

## Aetna Better Health of Kentucky – Community Mental Health Center (CMHC) Fee Schedule

Procedure Code	Description	Unit Measure	AF	AM	U3	U1	SA	AH	U8
90791	Psychiatric Diagnostic Evaluation	Event	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
90792	Psychiatric Diagnostic Evaluation w/Medication Services	Event	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ -	\$ -
90832	Psychotherapy - 30 minutes	30 minutes	\$ 67.36	\$ 45.96	\$ 45.96	\$ 42.00	\$ 42.00	\$ 44.62	\$ 44.62
90833	Psychotherapy - 30 minutes - with E/M Service	30 minutes	\$ 67.36	\$ 45.96	\$ 45.96	\$ 42.00	\$ 42.00	\$ -	\$ -
90834	Psychotherapy - 45 minutes	45 minutes	\$ 101.04	\$ 68.94	\$ 68.94	\$ 63.00	\$ 63.00	\$ 66.93	\$ 66.93
90836	Psychotherapy - 45 minutes - with E/M Service	45 minutes	\$ 101.04	\$ 68.94	\$ 68.94	\$ 63.00	\$ 63.00	\$ -	\$ -
90837	Psychotherapy - 60 minutes	60 minutes	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
90838	Psychotherapy - 60 minutes - with E/M Service	60 minutes	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ -	\$ -
90846	Family Therapy - without patient	Event	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
90847	Family Therapy - with patient	Event	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
90853	Group Therapy	Event	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
90875	Individual Psychotherapy - with biofeedback - 30 min	30 minutes	\$ 31.67	\$ 31.67	\$ 31.67	\$ 26.92	\$ 26.92	\$ 26.92	\$ 25.34
90887	Collateral Therapy	Event	\$ 134.72	\$ 91.92	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
90899	Unlisted psychiatric service	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
99213	Evaluation & Management of established patient - 15 min	Event	\$ 33.68	\$ 33.68	\$ 22.98	\$ 21.00	\$ 21.00	\$ 44.81	\$ -
99214	Evaluation & Management of established patient - 25 min	Event	\$ 76.75	\$ 76.75	\$ -	\$ 65.24	\$ 65.24	\$ 65.24	\$ -
99215	Evaluation & Management of established patient - 40 min	Event	\$ 103.37	\$ 103.37	\$ -	\$ 87.86	\$ 87.86	\$ 87.86	\$ -
99406	Smoking and Tobacco Use Cessation Counseling - 3-10 minutes	Event	\$ 10.87	\$ 10.87	\$ -	\$ 9.24	\$ 9.24	\$ 9.24	\$ 8.69
99407	Smoking and Tobacco Use Cessation Counseling - 10+ minutes	Event	\$ 20.84	\$ 20.84	\$ -	\$ 17.71	\$ 17.71	\$ 17.71	\$ 16.67
H0049	SBIRT - Alcohol or substance use structured screening - 1-14 minutes	1 per DOS	\$ 24.06	\$ 24.06	\$ -	\$ 20.45	\$ 20.45	\$ 20.45	\$ 19.25
99408	SBIRT - Alcohol or substance use structured screening - 15-30 minutes	1 per DOS	\$ 67.36	\$ 44.62	\$ 45.96	\$ 42.00	\$ 42.00	\$ 44.62	\$ 44.62
99409	SBIRT - Alcohol or substance use structured screening - 31+ minutes	1 per DOS	\$ 53.20	\$ 53.20	\$ -	\$ 45.00	\$ 45.00	\$ 45.00	\$ 42.56
H0001	Alcohol or substance use assessment - 15-30 min	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
H0002	Behavioral Health Screening	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
H0006	Alcohol or substance use case management	15 minutes	\$ 33.68	\$ 22.98	\$ 22.98	\$ 21.00	\$ 21.00	\$ 22.31	\$ 22.31
H0012	Alcohol or substance use - sub-acute detox - per diem	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ -	\$ 84.00	\$ -	\$ -
H0031	Mental Health Assessment	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
H0032	Mental Health Service Plan Development by non-physician	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24
H2011	Crisis Intervention - 15 minutes	15 minutes	\$ 33.68	\$ 22.31	\$ 22.98	\$ 21.00	\$ 21.00	\$ 22.31	\$ 22.31
H2019	Therapeutic Behavioral Service - 15 minutes	15 minutes	\$ 33.68	\$ 22.31	\$ 22.98	\$ 21.00	\$ 21.00	\$ 22.31	\$ 22.31
H2020	Therapeutic Behavioral Service - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
S9484	Crisis Intervention - mobile crisis - 60 min	60 minutes	\$ 134.72	\$ 89.24	\$ 91.92	\$ -	\$ 84.00	\$ 89.24	\$ 89.24
T1007	Service Planning for Substance Abuse Services	Event	\$ 134.72	\$ 89.24	\$ 91.92	\$ 84.00	\$ 84.00	\$ 89.24	\$ 89.24

## Aetna Better Health of Kentucky – Community Mental Health Center (CMHC) Fee Schedule

Procedure Code	Description	Unit Measure	AF	AM	U3	U1	SA	AH	U8
H2027	Psychoeducational Services - 15 min	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12.68	\$ 12.68
90785	Interactive Complexity	Event	\$ 10.48	\$ 10.48	\$ 10.48	\$ 8.91	\$ 8.91	\$ 8.91	\$ 8.38
