

Procedure Code	Description	Units	Modifier	Modifier	Modifier	MD	PHD	MSW	RN	LPN
90849	Multiple-family group psychotherapy.	Encounter	U5			\$26.59	\$26.59	\$26.59	\$26.59	NA
90849	Multiple-family group psychotherapy.	Encounter	U6			\$31.28	\$31.28	\$26.59	\$26.59	NA
90849	Multiple-family group psychotherapy.	Encounter	U7			\$31.28	\$31.28	\$26.59	\$26.59	NA
90849	Multiple-family group psychotherapy.	Encounter	U9			\$31.28	\$31.28	\$26.59	\$26.59	NA
90849	Multiple-family group psychotherapy.	Encounter	UA			\$31.28	\$31.28	\$26.59	\$26.59	NA
90853	Group psychotherapy (other than of a	Encounter				\$25.45	\$25.45	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U1			\$21.63	\$21.63	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U2			\$21.63	\$21.63	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U3			\$21.63	\$21.63	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U4			\$21.63	\$21.63	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U5			\$21.63	\$21.63	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U6			\$25.45	\$25.45	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U7			\$25.45	\$25.45	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	U9			\$25.45	\$25.45	\$21.63	\$21.63	NA
90853	Group psychotherapy (other than of a	Encounter	UA			\$25.45	\$25.45	\$21.63	\$21.63	NA
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation	Encounter				\$15.90	NA	NA	\$13.52	NA
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without	Encounter				\$6.90	NA	NA	\$5.87	NA
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and	Encounter				\$7.90	NA	NA	\$6.72	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter				\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U1			\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U2			\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U3			NA	NA	NA	NA	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U4			\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U5			\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U6			NA	NA	NA	NA	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U7			\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	U9			\$56.11	\$56.11	\$56.11	\$56.11	NA
96111	Developmental testing, (includes assessment of motor, language, social, ad	Encounter	UA			\$56.11	\$56.11	\$56.11	\$56.11	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter				\$64.10	\$64.10	NA	\$64.10	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U1			NA	NA	\$64.10	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U2			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U3			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U4			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U5			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U6			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U7			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U8			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	U9			NA	NA	NA	NA	NA
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter	UA			NA	NA	NA	NA	NA
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning	Encounter				\$64.10	\$64.10	\$64.10	\$64.10	NA
96130	Psychological testing evaluation services by physician or other qualified	Encounter				\$59.26	\$59.26	\$59.26	\$59.26	NA
96131	Psychological testing evaluation services by physician or other qualified	Encounter				\$59.26	\$59.26	\$59.26	\$59.26	NA
96132	Neuropsychological testing evaluation services by physician or other	Encounter				\$97.37	\$97.37	\$97.37	\$97.37	NA
96133	Neuropsychological testing evaluation services by physician or other	Encounter				\$78.31	\$78.31	\$78.31	\$78.31	NA
96136	Psychological or neuropsychological test administration and scoring by	Encounter				\$30.86	\$30.86	\$30.86	\$30.86	NA
96137	Psychological or neuropsychological test administration and scoring by	Encounter				\$28.39	\$28.39	\$28.39	\$28.39	NA
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or	Encounter				\$21.39	NA	\$21.39	\$21.39	NA
99201	Office or other outpatient visit for the evaluation and management of a new	Encounter				\$49.38	NA	NA	\$41.97	NA
99202	Office or other outpatient visit for the evaluation and management of a new	Encounter				\$84.67	NA	NA	\$71.97	NA
99203	Office or other outpatient visit for the evaluation and management of a new	Encounter				\$122.93	NA	NA	\$104.49	NA
99204	Office or other outpatient visit for the evaluation and management of a new	Encounter				\$188.51	NA	NA	\$160.23	NA
99205	Office or other outpatient visit for the evaluation and management of a new	Encounter				\$236.92	NA	NA	\$201.38	NA
99211	Office or other outpatient visit for the evaluation and management of an	Encounter				\$22.31	NA	NA	\$22.31	NA
99212	Office or other outpatient visit for the evaluation and management of an	Encounter				\$48.97	NA	NA	\$41.62	NA
99213	Office or other outpatient visit for the evaluation and management of an	Encounter				\$82.85	NA	NA	\$70.42	NA
99214	Office or other outpatient visit for the evaluation and management of an	Encounter				\$122.27	NA	NA	\$103.93	NA
99215	Office or other outpatient visit for the evaluation and management of an	Encounter				\$165.15	NA	NA	\$140.38	NA
99341	Home visit for the evaluation and management of a new patient, which	Encounter				\$63.65	NA	NA	\$54.10	NA
99342	Home visit for the evaluation and management of a new patient, which	Encounter				\$91.90	NA	NA	\$78.12	NA
99343	Home visit for the evaluation and management of a new patient, which	Encounter				\$150.80	NA	NA	\$128.18	NA
99344	Home visit for the evaluation and management of a new patient, which	Encounter				\$210.78	NA	NA	\$179.16	NA
99345	Home visit for the evaluation and management of a new patient, which	Encounter				\$255.57	NA	NA	\$217.23	NA
99347	Home visit for the evaluation and management of an established patient,	Encounter				\$64.00	NA	NA	\$54.40	NA
99348	Home visit for the evaluation and management of an established patient,	Encounter				\$97.38	NA	NA	\$82.77	NA
99349	Home visit for the evaluation and management of an established patient,	Encounter				\$148.16	NA	NA	\$125.94	NA
99350	Home visit for the evaluation and management of an established patient,	Encounter				\$205.79	NA	NA	\$174.92	NA

