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Standard Rate Schedule: Tailored Plan/Medicaid Direct Behavioral Health Clinician Services

Effective 10/01/2026

Revised 09/14/2026

Behavioral health practitioner, non-facility rates, including:

01B - Psychiatry BH Physician 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 rendered in a facility, see rates published on NC Medicaid Fee Schedules Search website:
https://ncdhhs.servicenowservices.com/fee_schedules

** Enhanced rate paid for In-Home Therapy when submitted with residential place of service.
POS codes: 04, 12, 13, 14, 16, 31, 32, 54

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
90785 - INTERACTIVE COMPLEXITY	10/1/2026	$ 14.58	$ 12.39	$ 14.58	$ 10.94	$ 12.39	$ 10.94
90791 - PSYCHIATRIC DIAGNOSTIC EVALUATION	10/1/2026	$ 205.16	$ 174.39	$ 205.16	$ 153.87	$ 174.39	$ 153.87
90791 - IN-HOME PSYCHIATRIC DIAGNOSTIC EVALUATION	10/1/2026	**$ 235.93**	**$ 200.55**	**$ 235.93**	**$ 176.95**	**$ 200.55**	**$ 176.95**
90791YB- ENHANCED PSYCHIATRIC DIAGNOSTIC EVALUATION	10/1/2026	$ 235.93	$ 200.55	$ 235.93	$ 176.95	$ 200.55	$ 176.95
90791YG- PSYCHIATRIC DIAGNOSTIC EVALUATION TOBACCO USE	10/1/2026	$ 215.42	$ 183.11	$ 215.42	$ 161.56	$ 183.11	$ 161.56
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/ MED	10/1/2026	$ 229.63	$ 195.19	-	-	-	-
90832 - PSYCHOTHERAPY 30 MN	10/1/2026	$ 74.01	$ 62.91	$ 74.01	$ 55.51	$ 62.91	$ 55.51
90832 - IN-HOME PSYCHOTHERAPY 30 MN	10/1/2026	**$ 85.11**	**$ 72.35**	**$ 85.11**	**$ 63.84**	**$ 72.35**	**$ 63.84**
9083222- SPECIALTY PSYCHOTHERAPY, 30 MIN	10/1/2026	$ 159.12	$ 135.26	$ 159.12	$ 119.35	$ 135.26	$ 119.35
90833 - PSYCHOTHERAPY 30 MIN ADD ON TO E&M	10/1/2026	$ 67.73	$ 57.57	-	-	-	-
90834 - PSYCHOTHERAPY 45 MN	10/1/2026	$ 97.83	$ 83.16	$ 97.83	$ 73.37	$ 83.16	$ 73.37
90834 - IN-HOME PSYCHOTHERAPY 45 MN	10/1/2026	**$ 112.50**	**$ 95.63**	**$ 112.50**	**$ 84.38**	**$ 95.63**	**$ 84.38**
9083422 - SPECIALTY PSYCHOTHERAPY, 45 MIN	10/1/2026	$ 210.33	$ 178.79	$ 210.33	$ 157.75	$ 178.79	$ 157.75
90834YE- EQUINE-ASSISTED PSYCHOTHERAPY, 45 MIN	10/1/2026	$ 115.44	$ 98.13	$ 115.44	$ 86.58	$ 98.13	$ 86.58
90836 - PSYCHOTHERAPY 45 MIN ADD ON TO E&M	10/1/2026	$ 85.87	$ 72.99	-	-	-	-
90837 - PSYCHOTHERAPY 60 MN	10/1/2026	$ 144.02	$ 122.42	$ 144.02	$ 108.02	$ 122.42	$ 108.02
90837 - IN-HOME PSYCHOTHERAPY 60 MN	10/1/2026	**$ 165.62**	**$ 140.78**	**$ 165.62**	**$ 124.22**	**$ 140.78**	**$ 124.22**
9083722- SPECIALTY PSYCHOTHERAPY, 60 MIN	10/1/2026	$ 309.64	$ 263.20	$ 309.64	$ 232.24	$ 263.20	$ 232.24
90837YE- EQUINE-ASSISTED PSYCHOTHERAPY, 60 MIN	10/1/2026	$ 169.94	$ 144.46	$ 169.94	$ 127.46	$ 144.46	$ 127.46
90838 - PSYCHOTHERAPY 60 MIN ADD ON TO E&M	10/1/2026	$ 113.56	$ 96.53	-	-	-	-
90839 - PSYCHOTHER FOR CRISIS 60 MIN	10/1/2026	$ 148.79	$ 121.02	$ 143.73	$ 111.60	$ 135.56	$ 103.58
90840 - PSYCHOTHER FOR CRISIS ADDÆL 30 MN	10/1/2026	$ 104.87	$ 89.65	$ 105.47	**$ 95.70**	$ 87.80	$ 100.12