90845	Psychoanalysis	Event	\$ 67.69	\$ 67.69	\$ 67.69	\$ 57.54	\$ 57.54	\$ 57.54	\$ 54.15
90865	Narcosynthesis for psychiatric diagnostic & therapeutic purposes	Event	\$ 120.29	\$ 120.29	\$ 120.29	\$ 102.25	\$ 102.25	\$ -	\$ -
90870	Electroconvulsive Therapy	Event	\$ 124.98	\$ 124.98	\$ -	\$ -	\$ -	\$ -	\$ -
90876	Individual Psychotherapy - with biofeedback - 45 min	45 minutes	\$ 49.28	\$ 49.28	\$ 49.28	\$ 41.89	\$ 41.89	\$ 41.89	\$ 39.42
96105	Assessment of Aphasia - 60 minutes	60 minutes	\$ 72.45	\$ 72.45	\$ 72.45	\$ 61.58	\$ 61.58	\$ 61.58	\$ 57.96
96110	Developmental Screening	Event	\$ 32.19	\$ 32.19	\$ 32.19	\$ 27.36	\$ 27.36	\$ 27.36	\$ 25.75
96116	Neurobehavioral Status Exam by Psychologist/Physician - 60 min	60 minutes	\$ 68.22	\$ 68.22	\$ -	\$ -	\$ -	\$ 57.99	\$ 57.99
96125	Standardized Cognitive Performance Testing by Qualified HC Prof	60 minutes	\$ 80.63	\$ 80.63	\$ 80.63	\$ 68.54	\$ 68.54	\$ 68.54	\$ 64.50
96150	Health & Behavior Assessment - Initial Assessment - 15 min	15 minutes	\$ 15.75	\$ 15.75	\$ 15.75	\$ 13.39	\$ 13.39	\$ 13.39	\$ 12.60
96151	Health & Behavior Assessment - Reassessment - 15 min	15 minutes	\$ 15.21	\$ 15.21	\$ 15.21	\$ 13.39	\$ 12.93	\$ 12.93	\$ 12.17
99354	Prolonged Services (First Hour - use with 90837) - 30-60 minutes	30-60 minutes	\$ 71.39	\$ 71.39	\$ 71.39	\$ 49.97	\$ 60.68	\$ 60.68	\$ 57.11
99355	Prolonged Services (After 60 min of prolonged) - 15-30 minutes	15-30 minutes	\$ 69.99	\$ 69.99	\$ 69.99	\$ 48.99	\$ 59.49	\$ 59.49	\$ 55.99
59480	Psychiatric Intensive Outpatient Program - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
59485	Crisis Intervention - CSU - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
T2023	Targeted Case Management - SED or SMI - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
T2023	Targeted Case Management - SUD - per month (HF modifier)	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
T2023	Targeted Case Management - Complex Health Conditions (TG modifier)	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0015	Alcohol or Substance Use Treatment - Intensive Outpatient Program	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0018	Alcohol or Substance Use Treatment - Short Term Residential	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0019	Alcohol or Substance Use Treatment-Long Term Residential	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0024	Alcohol or substance use - prevention	Event	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04
H0025	Alcohol or substance use - prevention	Event	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04
H0035	Partial Hospitalization - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0038	Peer Support Services - 15 min	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0040	Assertive Community Treatment - 4 person team - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0040 - UB	Assertive Community Treatment - 10 person team - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0046	Mental Health Services Not Otherwise Specified	Event	\$ 34.44	\$ 34.44	\$ 34.44	\$ -	\$ 34.44	\$ 34.44	\$ 34.44
H2012	Behavioral Health Day Treatment - per hour	60 minutes	\$ 10.76	\$ 10.76	\$ 10.76	\$ 10.76	\$ 10.76	\$ 10.76	\$ 10.76
H2015	Comprehensive Community Support Services - 15 min	15 minutes	\$ 33.68	\$ 22.31	\$ 22.98	\$ 21.00	\$ 21.00	\$ 22.31	\$ 22.31
96127	Brief Emotional/Behavioral Assessment	Event	\$ 3.30	\$ 3.30	\$ -	\$ 2.81	\$ 2.81	\$ 2.81	\$ 2.64
96130	Psychological Testing Evaluation	60 minutes	\$ 87.53	\$ 87.53	\$ -	\$ 74.40	\$ 74.40	\$ 74.40	\$ 70.02

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Procedure Code	Description	Unit Measure	AF	AM	U3	U1	SA	AH	U8
96131	Psychological Testing Evaluation (each additional hour)	60 minutes	\$ 67.28	\$ 67.28	\$ -	\$ 57.18	\$ 57.18	\$ 57.18	\$ 53.82
96136	Psychological or Neuropsychological Testing	30 minutes	\$ 33.08	\$ 33.08	\$ -	\$ 28.00	\$ 28.00	\$ 28.00	\$ 26.46
96137	Psychological or Neuropsychological Testing (each addl 30 minutes)	30 minutes	\$ 30.22	\$ 30.22	\$ -	\$ 25.68	\$ 25.68	\$ 25.68	\$ 24.17
96138	Psychological or Neuropsychological Testing by technician	30 minutes	\$ 25.30	\$ 25.30	\$ -	\$ 21.50	\$ 21.50	\$ 21.50	\$ 20.24
96139	Psychological or Neuropsychological Testing by technician (each addl 30 min)	30 minutes	\$ 25.50	\$ 25.50	\$ -	\$ 21.50	\$ 21.50	\$ 21.50	\$ 20.24