Procedure Code	Description	Units	Modifier	Modifier	Modifier	MD	PHD	MSW	RN	LPN
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter				\$13.81	\$13.81	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U1			\$11.74	\$11.74	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U2			\$11.74	\$11.74	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U3			\$11.74	\$11.74	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U4			\$11.74	\$11.74	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U5			\$11.74	\$11.74	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U6			\$13.81	\$13.81	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U7			\$13.81	\$13.81	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	U9			\$13.81	\$13.81	\$11.74	\$11.74	NA
90785	Interactive Complexity Use 90785 in conjunction with codes for diagnostic	Encounter	UA			\$13.81	\$13.81	\$11.74	\$11.74	NA
90833	Psychotherapy, 30 minutes with patient when performed with an E&M	Encounter				\$65.37	NA	NA	\$55.56	NA
90836	Psychotherapy, 45 minutes when performed with an E&M services (list	Encounter				\$83.03	NA	NA	\$70.58	NA
90838	Psychotherapy, 60 minutes when performed with an E&M services (list	Encounter				\$109.53	NA	NA	\$93.10	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter				\$63.04	\$63.04	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U1			\$53.58	\$53.58	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U2			\$53.58	\$53.58	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U3			\$53.58	\$53.58	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U4			\$53.58	\$53.58	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U5			\$53.58	\$53.58	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U6			\$63.04	\$63.04	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U7			\$63.04	\$63.04	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	U9			\$63.04	\$63.04	\$53.58	\$53.58	NA
90840	Psychotherapy for crisis; each additional 30 minutes.	Encounter	UA			\$63.04	\$63.04	\$53.58	\$53.58	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter				\$89.90	\$89.90	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U1			\$76.42	\$76.42	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U2			\$76.42	\$76.42	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U3			\$76.42	\$76.42	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U4			\$76.42	\$76.42	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U5			\$76.42	\$76.42	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U6			\$89.90	\$89.90	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct	Encounter	U7			\$89.90	\$89.90	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct pa	Encounter	U9			\$89.90	\$89.90	\$76.42	\$76.42	NA
99354	Prolonged service in the office or other outpatient setting requiring direct pa	Encounter	UA			\$89.90	\$89.90	\$76.42	\$76.42	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter				\$89.24	\$89.24	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U1			\$75.85	\$75.85	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U2			\$75.85	\$75.85	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U3			\$75.85	\$75.85	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U4			\$75.85	\$75.85	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U5			\$75.85	\$75.85	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U6			\$89.24	\$89.24	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U7			\$89.24	\$89.24	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	U9			\$89.24	\$89.24	\$75.85	\$75.85	NA
99355	Each additional 30 minutes (list separately in addition to code for prolonged	Encounter	UA			\$89.24	\$89.24	\$75.85	\$75.85	NA
36415	Collection of venous blood by venipuncture	Visit/Unit				\$2.91	NA	\$2.91	\$2.91	NA
82075	Alcohol (ethanol), breath	Visit/Unit				\$15.08	NA	NA	\$15.08	NA
86580	Skin test; tuberculosis, intradermal	Visit/Unit				\$4.89	NA	NA	\$4.89	NA
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use	Visit/Unit				\$113.22	NA	NA	\$113.22	NA
90460	Immunization administration through 18 years of age via any route of	Visit/Unit				\$15.00	NA	NA	\$15.00	NA
90471	Immunization administration (includes percutaneous, intradermal, or	Visit/Unit				\$19.35	NA	NA	\$19.35	NA
90472	Immunization administration; each additional vaccine. List separately in	Visit/Unit				\$9.50	NA	NA	\$9.50	NA
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or	Visit/Unit				\$19.35	NA	NA	\$19.35	NA
90474	Immunization administration by intranasal or oral route; each additional	Visit/Unit				\$9.50	NA	NA	\$9.50	NA
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Visit/Unit				\$51.23	NA	NA	\$51.23	NA
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV),	Visit/Unit				\$144.43	NA	NA	\$144.43	NA
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose	Visit/Unit				\$136.96	NA	NA	\$136.96	NA
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for	Visit/Unit				\$18.92	NA	NA	\$18.92	NA
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Visit/Unit				\$23.46	NA	NA	\$23.46	NA
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular	Visit/Unit				\$173.15	NA	NA	\$173.15	NA
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus	Visit/Unit				\$85.33	NA	NA	\$85.33	NA
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous	Visit/Unit				\$57.66	NA	NA	\$57.66	NA
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for	Visit/Unit				\$157.59	NA	NA	\$157.59	NA
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when	Visit/Unit				\$22.75	NA	NA	\$22.75	NA
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when	Visit/Unit				\$31.21	NA	NA	\$31.21	NA
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Visit/Unit				\$104.85	NA	NA	\$104.85	NA
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or	Visit/Unit				\$82.52	NA	NA	\$82.52	NA
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135,	Visit/Unit				\$126.39	NA	NA	\$126.39	NA
90734	Vaccine for meningococcus for administration into muscle	Visit/Unit				\$115.88	NA	NA	\$115.88	NA
90736	Shingles vaccine (HZV), live, for subcutaneous injection (Individuals 60+	Visit/Unit				\$210.93	NA	NA	\$210.93	NA
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage,	Visit/Unit				\$119.42	NA	NA	\$119.42	NA
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for	Visit/Unit				\$59.71	NA	NA	\$59.71	NA
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage,	Visit/Unit				\$119.42	NA	NA	\$119.42	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter				\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U1			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U2			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U3			NA	NA	NA	NA	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U4			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U5			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U6			NA	NA	NA	NA	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U7			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U8			NA	NA	NA	NA	NA

