VAYAHEALTH

Standard Rate Schedule:
Tailored Plan/Medicaid Direct Clinician-Based
(Behavioral Health Clinician-Based)

Revised 07-01-2025

Behavioral health practitioner, non-facility rates, including:

01B- Psychiatry Behavioral Health Physicians Services *(taxonomy: 2084A0401X, 2084D0003X, 2084F0202X, 2084P0005X, 2084P0015X, 2084P0800X, 2084P0802X, 2084P0804X, 2084P0805X)**

112 - Psychiatric Mental Health Nurse Practitioner *(taxonomy: 363LP0808X)**

109 - Licensed Psychologist
128 - Licensed Psychological Associate
110 - LCSW, LMCHC, LMFT
111 - Certified Clinical Nurse Specialist
129 - Licensed Clinical Addiction Specialist

* For non-psychiatric nurse practitioner, physician assistant, other physician specialties, and services in facilties, see rates published on the NC Medicaid Fee Schedules Search website:

https://ncdhhs.servicenowservices.com/fee_schedules

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
90785 - INTERACTIVE COMPLEXITY	1/1/2024	$ 14.58	$ 12.39	$ 14.58	$ 10.94	$ 12.39	$ 10.94
90791 - PSYCHIATRIC DIAGNOSTIC EVALUATION	1/1/2024	$ 205.16	$ 174.39	$ 205.16	$ 153.87	$ 174.39	$ 153.87
90791 - IN-HOME PSYCHIATRIC DIAGNOSTIC EVALUATION	9/1/2024	$ 297.48	$ 252.86	$ 297.48	$ 223.11	$ 252.87	$ 223.11
90791YB- ENHANCED PSYCHIATRIC DIAGNOSTIC EVALUATION	9/1/2024	$ 235.93	$ 200.54	$ 235.93	$ 176.95	$ 200.55	$ 176.95
90791YG- PSYCHIATRIC DIAGNOSTIC EVALUATION TOBACCO USE	7/1/2024	$ 215.42	$ 183.11	$ 215.42	$ 161.56	$ 183.11	$ 161.56
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/ MED	1/1/2024	$ 229.63	$ 195.19				
90832 - PSYCHOTHERAPY 30 MN	1/1/2024	$ 74.01	$ 62.91	$ 74.01	$ 55.51	$ 62.91	$ 55.51
90832 - IN-HOME PSYCHOTHERAPY 30 MN	9/1/2024	$ 107.31	$ 91.22	$ 107.31	$ 80.49	$ 91.22	$ 80.49
9083222- SPECIALTY PSYCHOTHERAPY, 30 MIN	9/1/2024	$ 159.12	$ 135.25	$ 159.12	$ 119.35	$ 135.26	$ 119.35
90833 - PSYCHOTHERAPY 30 MIN ADD ON TO E&M	1/1/2024	$ 67.73	$ 57.57				
90834 - PSYCHOTHERAPY 45 MN	1/1/2024	$ 97.83	$ 83.16	$ 97.83	$ 73.37	$ 83.16	$ 73.37
90834 - IN-HOME PSYCHOTHERAPY 45 MN	9/1/2024	$ 141.85	$ 120.58	$ 141.85	$ 106.39	$ 120.58	$ 106.39
9083422 - SPECIALTY PSYCHOTHERAPY, 45 MIN	9/1/2024	$ 210.33	$ 178.78	$ 210.33	$ 157.75	$ 178.79	$ 157.75
90834YE- EQUINE-ASSISTED PSYCHOTHERAPY, 45 MIN	9/1/2024	$ 115.44	$ 98.12	$ 115.44	$ 86.58	$ 98.13	$ 86.58
90836 - PSYCHOTHERAPY 45 MIN ADD ON TO E&M	1/1/2024	$ 85.87	$ 72.99				
90837 - PSYCHOTHERAPY 60 MN	1/1/2024	$ 144.02	$ 122.42	$ 144.02	$ 108.02	$ 122.42	$ 108.02
90837 - IN-HOME PSYCHOTHERAPY 60 MN	9/1/2024	$ 208.83	$ 177.50	$ 208.83	$ 156.63	$ 177.51	$ 156.63
9083722- SPECIALTY PSYCHOTHERAPY, 60 MIN	9/1/2024	$ 309.64	$ 263.20	$ 309.64	$ 232.24	$ 263.20	$ 232.24
90837YE- EQUINE-ASSISTED PSYCHOTHERAPY, 60 MIN	9/1/2024	$ 169.94	$ 144.45	$ 169.94	$ 127.46	$ 144.46	$ 127.46
90838 - PSYCHOTHERAPY 60 MIN ADD ON TO E&M	1/1/2024	$ 113.56	$ 96.53				
90839 - PSYCHOTHER FOR CRISIS 60 MIN	1/1/2024	$ 138.11	$ 117.39	$ 138.11	$ 103.58	$ 117.39	$ 103.58
90840 - PSYCHOTHER FOR CRISIS ADDÆL 30 MN	1/1/2024	$ 107.43	$ 89.65	$ 105.47	$ 85.94	$ 89.65	$ 85.94
90845 - PSYCHOANALYSIS	1/1/2024		$ 71.89				
90846 - FAMILY THER W/O PT	1/1/2024	$ 94.08	$ 79.97	$ 94.08	$ 70.56	$ 79.97	$ 70.56
90846 - IN-HOME FAMILY THER W/O PT	9/1/2024	$ 183.46	$ 155.94	$ 182.85	$ 137.59	$ 155.94	$ 137.59
9084622 - SPECIALTY FAMILY THERAPY W/O PATIENT	9/1/2024	$ 202.27	$ 171.93	$ 201.61	$ 151.70	$ 171.94	$ 151.70
90847 - FAMILY THER W/ PT	1/1/2024	$ 98.10	$ 83.39	$ 98.10	$ 74.58	$ 83.39	$ 74.58
90847 - IN-HOME FAMILY THER W/ PT	9/1/2024	$ 191.30	$ 162.60	$ 191.30	$ 145.43	$ 162.61	$ 145.43
9084722 - SPECIALTY FAMILY THERAPY W/ PATIENT	9/1/2024	$ 210.92	$ 179.28	$ 210.92	$ 160.35	$ 179.29	$ 160.35