96146	Psychological or Neuropsychological Testing	Event	\$ 1.41	\$ 1.41	\$ -	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.13
96112	Developmental Test Administration	60 minutes	\$ 99.54	\$ 99.54	\$ -	\$ 84.61	\$ 84.61	\$ 84.61	\$ 79.63
96113	Developmental Test Administration (each addl 30 minutes)	30 minutes	\$ 44.57	\$ 44.57	\$ -	\$ 37.88	\$ 37.88	\$ 37.88	\$ 35.65
96132	Neuropsychological testing evaluation services	60 minutes	\$ 96.99	\$ 96.99	\$ -	\$ 82.44	\$ 82.44	\$ 82.44	\$ 77.59
96133	Neuropsychological testing evaluation services (each additional hour)	60 minutes	\$ 73.55	\$ 73.55	\$ -	\$ 62.52	\$ 62.52	\$ 62.52	\$ 58.84
96121	Neurobehavioral Status Exam by Psychologist/Physician - each addl hour	60 minutes	\$ 48.89	\$ 48.89	\$ -	\$ 42.41	\$ 42.41	\$ 42.41	\$ 39.11
97151	Behavior identification assessment	15 minutes	\$ 25.40	\$ 25.40	\$ -	\$ 21.59	\$ 21.59	\$ 21.59	\$ 20.32
97152	Behavior identification supporting assessment	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97153	Adaptive behavior treatment	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97154	Group adaptive behavior treatment	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97155	Group adaptive behavior treatment w/ protocol modification	15 minutes	\$ 25.40	\$ 25.40	\$ -	\$ 21.59	\$ 21.59	\$ 21.59	\$ 20.32
97156	Family adaptive behavior treatment	15 minutes	\$ 19.72	\$ 19.72	\$ -	\$ 16.75	\$ 16.75	\$ 16.75	\$ 15.78
97157	Multiple - Family adaptive behavior treatment	15 minutes	\$ 9.98	\$ 9.98	\$ -	\$ 8.48	\$ 8.48	\$ 8.48	\$ 7.99
97158	Group adaptive behavior treatment w/ protocol modification	15 minutes	\$ 9.98	\$ 9.98	\$ -	\$ 8.48	\$ 8.48	\$ 8.48	\$ 7.99
99203	Office or other OP visit for a new patient	Event	\$ 75.77	\$ 75.77	\$ -	\$ 64.40	\$ 64.40	\$ 64.40	\$ -
99204	Office or other OP visit for a new patient	Event	\$ 116.53	\$ 116.53	\$ -	\$ 99.05	\$ 99.05	\$ 99.05	\$ -
99205	Office or other OP visit for a new patient	Event	\$ 147.53	\$ 147.53	\$ -	\$ 125.40	\$ 125.40	\$ 125.40	\$ -
90839	Psychotherapy for Crisis, first 60 minutes	60 minutes	\$ 106.01	\$ 106.01	\$ -	\$ 90.10	\$ 90.10	\$ 90.10	\$ 84.80
90840	Psychotherapy for Crisis, each additional 30 minutes	30 minutes	\$ 106.01	\$ 106.01	\$ -	\$ 90.10	\$ 90.10	\$ 90.10	\$ 84.80
H2034	Alcohol and/or drug abuse halfway house services, per diem, ASAM 3.1	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0011	Alcohol and/or drug services; residential addiction program; IP per diem; ASAM	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2036	Alcohol and/or drug treatment program, per diem, ASAM 3.7	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0020	Methadone MAT Bundle, weekly	Weekly	\$ 105.00	\$ 105.00	\$ -	\$ -	\$ -	\$ -	\$ -
H0033	Methadone Induction, limit of 4 events per year per client	Event	\$ 200.00	\$ 200.00	\$ -	\$ 200.00	\$ 200.00	\$ 200.00	\$ -
96156	Health and behavior assessment, or reassessment (ie., health-foc	Event	\$ 71.40	\$ 71.40	\$ -	60.96	60.96	\$ -	\$ -
99201	Office or other outpatient visit for the evaluation and manageme	Event	\$ 31.89	\$ 31.89	\$ -	\$ 27.11	\$ 27.11	\$ -	\$ -
99202	Office or other outpatient visit for the evaluation and manageme	Event	\$ 53.29	\$ -	\$ -	\$ 45.30	\$ 45.30	\$ -	\$ -

## Aetna Better Health of Kentucky – Community Mental Health Center (CMHC) Fee Schedule

Procedure Code	Description	Unit Measure	HO	AJ	U4	HN	U6	HM	U2
90791	Psychiatric Diagnostic Evaluation	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ -	\$ 89.24
90792	Psychiatric Diagnostic Evaluation w/Medication Services	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90832	Psychotherapy - 30 minutes	30 minutes	\$ 44.62	\$ 44.62	\$ 44.62	\$ 44.62	\$ 44.62	\$ -	\$ 44.62
90833	Psychotherapy - 30 minutes - with E/M Service	30 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90834	Psychotherapy - 45 minutes	45 minutes	\$ 66.93	\$ 66.93	\$ 66.93	\$ 66.93	\$ 66.93	\$ -	\$ 66.93
90836	Psychotherapy - 45 minutes - with E/M Service	45 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90837	Psychotherapy - 60 minutes	60 minutes	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
90838	Psychotherapy - 60 minutes - with E/M Service	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90846	Family Therapy - without patient	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