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G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U9			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0396	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	UA			\$25.05	\$25.05	\$25.05	\$25.05	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter				\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U1			\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U2			\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U3			NA	NA	NA	NA	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U4			\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U5			\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U6			NA	NA	NA	NA	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U7			\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U8			NA	NA	NA	NA	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	U9			\$47.68	\$47.68	\$47.68	\$47.68	NA
G0397	Alcohol and/or substance (other than tobacco) abuse structured screening	Encounter	UA			\$47.68	\$47.68	\$47.68	\$47.68	NA
H0001	Alcohol and/or drug assessment (not incident to a licensed practitioner's	Hour	U1			NA	NA	\$77.22	NA	NA
H0001	Alcohol and/or drug assessment (not incident to a licensed practitioner's	Hour	U6			NA	NA	\$77.22	NA	NA
H0001	Alcohol and/or drug assessment (not incident to a licensed practitioner's	Hour	U7			NA	NA	\$77.22	NA	NA
H0001	Alcohol and/or drug assessment (not incident to a licensed practitioner's	Hour	U9			NA	NA	\$77.22	NA	NA
H0001	Alcohol and/or drug assessment (not incident to a licensed practitioner's	Hour	UA			NA	NA	\$77.22	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U1			NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U2			NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U3			NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U4			NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U5			NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U6			NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U7			NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	U9			NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple	15 Minutes	UA			NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U1	KX		NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U2	KX		NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U3	KX		NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U4	KX		NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U5	KX		NA	NA	\$22.50	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U6	KX		NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U7	KX		NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U9	KX		NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	UA	KX		NA	NA	\$19.31	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U2	HQ		NA	NA	\$9.87	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U4	HQ		NA	NA	\$9.87	NA	NA
H0004	BH counseling and therapy, per 15 minutes. (Could add HR family/couple w	15 Minutes	U5	HQ		NA	NA	\$9.87	NA	NA
H0005	Alcohol and/or drug services; group counseling by a physician	15 Minutes	AF			\$8.48	NA	NA	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	HK			NA	\$7.21	\$7.21	\$7.21	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U1			NA	NA	\$6.44	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U2	HK		NA	NA	\$7.21	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U3	HK		NA	NA	\$7.21	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U4	HK		NA	NA	\$7.21	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U5	HK		NA	NA	\$7.21	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U6			NA	NA	\$6.44	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U7			NA	NA	\$6.44	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	U9			NA	NA	\$6.44	NA	NA
H0005	Alcohol and/or drug services; group counseling by an unlicensed clinician.	15 Minutes	UA			NA	NA	\$6.44	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes				19.54	\$19.54	\$19.54	\$19.54	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	HM			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	HN			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	HO			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U1			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U2			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U3			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U4			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U5			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U6			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U7			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U8			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	U9			NA	NA	\$19.54	NA	NA
H0006	Alcohol and/or drug services; case management	15 Minutes	UA			NA	NA	\$19.54	NA	NA
H0010	Alcohol and/or drug services; sub acute detoxification (residential addiction	Per Diem				\$256.33	\$256.33	\$256.33	\$256.33	NA
H0011	Alcohol and/or drug services; acute detoxification (residential addiction	Per Diem				\$392.86	\$392.86	\$392.86	\$392.86	NA
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction	Per Diem				\$360.36	NA	NA	\$360.36	NA
H0014	Alcohol and/or drug services; ambulatory detoxification.	Hour				NA	NA	NA	\$127.68	\$90.16
H0014	Alcohol and/or drug services; ambulatory detoxification.	Hour	AT			NA	NA	NA	\$338.35	\$238.92
H0015	Alcohol and/or drug services; intensive outpatient-LICENSED Practitioner	Per Diem	HK			\$149.88	\$149.88	\$149.88	\$149.88	NA
H0015	Alcohol and/or drug services; intensive outpatient-LICENSED Practitioner	Per Diem	HK	TG		\$224.82	\$224.82	\$224.82	\$224.82	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U1			NA	NA	\$103.04	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U1	TG		NA	NA	\$154.56	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-LICENSED Practitioner	Per Diem	U2	HK		NA	NA	\$149.88	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U2	TG	HK	NA	NA	\$224.82	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-LICENSED Practitioner	Per Diem	U3	HK		NA	NA	\$149.88	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U3	TG	HK	NA	NA	\$224.82	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-LICENSED Practitioner	Per Diem	U4	HK		NA	NA	\$149.88	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U4	TG	HK	NA	NA	\$224.82	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-LICENSED Practitioner	Per Diem	U5	HK		NA	NA	\$149.88	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U5	TG	HK	NA	NA	\$224.82	NA	NA