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90845 - PSYCHOANALYSIS	10/1/2026	-	$ 71.89	$ 84.68	$ 71.98	$ 71.98	$ 63.43
90846 - FAMILY THER W/O PT	10/1/2026	$ 94.08	$ 79.97	$ 94.08	$ 70.56	$ 79.97	$ 70.56
90846 - IN-HOME FAMILY THER W/O PT	10/1/2026	$ 136.42	$ 115.96	$ 136.42	$ 102.31	$ 115.96	$ 102.31
9084622 - SPECIALTY FAMILY THERAPY W/O PATIENT	10/1/2026	$ 202.27	$ 171.94	$ 202.27	$ 151.70	$ 171.94	$ 151.70
90847 - FAMILY THER W/ PT	10/1/2026	$ 107.31	$ 83.39	$ 98.10	$ 73.58	$ 83.39	$ 73.58
90847 - IN-HOME FAMILY THER W/ PT	10/1/2026	$ 155.60	$ 120.92	$ 142.25	$ 106.69	$ 120.92	$ 106.69
9084722 - SPECIALTY FAMILY THERAPY W/ PATIENT	10/1/2026	$ 230.72	$ 179.27	$ 210.92	$ 158.20	$ 179.29	$ 158.20
90849 - MULTI-FAM GROUP	10/1/2026	$ 35.89	$ 35.00	$ 35.89	$ 35.00	$ 35.00	$ 35.00
90853 - GROUP THER	10/1/2026	**$ 35.00**	$ 35.00	$ 35.00	$ 35.00	$ 35.00	$ 35.00
9085322 - SPECIALTY GROUP THERAPY	10/1/2026	$ 75.25	$ 75.25	$ 75.25	$ 75.25	$ 75.25	$ 75.25
90853YE - EQUINE-ASSISTED GROUP THERAPY	10/1/2026	$ 41.30	$ 41.30	$ 41.30	$ 41.30	$ 41.30	$ 41.30
90870 - ELECTROCONVULSIVE THERAPY	10/1/2026	$ 166.08	-	-	-	-	-
96110 - DEVEL TST LMT	10/1/2026	$ 11.99	$ 10.19	$ 11.99	**11.99**	-	-
96112 - DEVEL TST EXT	10/1/2026	$ 147.53	-	$ 147.53	$ 143.61	-	-
96113 - ADD ON DEVEL TST EXT	10/1/2026	$ 69.72	-	$ 69.72	$ 68.17	-	-
96116 - NEUROBEHAV EXAM	10/1/2026	$ 108.59	-	$ 108.59	$ 95.02	-	-
96121 - ADD ON NEUROBEHAV EXAM	10/1/2026	$ 89.22	-	$ 89.22	$ 81.27	-	-
96125 - Conitive Test by HC Pro	10/1/2026	$ 119.57	-	-	-	-	-
96127 - BRIEF EMOTIONAL/BEHAV ASSMT	10/1/2026	$ 5.21	$ 4.26	-	-	-	-
96130 - PSYCH TESTING CLINICAL PSYCH	10/1/2026	$ 140.66	-	$ 140.66	$ 123.88	-	-
96131 - ADD ON PSYCH TESTING CLINICAL PSYCH	10/1/2026	$ 102.02	-	$ 102.02	$ 92.25	-	-
96132 - NEUROPSYCH TST- CLIN PSYCH	10/1/2026	$ 151.60	-	$ 151.60	$ 141.61	-	-
96133 - ADD ON NEUROPSYCH TST- CLIN PSYCH	10/1/2026	$ 128.09	-	$ 115.60	$ 112.25	-	-
96136 - PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	10/1/2026	$ 66.48	-	$ 48.98	$ 43.89	-	-
96137 - ADD ON PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	10/1/2026	$ 56.48	-	$ 45.01	$ 41.26	-	-
96156 - HLTH BHV ASSMT/REASSESSMENT	10/1/2026	-	-	$ 70.82	**70.82**	-	-
96158 - HLTH BHV IVNTJ INDIV 1ST 30	10/1/2026	-	-	$ 48.40	**48.40**	-	-
96159 - HLTH BHV IVNTJ INDIV EA ADDL	10/1/2026	-	-	$ 16.88	**16.88**	-	-
96372 - THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION	10/1/2026	$ 17.00	$ 14.41	-	-	-	-
98000 - SYNCH AUDIO-VIDEO NEW SF 15	10/1/2026	-	$ 37.72	-	-	-	-
98001 - SYNCH AUDIO-VIDEO NEW LOW 30	10/1/2026	-	$ 62.19	-	-	-	-
98002 - SYNCH AUDIO-VIDEO NEW MOD 45	10/1/2026	-	$ 99.25	-	-	-	-
98003 - SYNCH AUDIO-VIDEO NEW HI 60	10/1/2026	-	$ 121.00	-	-	-	-
98004 - SYNCH AUDIO-VIDEO EST SF 10	10/1/2026	-	$ 26.75	-	-	-	-
98005 - SYNCH AUDIO-VIDEO EST LOW 20	10/1/2026	-	$ 47.19	-	-	-	-
98006 - SYNCH AUDIO-VIDEO EST MOD 30	10/1/2026	-	$ 75.83	-	-	-	-
98007 - SYNCH AUDIO-VIDEO EST HI 40	10/1/2026	-	$ 99.72	-	-	-	-
98008 - SYNCH AUDIO-ONLY NEW SF 15	10/1/2026	-	$ 35.84	-	-	-	-