90847	Family Therapy - with patient	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
90853	Group Therapy	Event	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ -	\$ 16.00
90875	Individual Psychotherapy - with biofeedback - 30 min	30 minutes	\$ 25.34	\$ 25.34	\$ 22.17	\$ 22.17	\$ -	\$ -	\$ 22.17
90887	Collateral Therapy	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
90899	Unlisted psychiatric service	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
99213	Evaluation & Management of established patient - 15 min	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99214	Evaluation & Management of established patient - 25 min	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99215	Evaluation & Management of established patient - 40 min	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99406	Smoking and Tobacco Use Cessation Counseling - 3-10 minutes	Event	\$ 8.69	\$ 8.69	\$ 7.61	\$ -	\$ 5.43	\$ -	\$ -
99407	Smoking and Tobacco Use Cessation Counseling - 10+ minutes	Event	\$ 16.67	\$ 16.67	\$ 14.58	\$ -	\$ 10.42	\$ -	\$ -
H0049	SBIRT - Alcohol or substance use structured screening - 1-14 minutes	1 per DOS	\$ 19.25	\$ 19.25	\$ 18.05	\$ -	\$ 9.23	\$ -	\$ -
99408	SBIRT - Alcohol or substance use structured screening - 15-30 minutes	1 per DOS	\$ 44.62	\$ 44.62	\$ 44.62	\$ 44.62	\$ 26.94	\$ -	\$ 44.62
99409	SBIRT - Alcohol or substance use structured screening - 31+ minutes	1 per DOS	\$ 42.56	\$ 42.56	\$ 37.24	\$ -	\$ 19.95	\$ -	\$ -
H0001	Alcohol or substance use assessment - 15-30 min	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
H0002	Behavioral Health Screening	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
H0006	Alcohol or substance use case management	15 minutes	\$ 22.31	\$ 22.31	\$ 22.31	\$ 19.52	\$ 19.52	\$ 19.52	\$ 22.31
H0012	Alcohol or substance use - sub-acute detox - per diem	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0031	Mental Health Assessment	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ -	\$ 89.24
H0032	Mental Health Service Plan Development by non-physician	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 53.89	\$ -	\$ 89.24
H2011	Crisis Intervention - 15 minutes	15 minutes	\$ 22.31	\$ 22.31	\$ 22.31	\$ 22.31	\$ 13.47	\$ -	\$ 22.31
H2019	Therapeutic Behavioral Service - 15 minutes	15 minutes	\$ 22.31	\$ 22.31	\$ 22.31	\$ 22.31	\$ 13.47	\$ -	\$ 22.31
H2020	Therapeutic Behavioral Service - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
S9484	Crisis Intervention - mobile crisis - 60 min	60 minutes	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 53.89	\$ -	\$ 89.24
T1007	Service Planning for Substance Abuse Services	Event	\$ 89.24	\$ 89.24	\$ 89.24	\$ 89.24	\$ 53.89	\$ -	\$ 89.24

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Procedure Code	Description	Unit Measure	HO	AJ	U4	HN	U6	HM	U2
H2027	Psychoeducational Services - 15 min	15 minutes	\$ 12.68	\$ 12.68	\$ 11.09	\$ 11.09	\$ -	\$ -	\$ -
90785	Interactive Complexity	Event	\$ 8.38	\$ 8.38	\$ 7.34	\$ 7.34	\$ -	\$ -	\$ 8.38
90845	Psychoanalysis	Event	\$ 47.38	\$ 54.15	\$ 47.38	\$ 47.38	\$ -	\$ -	\$ 47.38
90865	Narcosynthesis for psychiatric diagnostic & therapeutic purposes	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90870	Electroconvulsive Therapy	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90876	Individual Psychotherapy - with biofeedback - 45 min	45 minutes	\$ 39.42	\$ 39.42	\$ 34.50	\$ 34.50	\$ -	\$ -	\$ 34.50
96105	Assessment of Aphasia - 60 minutes	60 minutes	\$ 57.96	\$ 57.96	\$ 50.72	\$ 50.72	\$ -	\$ -	\$ 50.72
96110	Developmental Screening	Event	\$ 25.75	\$ 25.75	\$ 22.53	\$ 22.53	\$ -	\$ -	\$ 22.53
96116	Neurobehavioral Status Exam by Psychologist/Physician - 60 min	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96125	Standardized Cognitive Performance Testing by Qualified HC Prof	60 minutes	\$ 64.50	\$ 64.50	\$ 56.44	\$ 56.44	\$ -	\$ -	\$ 56.44
96150	Health & Behavior Assessment - Initial Assessment - 15 min	15 minutes	\$ 12.60	\$ 12.60	\$ 11.03	\$ 11.03	\$ -	\$ -	\$ 11.03
96151	Health & Behavior Assessment - Reassessment - 15 min	15 minutes	\$ 12.17	\$ 12.17	\$ 11.03	\$ 11.03	\$ -	\$ -	\$ 11.03
99354	Prolonged Services (First Hour - use with 90837) - 30-60 minutes	30-60 minutes	\$ 57.11	\$ 60.68	\$ 49.97	\$ 49.97	\$ 49.97	\$ -	\$ 49.97