Procedure Code	Description	Units	Modifier	Modifier	Modifier	MD	PHD	MSW	RN	LPN
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U6			NA	NA	\$103.04	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U6	TG		NA	NA	\$154.56	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U7			NA	NA	\$103.04	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U7	TG		NA	NA	\$154.56	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U9			NA	NA	\$103.04	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	U9	TG		NA	NA	\$154.56	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	UA			NA	NA	\$103.04	NA	NA
H0015	Alcohol and/or drug services; intensive outpatient-UN-LICENSED	Per Diem	UA	TG		NA	NA	\$154.56	NA	NA
H0020	Alcohol and/or drug services; methadone administration	Visit/Unit	HF			\$16.38	NA	NA	\$16.38	NA
H0020	Alcohol and/or drug services; methadone administration	Visit/Unit	HG			\$458.64	NA	NA	\$458.64	NA
H0020	Alcohol and/or drug services; methadone administration	Visit/Unit	TS			\$343.98	NA	NA	\$343.98	NA
H0020	Alcohol and/or drug services; methadone administration	Visit/Unit	TV			114.66	NA	NA	114.66	NA
H0020	Alcohol and/or drug services; methadone administration	Visit/Unit	UB			229.32	NA	NA	229.32	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes				19.54	\$19.54	\$19.54	19.54	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	HM			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	HM	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	HN			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	HN	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	HO			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	HO	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	HQ			8.99	\$8.99	\$8.99	8.99	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U1			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U1	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U2			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U2	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U3			NA	NA	NA	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U3	HQ		NA	NA	NA	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U4			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U4	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U5			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U5	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U6			NA	NA	NA	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U6	HQ		NA	NA	NA	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U7			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U7	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U8			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U8	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	U9			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	U9	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	UA			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	UA	HQ		NA	NA	\$8.99	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes	15 Minutes	UK			NA	NA	\$19.54	NA	NA
H0036	Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	15 Minutes	UK	HQ		NA	NA	\$8.99	NA	NA
H0038	SUD Peer Recovery Support	15 Minutes	HM			NA	NA	\$15.51	NA	NA
H0038	SUD Peer Recovery Support Group	15 Minutes	HM	HQ		NA	NA	\$1.94	NA	NA
H0038	MH SRSP Peer Recovery Support	15 Minutes	HN			NA	NA	\$15.51	NA	NA
H0038	MH SRSP Peer Recovery Support Grp	15 Minutes	HN	HQ		NA	NA	\$1.94	NA	NA
H0038	SUD Peer Recovery Support	15 Minutes	HO			NA	NA	\$15.51	NA	NA
H0038	SUD Peer Recovery Support Group	15 Minutes	HO	HQ		NA	NA	\$1.94	NA	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	AM			\$615.64	NA	NA	NA	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	HM			NA	NA	\$169.24	NA	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	HN			NA	NA	\$199.70	NA	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	HO			NA	NA	\$251.91	NA	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	SA			NA	NA	NA	\$352.75	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	UC			NA	NA	NA	\$352.75	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	UF			NA	NA	\$251.91	\$251.91	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	UG			NA	NA	\$251.91	\$251.91	NA
H0040	Assertive community treatment program, per diem, medium team	Per Diem	UH			NA	NA	\$251.91	\$251.91	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection				\$14.48	\$14.48	\$14.48	\$14.48	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	HM			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	HN			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	HO			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	U1			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	U2			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	U3			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	U4			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens	Collection	U5			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other	Collection	U6			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other	Collection	U7			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other	Collection	U8			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other	Collection	U9			NA	NA	\$14.48	NA	NA
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other	Collection	UA			NA	NA	\$14.48	NA	NA
H2012	MH Day Treatment-Licensed	Hour				NA	\$28.10	\$28.10	28.1	NA
H2012	MH Day Treatment-Licensed	Hour	HK	HQ		NA	\$28.10	\$28.10	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U2	HK	HQ	N/A	NA	\$18.54	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U4	HK	HQ	N/A	NA	\$21.05	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U5	HK	HQ	N/A	N/A	\$28.10	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U1	HN	HQ	NA	N/A	\$28.10	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U7	HN	HQ	NA	N/A	\$28.10	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U8	HN	HQ	NA	NA	\$18.54	NA	NA
H2012	MH Day Treatment-Licensed	Hour	U9	HN	HQ	NA	NA	\$21.05	NA	NA