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98009 - SYNCH AUDIO-ONLY NEW LOW 30	10/1/2026	-	$ 59.39	-	-	-	-
98010 - SYNCH AUDIO-ONLY NEW MOD 45	10/1/2026	-	$ 92.31	-	-	-	-
98011 - SYNCH AUDIO-ONLY NEW HIGH 60	10/1/2026	-	$ 120.24	-	-	-	-
98012 - SYNCH AUDIO-ONLY EST SF 10	10/1/2026	-	$ 28.82	-	-	-	-
98013 - SYNCH AUDIO-ONLY EST LOW 20	10/1/2026	-	$ 48.14	-	-	-	-
98014 - SYNCH AUDIO-ONLY EST MOD 30	10/1/2026	-	$ 72.04	-	-	-	-
98015 - SYNCH AUDIO-ONLY EST HIGH 40	10/1/2026	-	$ 90.98	-	-	-	-
98016 - BRIEF COMUNICAJ TECH-BSD SVC	10/1/2026	-	$ 11.98	-	-	-	-
99051 - MED SERVE EVE / WEEKEND / HOLIDAY	10/1/2026	-	$ 23.63	-	-	-	-
99202 - OP VISIT NEW PAT, STRAIGHTFORWARD, 15-29 MINUTES	10/1/2026	$ 75.24	$ 63.60	-	-	-	-
99203 - OP VISIT NEW PAT, LOW LEVEL, 30-44 MINUTES	10/1/2026	$ 109.00	$ 91.97	-	-	-	-
99204 - OP VISIT NEW PAT, MODERATE, 45-59 MINUTES	10/1/2026	$ 169.04	$ 141.15	-	-	-	-
99205 - OP VISIT NEW PAT, HIGH LEVEL, 60-74 MINUTES	10/1/2026	$ 213.69	$ 180.84	-	-	-	-
99211 - OP VISIT EST PAT, PRESENTING PROBLEM MINIMAL	10/1/2026	$ 22.06	$ 18.75	-	-	-	-
99212 - OP VISIT EST PAT, STRAIGHTFORWARD, 10-19 MINUTES	10/1/2026	$ 54.13	$ 46.01	-	-	-	-
99213 - OP VISIT EST PAT, LOW LEVEL, 20-29 MINUTES	10/1/2026	$ 86.78	$ 73.76	-	-	-	-
99214 - OP VISIT EST PAT, MODERATE, 30-39 MINUTES	10/1/2026	$ 122.93	$ 104.49	-	-	-	-
99215 - OP VISIT EST PAT, HIGH LEVEL, 40-54 MINUTES	10/1/2026	$ 172.48	$ 146.61	-	-	-	-
99221 - INITIAL HOSPITAL CARE 30 MIN	10/1/2026	$ 96.59	$ 70.59	-	-	-	-
99222 - INITIAL HOSPITAL CARE-MOD-50 MIN	10/1/2026	$ 137.10	$ 116.53	-	-	-	-
99223 - INITIAL HOSPITAL CARE-70 MIN	10/1/2026	$ 194.10	$ 142.95	-	-	-	-
99231 - SUBSEQUENT HOSPITAL 15 MIN	10/1/2026	$ 48.02	$ 40.82	-	-	-	-
99232 - SUBSEQUENT HOSPITAL 25 MIN	10/1/2026	$ 80.82	$ 65.19	-	-	-	-
99233 - SUBSEQUENT HOSPITAL 35 MIN	10/1/2026	$ 115.57	$ 98.07	-	-	-	-
99234 - OBSERVATION/INPAT LOW	10/1/2026	$ 136.27	$ 114.91	-	-	-	-
99235 - HOSP/OBS 1-DAY MOD SEV	10/1/2026	$ 183.50	$ 151.21	-	-	-	-
99236 - HOSP/OBS 1-DAY HIGH SEV	10/1/2026	$ 226.36	$ 192.41	-	-	-	-
99238 - HOSPITAL DISCHARGE 30	10/1/2026	$ 79.92	$ 67.14	-	-	-	-
99239 - HOSPITAL DISCHARGE > 30 MIN	10/1/2026	$ 113.44	$ 96.42	-	-	-	-
99241U4 - PHYSICIAN CONSULT - BRIEF	10/1/2026	$ 55.00	-	-	-	-	-
99242 - OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	10/1/2026	**$ 87.11**	**$ 77.95**	-	-	-	-
99242U4 - PHYSICIAN CONSULT - INTERMEDIATE	10/1/2026	$ 90.00	-	-	-	-	-
99243 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	10/1/2026	$ 134.69	$ 93.19	-	-	-	-
99244 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	10/1/2026	$ 200.06	$ 170.05	-	-	-	-
99245 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	10/1/2026	$ 245.88	$ 209.00	-	-	-	-
99252 - INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	10/1/2026	$ 76.19	$ 64.77	-	-	-	-
99253 - INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	10/1/2026	$ 111.68	$ 94.66	-	-	-	-
99254 - INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	10/1/2026	$ 161.54	$ 144.55	-	-	-	-
99255 - INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	10/1/2026	$ 201.44	$ 171.22	-	-	-	-