99355	Prolonged Services (After 60 min of prolonged) - 15-30 minutes	15-30 minutes	\$ 55.99	\$ 55.99	\$ 48.99	\$ 48.99	\$ 48.99	\$ -	\$ 48.99
S9480	Psychiatric Intensive Outpatient Program - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
S9485	Crisis Intervention - CSU - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
T2023	Targeted Case Management - SED or SMI - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
T2023	Targeted Case Management - SUD - per month (HF modifier)	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
T2023	Targeted Case Management - Complex Health Conditions (TG modifier)	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0015	Alcohol or Substance Use Treatment - Intensive Outpatient Program	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0018	Alcohol or Substance Use Treatment - Short Term Residential	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0019	Alcohol or Substance Use Treatment - Long Term Residential	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0024	Alcohol or substance use - prevention	Event	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04
H0025	Alcohol or substance use - prevention	Event	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04	\$ 43.04
H0035	Partial Hospitalization - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0038	Peer Support Services - 15 min	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0040	Assertive Community Treatment - 4 person team - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0040 - UB	Assertive Community Treatment - 10 person team - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0046	Mental Health Services Not Otherwise Specified	Event	\$ 34.44	\$ 34.44	\$ 34.44	\$ 34.44	\$ -	\$ -	\$ 34.44
H2012	Behavioral Health Day Treatment - per hour	60 minutes	\$ 10.76	\$ 10.76	\$ 10.76	\$ 10.76	\$ 10.76	\$ -	\$ 10.76
H2015	Comprehensive Community Support Services - 15 min	15 minutes	\$ 22.31	\$ 22.31	\$ 22.31	\$ 22.31	\$ 13.47	\$ -	\$ 22.31
96127	Brief Emotional/Behavioral Assessment	Event	\$ 2.64	\$ 2.64	\$ 2.31	\$ -	\$ -	\$ -	\$ -
96130	Psychological Testing Evaluation	60 minutes	\$ 70.02	\$ 70.02	\$ 61.27	\$ -	\$ -	\$ -	\$ -



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Procedure Code	Description	Unit Measure	HO	AJ	U4	HN	U6	HM	U2
96131	Psychological Testing Evaluation (each additional hour)	60 minutes	\$ 53.82	\$ 53.82	\$ 47.09	\$ -	\$ -	\$ -	\$ -
96136	Psychological or Neuropsychological Testing	30 minutes	\$ 26.46	\$ 26.46	\$ 23.15	\$ -	\$ -	\$ -	\$ -
96137	Psychological or Neuropsychological Testing (each addl 30 minutes)	30 minutes	\$ 24.17	\$ 24.17	\$ 21.15	\$ -	\$ -	\$ -	\$ -
96138	Psychological or Neuropsychological Testing by technician	30 minutes	\$ 20.24	\$ 20.24	\$ 17.71	\$ -	\$ -	\$ -	\$ -
96139	Psychological or Neuropsychological Testing by technician (each addl 30 min)	30 minutes	\$ 20.24	\$ 20.24	\$ 17.71	\$ -	\$ -	\$ -	\$ -
96146	Psychological or Neuropsychological Testing	Event	\$ 1.13	\$ 1.13	\$ 0.99	\$ -	\$ -	\$ -	\$ -
96112	Developmental Test Administration	60 minutes	\$ 79.63	\$ 79.63	\$ 69.68	\$ -	\$ -	\$ -	\$ -
96113	Developmental Test Administration (each addl 30 minutes)	30 minutes	\$ 35.65	\$ 35.65	\$ 31.20	\$ -	\$ -	\$ -	\$ -
96132	Neuropsychological testing evaluation services	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96133	Neuropsychological testing evaluation services (each additional hour)	60 minutes	\$ 58.84	\$ 58.84	\$ -	\$ -	\$ -	\$ -	\$ -
96121	Neurobehavioral Status Exam by Psychologist/Physician - each addl hour	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97151	Behavior identification assessment	15 minutes	\$ 20.32	\$ 20.32	\$ 17.78	\$ -	\$ -	\$ -	\$ -
97152	Behavior identification supporting assessment	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97153	Adaptive behavior treatment	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97154	Group adaptive behavior treatment	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97155	Group adaptive behavior treatment w/ protocol modification	15 minutes	\$ 20.32	\$ 20.32	\$ 17.78	\$ -	\$ -	\$ -	\$ -
97156	Family adaptive behavior treatment	15 minutes	\$ 15.78	\$ 15.78	\$ 13.80	\$ -	\$ -	\$ -	\$ -
97157	Multiple - Family adaptive behavior treatment	15 minutes	\$ 7.99	\$ 7.99	\$ 6.99	\$ -	\$ -	\$ -	\$ -
97158	Group adaptive behavior treatment w/ protocol modification	15 minutes	\$ 7.99	\$ 7.99	\$ 6.99	\$ -	\$ -	\$ -	\$ -