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90849 - MULTI-FAM GROUP	1/1/2024	$ 36.00	$ 36.00	$ 36.00	$ 36.00	$ 36.00	$ 36.00
90853 - GROUP THER	1/1/2024	$ 36.00	$ 36.00	$ 36.00	$ 36.00	$ 36.00	$ 36.00
9085322 - SPECIALTY GROUP THERAPY	9/1/2024	$ 77.40	$ 77.40	$ 77.40	$ 77.40	$ 77.40	$ 77.40
90853YE - EQUINE-ASSISTED GROUP THERAPY	9/1/2024	$ 42.48	$ 42.48	$ 42.48	$ 42.48	$ 42.48	$ 42.48
90870 - ELECTROCONVULSIVE THERAPY	1/1/2024	$ 166.08					
96110 - DEVEL TST LMT	1/1/2024	$ 11.99	$ 10.19	$ 11.99	$ 11.99		
96112 - DEVEL TST EXT	1/1/2024	$ 147.53		$ 147.53	$ 147.53		
96113 - ADD ON DEVEL TST EXT	1/1/2024	$ 69.72		$ 69.72	$ 69.72		
96116 - NEUROBEHAV EXAM	1/1/2024	$ 118.32		$ 108.59	$ 108.59		
96121 - ADD ON NEUROBEHAV EXAM	1/1/2024	$ 118.32		$ 89.22	$ 89.22		
96127 - BRIEF EMOTIONAL/BEHAV ASSMT	1/1/2024	$ 5.21	$ 3.79				
96130 - PSYCH TESTING CLINICAL PSYCH	1/1/2024	$ 140.66		$ 140.66	$ 140.66		
96131 - ADD ON PSYCH TESTING CLINICAL PSYCH	1/1/2024	$ 107.58		$ 102.02	$ 102.02		
96132 - NEUROPSYCH TST- CLIN PSYCH	1/1/2024	$ 151.60		$ 151.60	$ 151.60		
96133 - ADD ON NEUROPSYCH TST- CLIN PSYCH	1/1/2024	$ 140.58		$ 115.60	$ 115.60		
96136 - PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	1/1/2024	$ 53.79		$ 48.98	$ 48.98		
96137 - ADD ON PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	1/1/2024	$ 53.79		$ 45.01	$ 45.01		
96156 - HLTH BHV ASSMT/REASSESSMENT	1/1/2024			$ 70.82	$ 70.82		
96158 - HLTH BHV IVNTJ INDIV 1ST 30	1/1/2024			$ 48.40	$ 48.40		
96159 - HLTH BHV IVNTJ INDIV EA ADDL	1/1/2024			$ 16.88	$ 16.88		
96372 - THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION	1/1/2024	$ 17.36	$ 14.19				
98001 - SYNCH AUDIO-VIDEO NEW LOW 30	1/1/2024		$ 57.15				
98002 - SYNCH AUDIO-VIDEO NEW MOD 45	1/1/2024		$ 91.20				
98003 - SYNCH AUDIO-VIDEO NEW HI 60	1/1/2024		$ 121.00				
98005 - SYNCH AUDIO-VIDEO EST LOW 20	1/1/2024		$ 46.86				
98006 - SYNCH AUDIO-VIDEO EST MOD 30	1/1/2024		$ 69.00				
98007 - SYNCH AUDIO-VIDEO EST HI 40	1/1/2024		$ 91.63				
99051 - MED SERVE EVE / WEEKEND / HOLIDAY	1/1/2024		$ 23.63				
99202 - OP VISIT NEW PAT, STRAIGHTFORWARD, 15-29 MINUTES	1/1/2024	$ 69.34	$ 58.94				
99203 - OP VISIT NEW PAT, LOW LEVEL, 30-44 MINUTES	1/1/2024	$ 107.50	$ 91.38				
99204 - OP VISIT NEW PAT, MODERATE, 45-59 MINUTES	1/1/2024	$ 160.17	$ 136.14				
99205 - OP VISIT NEW PAT, HIGH LEVEL, 60-74 MINUTES	1/1/2024	$ 211.53	$ 179.80				
99211 - OP VISIT EST PAT, PRESENTING PROBLEM MINIMAL	1/1/2024	$ 22.06	$ 18.75				
99212 - OP VISIT EST PAT, STRAIGHTFORWARD, 10-19 MINUTES	1/1/2024	$ 54.13	$ 46.01				
99213 - OP VISIT EST PAT, LOW LEVEL, 20-29 MINUTES	1/1/2024	$ 86.78	$ 73.76				
99214 - OP VISIT EST PAT, MODERATE, 30-39 MINUTES	1/1/2024	$ 122.93	$ 104.49				
99215 - OP VISIT EST PAT, HIGH LEVEL, 40-54 MINUTES	1/1/2024	$ 172.48	$ 146.61				
99221 - INITIAL HOSPITAL CARE 30 MIN	1/1/2024	$ 84.59	$ 80.56				
99222 - INITIAL HOSPITAL CARE-MOD-50 MIN	1/1/2024	$ 125.99	$ 107.09				
99223 - INITIAL HOSPITAL CARE-70 MIN	1/1/2024	$ 169.97	$ 142.95				
99231 - SUBSEQUENT HOSPITAL 15 MIN	1/1/2024	$ 48.02	$ 40.82				
99232 - SUBSEQUENT HOSPITAL 25 MIN	1/1/2024	$ 76.69	$ 65.19				
99233 - SUBSEQUENT HOSPITAL 35 MIN	1/1/2024	$ 115.38	$ 98.07				
99234 - OBSERVATION/INPAT LOW	1/1/2024	$ 119.33	$ 99.59				

