation and Management Service 11-20 min	\$ 86.78	\$ 73.76	\$ 48.18				
99443 - Telephone Evaluation and Management Service - 21-30 min	\$ 122.43	\$ 104.07	\$ 71.24				
99446 - Interprofessional Tele/Internet/EHR Consultation, 5-10 min	\$ 17.26						
99448 - Interprofessional Tele/Internet/EHR Consultation, 21-30 min	\$ 52.23						