99203	Office or other OP visit for a new patient	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99204	Office or other OP visit for a new patient	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99205	Office or other OP visit for a new patient	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90839	Psychotherapy for Crisis, first 60 minutes	60 minutes	\$ 84.80	\$ 84.80	\$ 74.20	\$ -	\$ 53.00	\$ -	\$ -
90840	Psychotherapy for Crisis, each additional 30 minutes	30 minutes	\$ 84.80	\$ 84.80	\$ 74.20	\$ -	\$ 53.00	\$ -	\$ -
H2034	Alcohol and/or drug abuse halfway house services, per diem, ASAM 3.1	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0011	Alcohol and/or drug services; residential addiction program; IP per diem; ASAM	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2036	Alcohol and/or drug treatment program, per diem, ASAM 3.7	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0020	Methadone MAT Bundle, weekly	Weekly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0033	Methadone Induction, limit of 4 events per year per client	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96156	Health and behavior assessment, or reassessment (ie., health-foc	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99201	Office or other outpatient visit for the evaluation and manageme	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99202	Office or other outpatient visit for the evaluation and manageme	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## Aetna Better Health of Kentucky – Community Mental Health Center (CMHC) Fee Schedule

Procedure Code	Description	Unit Measure	TD	U7	HQ	U5	UC	U9	UD	Per Month
90791	Psychiatric Diagnostic Evaluation	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
90792	Psychiatric Diagnostic Evaluation w/Medication Services	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90832	Psychotherapy - 30 minutes	30 minutes	\$ -	\$ -	\$ -	\$ 39.04	\$ -	\$ -	\$ -	\$ -
90833	Psychotherapy - 30 minutes - with E/M Service	30 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90834	Psychotherapy - 45 minutes	45 minutes	\$ -	\$ -	\$ -	\$ 58.56	\$ -	\$ -	\$ -	\$ -
90836	Psychotherapy - 45 minutes - with E/M Service	45 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90837	Psychotherapy - 60 minutes	60 minutes	\$ -	\$ -	\$ -	\$ 65.89	\$ -	\$ -	\$ -	\$ -
90838	Psychotherapy - 60 minutes - with E/M Service	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90846	Family Therapy - without patient	Event	\$ -	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
90847	Family Therapy - with patient	Event	\$ -	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
90853	Group Therapy	Event	\$ -	\$ -	\$ -	\$ 16.00	\$ -	\$ -	\$ -	\$ -
90875	Individual Psychotherapy - with biofeedback - 30 min	30 minutes	\$ -	\$ -	\$ -	\$ 22.17	\$ -	\$ -	\$ -	\$ -
90887	Collateral Therapy	Event	\$ -	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
90899	Unlisted psychiatric service	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
99213	Evaluation & Management of established patient - 15 min	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99214	Evaluation & Management of established patient - 25 min	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99215	Evaluation & Management of established patient - 40 min	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99406	Smoking and Tobacco Use Cessation Counseling - 3-10 minutes	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99407	Smoking and Tobacco Use Cessation Counseling - 10+ minutes	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0049	SBIRT - Alcohol or substance use structured screening - 1-14 minutes	1 per DOS	\$ -	\$ 3.56	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99408	SBIRT - Alcohol or substance use structured screening - 15-30 minutes	1 per DOS	\$ 44.62	\$ -	\$ -	\$ 39.04	\$ -	\$ -	\$ -	\$ -
99409	SBIRT - Alcohol or substance use structured screening - 31+ minutes	1 per DOS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0001	Alcohol or substance use assessment - 15-30 min	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
H0002	Behavioral Health Screening	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
H0006	Alcohol or substance use case management	15 minutes	\$ 22.31	\$ -	\$ -	\$ 19.52	\$ -	\$ -	\$ 19.52	\$ -