Procedure Code	Description	Units	Modifier	Modifier	Modifier	MD	PHD	MSW	RN	LPN
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	UB	HI		NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	UB	TG		NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	UB			NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	U9	HI		NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	U9	TG		NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	U9			NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	UA	HI		NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	UA	TG		NA	NA	NA	NA	NA
H2036	Alcohol and/or other drug treatment program, per diem. Cognitive	Per Diem	UA			NA	NA	NA	NA	NA
J0400	Injection, aripiprazole (Abilify), intramuscular, 0.25 mg	Visit/Unit				\$0.74	NA	\$0.74	\$0.74	NA
J0401	Injection, aripiprazole (Abilify), 1 mg	Visit/Unit				\$4.10	NA	\$4.10	\$4.10	NA
J0515	Cogentin (benzotropine mesylate, per 1mg	Visit/Unit				\$23.07	NA	\$23.07	\$23.07	NA
J0571	Buprenorphine, oral, 1 mg	Visit/Unit				\$0.55	NA	\$0.55	\$0.55	NA
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg.	Visit/Unit				\$4.20	NA	\$4.20	\$4.20	NA
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6	Visit/Unit				\$7.54	NA	\$7.54	\$7.54	NA
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 1	Visit/Unit				\$10.33	NA	\$10.33	\$10.33	NA
J0575	Buprenorphine/naloxone, oral, greater than 10 mg.	Visit/Unit				\$15.82	NA	\$15.82	\$15.82	NA
J1200	Diphenhydramine hcl (Benadryl), up to 50 mg	Visit/Unit				\$0.55	NA	\$0.55	\$0.55	NA
J1630	Haloperidol Injection, Up to 5 Mg	Visit/Unit				\$1.72	NA	\$1.72	\$1.72	NA
J1631	Haloperidol Decanoate Injection per 50 Mg	Visit/Unit				\$15.44	NA	\$15.44	\$15.44	NA
J2060	Lorazepam Injection, 2Mg	Visit/Unit				\$0.72	NA	\$0.72	\$0.72	NA
J2212	Injection, methylxaltrexone (Relistor), 0.1mg	Visit/Unit				\$0.53	NA	\$0.53	\$0.53	NA
J2310	Injection, naloxone (Narcan), 1mg	Visit/Unit				\$27.99	NA	\$27.99	\$27.99	NA
J2315	Injection, naltrexone (Vivitrol), depot form, 1 mg	Visit/Unit				\$3.18	NA	\$3.18	\$3.18	NA
J2358	Olanzapine Long Acting Injectable 1 Mg	Visit/Unit				\$2.75	NA	\$2.75	\$2.75	NA
J2426	Paliperidone Palmitate Injection (Invega Sustenna or Invega Trinza), 1 Mg	Visit/Unit				\$6.52	NA	\$6.52	\$6.52	NA
J2680	Fluphenazine Decanoate Injection 25 Mg	Visit/Unit				\$10.88	NA	\$10.88	\$10.88	NA
J2794	Risperidone, Long Acting, .5 Mg	Visit/Unit				\$5.16	NA	\$5.16	\$5.16	NA
J3360	Valium Injection, Up to 5 Mg	Visit/Unit				\$0.74	NA	\$0.74	\$0.74	NA
J8499	Prescription drug, oral, non-chemotherapeutic nos (oral naltrexone)	Visit/Unit				\$1.20	NA	\$1.20	\$1.20	NA
S5000	Buprenorphine/naloxone generic					\$1.20	NA	\$1.20	\$1.20	NA
S5000	Buprenorphine/naloxone generic		HD			\$0.55	NA	\$0.55	\$0.55	NA
S5001	Buprenorphine/naloxone brand					\$1.38	NA	\$1.38	\$1.38	NA
T1002	Alcohol And/Or Drug Services: (SUD RN Services) Office	15 Minutes				NA	NA	NA	\$31.92	NA
T1002	Alcohol And/Or Drug Services: (SUD RN Services) Office	15 Minutes				NA	NA	NA	\$41.00	NA
T1002	Alcohol And/Or Drug Services: (SUD RN, Office, Group)	15 Minutes	HQ			NA	NA	NA	\$7.98	NA
T1002	Alcohol And/Or Drug Services: (SUD RN Services) Office	15 Minutes	KX			NA	NA	NA	\$31.92	NA
T1002	Alcohol And/Or Drug Services: (SUD RN Services) Home and Community	15 Minutes	KX			NA	NA	NA	\$41.00	NA
T1003	Alcohol And/Or Drug Services: (SUD LPN Services) Office	15 Minutes				NA	NA	NA	\$22.54	\$22.54