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99304 - INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	$ 87.28	$ 71.78	-	-	-	-
99305 - INIT NURSING FAC CARE 35 MIN	10/1/2026	$ 128.82	$ 109.50	-	-	-	-
99306 - INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	$ 176.28	$ 149.84	-	-	-	-
99307 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	$ 40.96	$ 34.50	-	-	-	-
99308 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	$ 73.01	$ 61.30	-	-	-	-
99309 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	$ 102.95	$ 87.52	-	-	-	-
99310 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	$ 148.04	$ 125.83	-	-	-	-
99315 - NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES	10/1/2026	$ 78.79	$ 66.97	-	-	-	-
99316 - NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MIN	10/1/2026	$ 126.94	$ 107.90	-	-	-	-
99341 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MIN 15 MINUTES	10/1/2026	$ 57.73	$ 51.66	-	-	-	-
99342 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 30 MINUTES	10/1/2026	$ 85.19	$ 64.46	-	-	-	-
99344 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 60 MINUTES	10/1/2026	-	$ 153.68	-	-	-	-
99345 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 75 MINUTES	10/1/2026	$ 218.16	$ 187.15	-	-	-	-
99347 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 20 MINUTES	10/1/2026	-	$ 48.55	-	-	-	-
99348 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRED MINIMUM 30 MINUTES	10/1/2026	$ 85.06	$ 66.30	-	-	-	-
99349 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 40 MINUTES	10/1/2026	$ 139.27	$ 108.55	-	-	-	-
99350 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 60 MINUTES	10/1/2026	$ 187.15	$ 159.01	-	-	-	-
99406 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES	10/1/2026	$ 15.59	$ 14.97	-	-	-	-
99407 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	10/1/2026	$ 28.45	$ 25.43	-	-	-	-
99408 - ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G. AUDIT, DAST) AND BRIEF INTERVENTION (SBI) SERVICES; 15-30 MINUTES	10/1/2026	$ 36.95	$ 30.73	$ 33.71	$ 25.28	$ 28.65	$ 25.28

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99409 - ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G. AUDIT, DAST) AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES	10/1/2026	$ 64.60	$ 58.60	$ 64.60	$ 48.45	$ 54.91	$ 48.45
99417 - PROLONG OFF/OP E/M EA. 15 MIN	10/1/2026		$ 80.51	-		-	-
99421 - ONLINE DIGITAL E/M SERVICE, 5-10 MIN	10/1/2026		$ 12.16	-		-	-
99422 - ONLINE DIGITAL E/M SERVICE, 11-20 MIN	10/1/2026		$ 24.07	-		-	-
99423 - ONLINE DIGITAL E/M SERVICE, 21 OR MORE MIN	10/1/2026		$ 38.48	-		-	-
99453 - REM MNTR PHYSIOL PARAM SETUP	10/1/2026		$ 13.35	-		-	-
99454 - REM MNTR PHYSIOL PARAM DEV	10/1/2026		$ 44.51	-		-	-
99457 - REM PHYSIOL MNTR 1ST 20 MIN	10/1/2026		$ 37.60	-		-	-
99458 - REM PHYSIOL MNTR EA ADDL 20	10/1/2026		$ 30.90	-		-	-
99473 - SELF-MEAS BP PT EDUCAJ/TRAIN	10/1/2026		$ 7.93	-		-	-
99474 - SELF-MEAS BP 2 READG BID 30D	10/1/2026		$ 11.07	-		-	-