H0012	Alcohol or substance use - sub-acute detox - per diem	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0031	Mental Health Assessment	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
H0032	Mental Health Service Plan Development by non-physician	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
H2011	Crisis Intervention - 15 minutes	15 minutes	\$ 22.31	\$ -	\$ -	\$ 19.52	\$ -	\$ -	\$ -	\$ -
H2019	Therapeutic Behavioral Service - 15 minutes	15 minutes	\$ 22.31	\$ -	\$ -	\$ 19.52	\$ -	\$ -	\$ -	\$ -
H2020	Therapeutic Behavioral Service - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225.00	\$ -	\$ -
S9484	Crisis Intervention - mobile crisis - 60 min	60 minutes	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -
T1007	Service Planning for Substance Abuse Services	Event	\$ 89.24	\$ -	\$ -	\$ 78.08	\$ -	\$ -	\$ -	\$ -

## Aetna Better Health of Kentucky – Community Mental Health Center (CMHC) Fee Schedule

Procedure Code	Description	Unit Measure	TD	U7	HQ	U5	UC	U9	UD	Per Month
H2027	Psychoeducational Services - 15 min	15 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90785	Interactive Complexity	Event	\$ 8.38	\$ -	\$ -	\$ 7.34	\$ -	\$ -	\$ -	\$ -
90845	Psychoanalysis	Event	\$ -	\$ -	\$ -	\$ 47.38	\$ -	\$ -	\$ -	\$ -
90865	Narcosynthesis for psychiatric diagnostic & therapeutic purposes	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90870	Electroconvulsive Therapy	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90876	Individual Psychotherapy - with biofeedback - 45 min	45 minutes	\$ -	\$ -	\$ -	\$ 34.50	\$ -	\$ -	\$ -	\$ -
96105	Assessment of Aphasia - 60 minutes	60 minutes	\$ -	\$ -	\$ -	\$ 50.72	\$ -	\$ -	\$ -	\$ -
96110	Developmental Screening	Event	\$ -	\$ -	\$ -	\$ 22.53	\$ -	\$ -	\$ -	\$ -
96116	Neurobehavioral Status Exam by Psychologist/Physician - 60 min	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96125	Standardized Cognitive Performance Testing by Qualified HC Prof	60 minutes	\$ -	\$ -	\$ -	\$ 56.44	\$ -	\$ -	\$ -	\$ -
96150	Health & Behavior Assessment - Initial Assessment - 15 min	15 minutes	\$ 11.03	\$ -	\$ -	\$ 11.03	\$ -	\$ -	\$ -	\$ -
96151	Health & Behavior Assessment - Reassessment - 15 min	15 minutes	\$ 11.03	\$ -	\$ -	\$ 11.03	\$ -	\$ -	\$ -	\$ -
99354	Prolonged Services (First Hour - use with 90837) - 30-60 minutes	30-60 minute	\$ -	\$ -	\$ -	\$ 43.97	\$ -	\$ -	\$ -	\$ -
99355	Prolonged Services (After 60 min of prolonged) - 15-30 minutes	15-30 minute	\$ -	\$ -	\$ -	\$ 43.11	\$ -	\$ -	\$ -	\$ -
S9480	Psychiatric Intensive Outpatient Program - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 125.00	\$ -	\$ -
S9485	Crisis Intervention - CSU - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 230.00	\$ -	\$ -
T2023	Targeted Case Management - SED or SMI - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 334.00
T2023	Targeted Case Management - SUD - per month (HF modifier)	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 334.00
T2023	Targeted Case Management - Complex Health Conditions (TG modifier)	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 541.00
H0015	Alcohol or Substance Use Treatment - Intensive Outpatient Program	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 125.00	\$ -	\$ -
H0018	Alcohol or Substance Use Treatment - Short Term Residential	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 230.00	\$ -	\$ -
H0019	Alcohol or Substance Use Treatment - Long Term Residential	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 230.00	\$ -	\$ -
H0024	Alcohol or substance use - prevention	Event	\$ 43.04	\$ -	\$ -	\$ 43.04	\$ 43.04	\$ -	\$ -	\$ -
H0025	Alcohol or substance use - prevention	Event	\$ 43.04	\$ 43.04	\$ -	\$ 43.04	\$ 43.04	\$ -	\$ -	\$ -
H0035	Partial Hospitalization - per diem	Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 194.10	\$ -	\$ -
H0038	Peer Support Services - 15 min	15 minutes	\$ -	\$ 8.61	\$ 3.56	\$ -	\$ -	\$ -	\$ -	\$ -
H0040	Assertive Community Treatment - 4 person team - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ -
H0040 - UB	Assertive Community Treatment - 10 person team - per month	Monthly	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ -
H0046	Mental Health Services Not Otherwise Specified	Event	\$ -	\$ -	\$ -	\$ 34.44	\$ -	\$ -	\$ -	\$ -