T1003	Alcohol And/Or Drug Services: (SUD LPN Services) Home and Community	15 Minutes				NA	NA	NA	\$29.13	\$29.13
T1502	Administration of medication, other than oral and/or injectable.	Visit/Unit	HF			\$16.38	NA	NA	\$16.38	NA
T1502	Administration of medication, other than oral and/or injectable.	Visit/Unit	HG			\$458.64	NA	NA	\$458.64	NA
T1502	Administration of medication, other than oral and/or injectable.	Visit/Unit	TS			\$343.98	NA	NA	\$343.98	NA
T1502	Administration of medication, other than oral and/or injectable.	Visit/Unit	TV			\$114.66	NA	NA	\$114.66	NA
T1502	Administration of medication, other than oral and/or injectable.	Visit/Unit	UB			\$229.32	NA	NA	\$229.32	NA
	LAB CODES									
81002	Urinalysis, Dip Stick/Tablet Reagent; Non-Automated, W/O Microscopy					\$1.45	\$1.45	\$1.45	\$1.45	NA
81025	Urine Pregnancy Test, Visual Color Comparison Methods					\$3.90	\$3.90	\$3.90	\$3.90	NA
83026	Hemoglobin; Copper Sulfate Method, Non-Automated					\$1.46	\$1.46	\$1.46	\$1.46	NA
84830	Ovulation Tests, Visual Color Comparison Methods, Human Luteinizing Hormone					\$6.25	\$6.25	\$6.25	\$6.25	NA
85013	Blood Count; Spun Microhematocrit					\$1.46	\$1.46	\$1.46	\$1.46	NA
85651	Sedimentation Rate, Erythrocyte; Non-Automated					\$2.19	\$2.19	\$2.19	\$2.19	NA
80047	Basic Metabolic Panel (Calcium, Ionized)		QW			\$4.53	\$4.53	\$4.53	\$4.53	NA
80048	Basic Metabolic Panel		QW			\$4.53	\$4.53	\$4.53	\$4.53	NA
80051	Electrolyte Panel		QW			\$2.79	\$2.79	\$2.79	\$2.79	NA
80053	Comprehensive Metabolic Panel		QW			\$6.52	\$6.52	\$6.52	\$6.52	NA
80061	Lipid Panel		QW			\$7.85	\$7.85	\$7.85	\$7.85	NA
80069	Renal Function Panel		QW			\$5.36	\$5.36	\$5.36	\$5.36	NA
80178	Assay Of Lithium		QW			\$4.08	\$4.08	\$4.08	\$4.08	NA
80305	Drug test(s), presumptive, any num of drug classes, devices or proc; capable of being read by direct		QW			\$4.00	\$4.00	\$4.00	\$4.00	NA
81003	Urinalysis, Dip Stick/Tablet Reagent; Automated, W/O Microscopy		QW			\$1.39	\$1.39	\$1.39	\$1.39	NA
81007	Urinalysis; Bacteriuria Screen, Except By Culture/Dipstick		QW			\$1.58	\$1.58	\$1.58	\$1.58	NA
82010	Acetone/Other Ketone Bodies, Serum; Quantitative		QW			\$4.69	\$4.69	\$4.69	\$4.69	NA
82040	Albumin; Serum		QW			\$3.05	\$3.05	\$3.05	\$3.05	NA
82043	Albumin; urine (eg, microalbumin), quantitative		QW			\$3.57	\$3.57	\$3.57	\$3.57	NA
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)		QW			\$2.83	\$2.83	\$2.83	\$2.83	NA
82120	Amines, Vaginal Fluid, Qualitative		QW			\$2.33	\$2.33	\$2.33	\$2.33	NA
82150	Amylase		QW			\$4.00	\$4.00	\$4.00	\$4.00	NA
82247	Bilirubin; Total		QW			\$2.50	\$2.50	\$2.50	\$2.50	NA
82270	Blood, Occult, By Peroxidase Activity, Qualitative; Feces, 1-3					\$2.01	\$2.01	\$2.01	\$2.01	NA
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources		QW			\$2.01	\$2.01	\$2.01	\$2.01	NA
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single					\$2.01	\$2.01	\$2.01	\$2.01	NA
82274	Blood, Occult, Fecal Hemoglobin Determin, Immunoassay, Qualitative,		QW			\$9.82	\$9.82	\$9.82	\$9.82	NA
82310	Calcium; Total		QW			\$3.19	\$3.19	\$3.19	\$3.19	NA
82330	Calcium; Ionized		QW			\$8.44	\$8.44	\$8.44	\$8.44	NA
82374	Carbon Dioxide (Bicarbonate)		QW			\$3.02	\$3.02	\$3.02	\$3.02	NA
82435	Chloride; Blood		QW			\$2.84	\$2.84	\$2.84	\$2.84	NA
82465	Cholesterol, Serum/Whole Blood, Total		QW			\$2.69	\$2.69	\$2.69	\$2.69	NA
82523	Collagen Cross Links, Any Method		QW			\$11.53	\$11.53	\$11.53	\$11.53	NA
82550	Creatine Kinase (Ck), (Cpk); Total		QW			\$4.02	\$4.02	\$4.02	\$4.02	NA

Procedure Code	Description	Units	Modifier	Modifier	Modifier	MD	PHD	MSW	RN	LPN
82565	Creatinine; Blood		QW			\$3.16	\$3.16	\$3.16	\$3.16	NA
82570	Creatinine; Other Source		QW			\$3.20	\$3.20	\$3.20	\$3.20	NA
82679	Estrone		QW			\$12.58	\$12.58	\$12.58	\$12.58	NA
82947	Glucose; Quantitative, Blood (Except Reagent Strip)		QW			\$2.42	\$2.42	\$2.42	\$2.42	NA
82950	Glucose; Post Glucose Dose (Includes Glucose)		QW			\$2.93	\$2.93	\$2.93	\$2.93	NA
82951	Glucose; Tolerance Test (Gtt), 3 Specimens (Includes Glucose)		QW			\$6.04	\$6.04	\$6.04	\$6.04	NA
82952	Glucose; tolerance test, each additional beyond 3 specimens (list separately in addition to code for p		QW			\$2.35	\$2.35	\$2.35	\$2.35	NA
82962	Glucose, Blood, Glucose Monitoring Device(S) Cleared By Fda Specifically For Home Use					\$1.45	\$1.45	\$1.45	\$1.45	NA
82977	Glutaryltransferase, Gamma (Ggt)		QW			\$4.45	\$4.45	\$4.45	\$4.45	NA
82985	Glycated Protein		QW			\$3.27	\$3.27	\$3.27	\$3.27	NA
83001	Gonadotropin; Follicle Stimulating Hormone (Fsh)		QW			\$11.47	\$11.47	\$11.47	\$11.47	NA
83002	Gonadotropin; Luteinizing Hormone (Lh)		QW			\$11.43	\$11.43	\$11.43	\$11.43	NA
83036	Hemoglobin; Glycated		QW			\$5.99	\$5.99	\$5.99	\$5.99	NA
83037	Hemoglobin; glycosylated (a1c) by device cleared by fda for home use		QW			\$5.99	\$5.99	\$5.99	\$5.99	NA
83516	Immunoassay, Non-Antibody/Infectious Antigen Qual/Semiquant; Multiple Step Method		QW			\$7.12	\$7.12	\$7.12	\$7.12	NA
83605	Lactate (Lactic Acid)		QW			\$6.59	\$6.59	\$6.59	\$6.59	NA
83655	Lead		QW			\$7.48	\$7.48	\$7.48	\$7.48	NA
83718	Lipoprotein, Direct Measurement; High Density Cholesterol (Hdl Cholesterol)		QW			\$5.06	\$5.06	\$5.06	\$5.06	NA
83721	Lipoprotein, Direct Measurement; Direct Measurement, Ldl Cholesterol		QW			\$5.89	\$5.89	\$5.89	\$5.89	NA
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity		QW			\$10.20	\$10.20	\$10.20	\$10.20	NA
83880	Natriuretic Peptide		QW			\$20.95	\$20.95	\$20.95	\$20.95	NA
83986	Ph, Body Fluid, Except Blood		QW			\$2.21	\$2.21	\$2.21	\$2.21	NA
84075	Phosphatase, Alkaline		QW			\$3.20	\$3.20	\$3.20	\$3.20	NA
84132	Potassium; Serum		QW			\$2.84	\$2.84	\$2.84	\$2.84	NA
84155	Protein; Total, Except Refractometry		QW			\$2.26	\$2.26	\$2.26	\$2.26	NA
84295	Sodium; Serum		QW			\$2.97	\$2.97	\$2.97	\$2.97	NA
84443	Thyroid Stimulating Hormone (Tsh)		QW			\$10.37	\$10.37	\$10.37	\$10.37	NA
84450	Transferase; Aspartate Amino (Ast) (Sgot)		QW			\$3.20	\$3.20	\$3.20	\$3.20	NA
84460	Transferase; Alanine Amino (Alt) (Sgpt)		QW			\$3.27	\$3.27	\$3.27	\$3.27	NA
84478	Triglycerides		QW			\$3.55	\$3.55	\$3.55	\$3.55	NA
84520	Urea Nitrogen; Quantitative		QW			\$2.44	\$2.44	\$2.44	\$2.44	NA
84550	Uric Acid; Blood		QW			\$2.79	\$2.79	\$2.79	\$2.79	NA
84703	Gonadotropin, Chorionic (Hcg); Qualitative		QW			\$4.64	\$4.64	\$4.64	\$4.64	NA
85014	Blood Count; Hematocrit		QW			\$1.46	\$1.46	\$1.46	\$1.46	NA
85018	Blood Count; Hemoglobin		QW			\$1.46	\$1.46	\$1.46	\$1.46	NA
85025	Blood Count; Complete Cbc, Automated (Hgb, Hct, Rbc, Wbc, & Platelet) & Automated Differential		QW			\$4.80	\$4.80	\$4.80	\$4.80	NA
85576	Platelet, Aggregation (In Vitro), Each Agent		QW			\$6.15	\$6.15	\$6.15	\$6.15	NA
85610	Prothrombin Time		QW			\$2.42	\$2.42	\$2.42	\$2.42	NA
86294	Immunoassay For Tumor Antigen, Qualitative Or Semiquantitative (Eg, Bladder Tumor Antigen)		QW			\$8.82	\$8.82	\$8.82	\$8.82	NA
86308	Heterophile Antibodies; Screening		QW			\$3.20	\$3.20	\$3.20	\$3.20	NA
86318	Immunoassay, Infectious Agent Antibody, Qualitative, Semiquantitative, Single Step		QW			\$7.99	\$7.99	\$7.99	\$7.99	NA
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE		QW			\$9.86	\$9.86	\$9.86	\$9.86	NA
86618	Antibody; Borrelia Burgdorferi (Lyme Disease)		QW			\$10.51	\$10.51	\$10.51	\$10.51	NA
86701	Antibody; Hiv-1		QW			\$5.48	\$5.48	\$5.48	\$5.48	NA
86780	Antibody; Treponema Pallidum		QW			\$8.17	\$8.17	\$8.17	\$8.17	NA
86803	Hepatitis C Antibody		QW			\$8.14	\$8.14	\$8.14	\$8.14	NA
87077	Culture, Bacterial; Aerobic Isolate, Add1 Methods Required For Definitive Id, Ea Isolate		QW			\$4.99	\$4.99	\$4.99	\$4.99	NA
87210	Smear, Primary Source W/Interpretation; Wet Mount, For Infectious Agents		QW			\$2.64	\$2.64	\$2.64	\$2.64	NA
87338	Infect agent antigen detect by immunoassay tech, (eg, enzyme immunoassay [EIA] and others) qua		QW			\$8.88	\$8.88	\$8.88	\$8.88	NA
87449	Infect agent antigen detect by immunoassay tech, (eg, enzyme immunoassay [EIA] and others) qua		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87502	Infectious Agent Dna/Rna Influenza 1St 2 Types		QW			\$52.53	\$52.53	\$52.53	\$52.53	NA
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (E		QW			\$79.19	\$79.19	\$79.19	\$79.19	NA
87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (E		QW			\$257.27	\$257.27	\$257.27	\$257.27	NA
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA
87651	Infectious Agent, Nucleic Acid (Dna/Rna); Streptococcus Group A, Amplified Probe		QW			\$21.67	\$21.67	\$21.67	\$21.67	NA
87804	Infectious Agent, Immunoassay, Direct Observation; Influenza		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87807	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Observation; Respiratory S		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87808	Infectious Agent Antigen Detection by Immunoassay with Direct Optical Observation; Trichomonas		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87809	Infectious Agent Antigen Detection by Immunoassay with Direct Optical Observation; Adenovirus		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87880	Infectious Agent, Immunoassay, Direct Observation; Streptococcus Group A		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87899	Infectious Agent, Immunoassay, Direct Observation; Nos		QW			\$7.40	\$7.40	\$7.40	\$7.40	NA
87905	Infectious Agent Enzymatic Activity other than Virus (Eg, Sialidase Activity In Vaginal Fluid)		QW			\$7.54	\$7.54	\$7.54	\$7.54	NA
89300	Semen Analysis; Presence &/Or Motility, Sperm W/Huhner Test (Post Coital)		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA
89321	Semen Analysis; Presence &/Or Motility Of Sperm		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA
G0328	Fecal blood scrn immunoassay		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA
G0472	HEPATITS C ANTIBODY SCREENING FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA
G0475	HIV antigen/antibody, combination assay, screening		QW			\$0.00	\$0.00	\$0.00	\$0.00	NA

Footnotes:

The listing of a service or CPT code above does not guarantee that it will be covered under every account-specific plan. To be reimbursable, a service provided to a beneficiary must be a covered benefit under the beneficiary's benefit plan. Lesser of logic applies. All reimbursements are less patient responsibility and represent the total allowable reimbursement, including patient responsibility, for all pre-authorized services only. Patient responsibility represents the applicable co-payment, coinsurance, and/or deductible, and is determined by type of insurance and/or benefit plan.

Reimbursement: There will be reimbursement for the transmission fee at the originating site + MH services provided based upon rates above. There will be no facility fee reimbursement for the distant site.

Modifiers:

HF - Substance Abuse Program

HG - Opioid Addiction Treatment Program

HD - Pregnant Women's Program

TS - Follow up service

TV - Special Payment Rate/Overtime

AJ - Clinical Social Worker

AH - Clinical Psychologist

HP - Doctoral Level trained Professional

HO -Master's degree level trained Professional

HN -Bachelor's degree level trained Professional

GT - Telehealth

UB - Medicaid level of care 11, as defined by the State.

KEY FOR CURRENT/PREVIOUS MAXIMUM FEE

B	BUNDLED PROCEDURE WITH NO SEPARATE PAYMENT		
BR	BY REPORT		
D	DISCONTINUED PROCEDURE CODE		
FP	FORMULA PRICING		
IC	INFORMATIONAL CODE		
NC	NON-COVERED SERVICE		
PA	PRIOR AUTHORIZATION -- DETERMINED DURING PRIOR AUTHORIZATION		
PC	PROVIDER CHARGE -- DETERMINED INDIVIDUALLY BY PROVIDER		
PF	PROVIDER FEE PAID IN ACCORDANCE WITH OAC RULE 5160-1-60.3		
SA	SISTER AGENCY CODE ONLY		
WP	WAIVER PRICING		
0.01	PAYMENT REQUIRING CALCULATION (e.g., BR, FP, PC)		