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99235 - HOSP/OBS 1-DAY MOD SEV	1/1/2024	$ 156.75	$ 131.35				
99236 - HOSP/OBS 1-DAY HIGH SEV	1/1/2024	$ 202.58	$ 172.19				
99238 - HOSPITAL DISCHARGE 30	1/1/2024	$ 78.10	$ 66.39				
99239 - HOSPITAL DISCHARGE > 30 MIN	1/1/2024	$ 110.74	$ 94.13				
99241U4 - PHYSICIAN CONSULT - BRIEF	1/1/2024	$ 55.00					
99242 - OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	1/1/2024	$ 76.28	$ 72.65				
99242U4 - PHYSICIAN CONSULT - INTERMEDIATE	1/1/2024	$ 90.00					
99243 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	1/1/2024	$ 109.63	$ 93.19				
99244 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	1/1/2024	$ 157.00	$ 133.45				
99245 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	1/1/2024	$ 204.86	$ 174.13				
99252 - INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	1/1/2024	$ 69.68	$ 59.23				
99253 - INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	1/1/2024	$ 97.80	$ 82.60				
99254 - INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	1/1/2024	$ 141.46	$ 134.72				
99255 - INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	1/1/2024	$ 181.57	$ 154.33				
99304 - INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	1/1/2024	$ 77.79	$ 71.78				
99305 - INIT NURSING FAC CARE 35 MIN	1/1/2024	$ 128.82	$ 109.50				
99306 - INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	1/1/2024	$ 176.28	$ 149.84				
99307 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	1/1/2024	$ 38.23	$ 32.50				
99308 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	1/1/2024	$ 71.70	$ 60.95				
99309 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	1/1/2024	$ 102.95	$ 87.51				
99310 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	1/1/2024	$ 148.04	$ 125.83				
99315 - NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES	1/1/2024	$ 78.79	$ 66.97				
99316 - NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MIN	1/1/2024	$ 126.94	$ 107.90				
99341 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MIN 15 MINUTES	1/1/2024		$ 48.15				
99342 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 30 MINUTES	1/1/2024	$ 75.83	$ 64.46				
99344 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 60 MINUTES	1/1/2024		$ 148.27				
99345 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 75 MINUTES	1/1/2024	$ 195.88	$ 166.50				
99347 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 20 MINUTES	1/1/2024		$ 46.99				
99348 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRED MINIMUM 30 MINUTES	1/1/2024	$ 74.50	$ 62.81				
99349 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 40 MINUTES	1/1/2024	$ 123.40	$ 104.89				

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99350 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 60 MINUTES	1/1/2024	$ 180.11	$ 153.09				
99406 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES	1/1/2024	$ 14.29	$ 12.15				
99407 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	1/1/2024	$ 26.75	$ 22.74				
99408 - ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G. AUDIT, DAST) AND BRIEF INTERVENTION (SBI) SERVICES; 15-30 MINUTES	1/1/2024	$ 33.71	$ 29.81	$ 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	1/1/2024	$ 64.60	$ 58.60	$ 64.60	$ 48.45	$ 54.91	$ 48.45
99417 - PROLONG OFF/OP E/M EA. 15 MIN	1/1/2024		$ 69.73				
99421 - ONLINE DIGITAL E/M SERVICE, 5-10 MIN	1/1/2024		$ 12.16				
99422 - ONLINE DIGITAL E/M SERVICE, 11-20 MIN	1/1/2024		$ 24.07				
99423 - ONLINE DIGITAL E/M SERVICE, 21 OR MORE MIN	1/1/2024		$ 38.48				
99453 - REM MNTR PHYSIOL PARAM SETUP	1/1/2024		$ 13.35				
99454 - REM MNTR PHYSIOL PARAM DEV	1/1/2024		$ 44.51				
99457 - REM PHYSIOL MNTR 1ST 20 MIN	1/1/2024		$ 37.60				
99458 - REM PHYSIOL MNTR EA ADDL 20	1/1/2024		$ 30.90				
99473 - SELF-MEAS BP PT EDUCAJ/TRAIN	1/1/2024		$ 7.93				
99474 - SELF-MEAS BP 2 READG BID 30D	1/1/2024		$ 11.07				