H2012	Behavioral Health Day Treatment - per hour	60 minutes	\$ 10.76	\$ -	\$ -	\$ 10.76	\$ -	\$ -	\$ -	\$ -
H2015	Comprehensive Community Support Services - 15 min	15 minutes	\$ 22.31	\$ -	\$ -	\$ 24.03	\$ 24.03	\$ -	\$ -	\$ -
96127	Brief Emotional/Behavioral Assessment	Event	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96130	Psychological Testing Evaluation	60 minutes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



## Aetna Better Health of Kentucky – Community Mental Health Center (CMHC) Fee Schedule

Procedure Code	Description	Unit		TD	U7	HQ	U5	UC	U9	UD	Per Month
		Measure									
96131	Psychological Testing Evaluation (each additional hour)	60 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96136	Psychological or Neuropsychological Testing	30 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96137	Psychological or Neuropsychological Testing (each addl 30 minutes)	30 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96138	Psychological or Neuropsychological Testing by technician	30 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96139	Psychological or Neuropsychological Testing by technician (each addl 30 min)	30 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96146	Psychological or Neuropsychological Testing	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96112	Developmental Test Administration	60 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96113	Developmental Test Administration (each addl 30 minutes)	30 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96132	Neuropsychological testing evaluation services	60 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96133	Neuropsychological testing evaluation services (each additional hour)	60 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96121	Neurobehavioral Status Exam by Psychologist/Physician - each addl hour	60 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97151	Behavior identification assessment	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97152	Behavior identification supporting assessment	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ 11.25	\$ -	\$ -	\$ -
97153	Adaptive behavior treatment	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ 11.25	\$ -	\$ -	\$ -
97154	Group adaptive behavior treatment	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ 11.25	\$ -	\$ -	\$ -
97155	Group adaptive behavior treatment w/ protocol modification	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97156	Family adaptive behavior treatment	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97157	Multiple - Family adaptive behavior treatment	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97158	Group adaptive behavior treatment w/ protocol modification	15 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99203	Office or other OP visit for a new patient	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99204	Office or other OP visit for a new patient	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99205	Office or other OP visit for a new patient	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90839	Psychotherapy for Crisis, first 60 minutes	60 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90840	Psychotherapy for Crisis, each additional 30 minutes	30 minutes		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H2034	Alcohol and/or drug abuse halfway house services, per diem, ASAM 3.1	Per Diem		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ -
H0011	Alcohol and/or drug services; residential addiction program; IP per diem; ASAM	Per Diem		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 295.00	\$ -	\$ -
H2036	Alcohol and/or drug treatment program, per diem, ASAM 3.7	Per Diem		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 376.00	\$ -	\$ -
H0020	Methadone MAT Bundle, weekly	Weekly		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H0033	Methadone Induction, limit of 4 events per year per client	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96156	Health and behavior assessment, or reassessment (i.e., health-foc	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99201	Office or other outpatient visit for the evaluation and manageme	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99202	Office or other outpatient visit for the evaluation and manageme	Event		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -