

**AMENDMENT #1 TO THE CONTRACT WITH Granite
WELLNESS CENTERS (Res 23-358)**

THIS AMENDMENT is executed this 23rd day of April 2024 by and between GRANITE WELLNESS CENTERS, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County.” Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on July 11, 2023 per Resolution RES 23-358; and

WHEREAS, the Contractor provides perinatal and non-perinatal Outpatient Drug Free Treatment (ODF) and Intensive Outpatient Treatment (IOT) services for substance abuse using pregnant and/or parenting women, men and adolescents. Comprehensive Residential Treatment Program Services for the recovery of alcohol/drug dependency and Substance Abuse Prevention and Treatment Services to residents of Nevada County; and

WHEREAS, the parties desire to amend their Agreement to revise Exhibit “A” Schedule of Services and Exhibit “B” Schedule of Payments to incorporate the purchase of 22 dedicated beds at the Bost House.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of May 1, 2024.
2. That the Schedule of Services, Exhibit “A” is amended to the revised Exhibit “A” attached hereto and incorporated herein.
3. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

By: _____
Hardy Bullock

CONTRACTOR:

By: _____

ATTEST:

By: _____

EXHIBIT A
SCHEDULE OF SERVICES
GRANITE WELLNESS CENTERS

Granite Wellness Centers, hereinafter referred to as “Contractor” shall provide substance use disorder services for the County of Nevada, Department of Behavioral Health hereinafter referred to as “County” including services to Drug Medi-Cal, Perinatal, Adult Drug Court, Probation, CalWORKs and Child Protective Services participants. This Contract shall include the following specific program components:

- Section I. Outpatient Services ASAM Level 1 and Intensive Outpatient (IOT) Treatment ASAM Level 2.1.
- Section II. Residential Treatment ASAM Level 3.1 and 3.5 Withdrawal Management ASAM Level 3.2 Programs and Recovery Residences
- Section III. Perinatal Services
- Section IV. Recovery Services
- Section V. Youth and Adult Prevention Programs; Adolescent Outpatient Treatment
- Section VI. Maintenance and Repairs-Lovett Recovery Center
- Section VII. DUI Program
- Section IX. SABG Funded Treatment Services
- Section X. Adult Drug Court and Service for Probation Department
- Section XI. Contractor Responsibilities

SECTION I. OUTPATIENT SERVICES

(ASAM LEVEL 1.0 AND INTENSIVE OUTPATIENT SERVICES (ASAM LEVEL 2.1))

Program Overview:

Outpatient Services (ASAM Level 1) are counseling services provided to beneficiaries (up to 9 hours a week for adults, and less than 6 hours a week for adolescents) when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary and in accordance with an individual’s problem list. (or treatment plan when applicable).

Intensive Outpatient Treatment (IOT) (ASAM Level 2.1) are structured programming services provided to beneficiaries a minimum of nine (9) hours with a maximum of nineteen (19) hours a week for adults, and a minimum of six (6) hours with a maximum of nineteen (19) hours a week for adolescents, when determined by a Medical Director or LPHA to be medically necessary and in accordance with the individual’s problem list (or treatment plan when applicable).t. Services consist of intake, individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention, formulation of problem list, and discharge services.

For group counseling in ODF and IOT, one or more clinicians treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the individuals served. At least one participant in the group session must be Drug Medi-Cal (DMC) eligible to claim DMC reimbursement for the group session. (Title 22 §51341.1).

Youth outpatient treatment services (ASAM Level 1.0 and ASAM Level 2.1) will be provided following the current Youth Treatment Guidelines issued by the Department of Health Care Services (DHCS). https://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

A. Outpatient and Intensive Outpatient Services contain the following elements:

1. **Intake:** The process of determining that a beneficiary meets the medical necessity criteria and admitting the beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Contractor will screen for co-occurring disorders. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
2. **Individual and Group Counseling:** Contacts between a beneficiary and a therapist or counselor.
3. **Patient Education:** Provide research-based education on addiction, treatment, recovery, and associated health risks.
4. **Family Therapy:** The effects of addiction are far-reaching, and patient's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the patient's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
5. **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
6. **Crisis Intervention Services:** Contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation.
7. **Transportation Services:** Provision of or arrangement for transportation to and from medically necessary treatment.
8. **Care Coordination:** Service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Care coordination can be face-to-face or over the telephone and shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law. The components of care coordination include:
 - a) Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of care coordination;
 - b) Transition to a higher or lower level of SUD care;
 - c) Development and periodic revision of a client plan that includes service activities;
 - d) Communication, coordination, referral, and related activities;
 - e) Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
 - f) Monitoring the beneficiary's progress; and
 - g) Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

Location of ODF and IOT Services:

Grass Valley Campus: 180 Sierra College Dr., Grass Valley, CA 95945: A campus-style wellness center focused on substance abuse recovery and mental health located in Grass Valley. The center combines therapy, counseling, psychiatric, residential and medical services with programs that promote self-sufficiency education, supportive Recovery Residences, employment and parenting/ life-skill training.
Service Center: 10015 Palisades Drive, Suite 1, Truckee, CA 96161
Auburn Center: 12183 Locksley Lane, Auburn CA 95602
Lincoln Services Center, 1530 3rd Street, Lincoln, CA 95648
Roseville Service Center, 730 Sunrise Ave, Bldg 200 Roseville, CA 95661

SECTION II. RESIDENTIAL TREATMENT, WITHDRAWAL MANAGEMENT PROGRAMS, AND RECOVERY RESIDENCES FOR ADULTS

Program Overview: Residential, Withdrawal Management, Transitional

Contractor's residential treatment and withdrawal management programs provide comprehensive treatment services to adult men and women, over the age of eighteen (18), in a carefully structured and supportive environment with a high degree of accountability. Granite Wellness Centers shall provide an integrated continuum of care for a client that focuses on each unique individual and his/her family system.

Contractor shall provide a safe, supportive, social model, non-medical model treatment environment 24 hours/ 7 days a week. Contractor will be co-occurring disorder and Rapid Re-Housing competent, accept clients who are receiving Medication Assisted Treatment, and connect clients to employment and related services as soon as possible. Clients may stay in residential treatment for varying lengths of time (short term to be less than 30 days, long term to be stays exceeding 30 days) based on an assessment from County. Contractor will submit to the county in writing an American Society of Addiction Medicine (ASAM) criteria Level of Care (LOC) assessment, documenting the need for the extension of residential treatment services. Any additional authorization is not to exceed 30 calendar days. The Addiction Severity Index (ASI) – Edition #5 or Comprehensive Assessment Tool along with the ASAM criteria will be administered to all clients entering any level of treatment. A substance use related disorder, and mental health diagnosis, if appropriate, diagnosis will be established on all clients using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Clients will be moved to the least restrictive level of care appropriate based on clinical staffing case review (including ASAM, ASI or Comprehensive Assessment Tool and DSM-5 diagnosis). Clients with a score of placing in Level 3.1 or 3.5 on ASAM will be admitted to residential treatment. Discharge planning will begin upon entry into the treatment program. Contractor shall foster conditions which will support reintegration of the client into the community by providing a stable residential situation and partnering with the client on active discharge planning.

Contractor shall maintain at all times trained, skilled, paid staff on every shift. All staff providing direct alcohol and other drug (AOD) services to the residents of the program must be either registered or certified with a DHCS approved certifying organization. Certified Substance Use Disorder Counselors and other clinical staff shall be on site at least 16 hours per day. The Contractor shall maintain a documented staffing plan that covers staffing strategies for business hours, after hours, and weekends. The plan will detail the use of peer volunteers and paid staff, and the minimum qualifications required for each position and/or situation.

Locations and Site-Specific Criteria:

Granite Wellness Centers operates three fully licensed residential facilities, all of which also have licenses for withdrawal management services:

Grass Valley Campus: Hope House/Serenity House: 159 Brentwood Dr., Grass Valley, CA 95945
Nevada City Campus: Lovett Recovery Center (LRC) at Bost House (LRC): 145 Bost Avenue, Nevada City, Ca 95959.

Hope House is a residential treatment program for women (18 or over) with children (up to age 12, or with special exception) and single women (age 18 or over), and Serenity House is for men (18 or over). Hope House/Serenity House are licensed and certified by ADP to serve up to 50 adult women/men with up to 10 children. The programs are also approved for withdrawal management services.

LRC or Bost House is a residential treatment program certified by ADP to serve up to 27 women/men. The program is also approved for withdrawal management services.

- 1) Contractor shall reserve and maintain in their bed inventory, twenty-two treatment beds at the Bost House location for the sole use of the County (“dedicated beds”).
- 2) Individual bed rate shall not be charged to County if Contractor does not fill the bed within 24 hours of receiving a referral from the County, unless the 24 hours falls on a weekend or a holiday, then the bed will be filled by the end of the next business day following the weekend or the holiday. Effort should be made by both parties to fill beds prior to the weekend.
- 3) If Contractor declines referral from County, Contractor must provide notice to County within 24 hours unless the 24 hours falls on a weekend or a holiday then notice must be given by the end of the next business day following the weekend or the holiday including reason for decline. Upon declining a referral, Contractor must immediately attempt to place any subsequent referrals in referral queue from County within the above stated 24 hours.
- 4) If Contractor is unable to provide sufficient staffing to operate twenty-two beds, County shall only be responsible for payment of number of available treatment beds in accordance with staffing levels.
- 5) Contractor shall provide County with weekly census of clients at Bost House.

County agrees to pay for 22 beds per night, assuming the above criteria have been met, even when the County does not have 22 clients ready to be placed in those beds.

Auburn Campus: Residential/Withdrawal Management: 12125 Shale Ridge Lane, Auburn, CA 95603
Auburn Campus Residential (ACR) can serve men and women, without children. This facility has been continuously operating as a residential treatment home since 1988. ACR is licensed and certified by the State to serve up to 25 adult men and women. Although it is a co-ed facility, gender populations are separated; all programming is gender- specific with exception of family nights and house meetings.

Residential and Withdrawal Management Program Components:

All policies and procedures for refusal to admit an individual to or for terminating an individual from a program will be subject to County review. All terminations will be reported as soon as the decision is in process and no later than the actual termination. If it is a weekend, a voicemail message will be left with the County contact in addition to all regular discharge communications and processes.

Residential providers will not automatically discharge a beneficiary who has tested positive on a urine analysis unless it is determined that they are an imminent risk to themselves or other clients. Instead, the beneficiary will receive an individual counseling session, to determine what triggered the use and may be reassessed to a different level of care when appropriate. A face-to-face meeting with the county care coordinator and/or probation officer (if applicable) is recommended as well.

1. REFERRAL & AUTHORIZATION

a) Referrals

Clients may be referred to Contractor through an authorized County agency or may be self-referred. County will conduct initial screening to make an initial level of care determination and pre-authorize residential treatment and/or withdrawal management.

- 1) Self-referred clients may be screened by Contractor for eligibility; the screening shall be sent to the county for pre-authorization and placement on the referral list.

- 2) Clients that do not meet the criteria for residential placement will be referred to an outpatient substance use treatment program
- 3) The client's chart will contain the clinical documentation needed to support the level of care the client is receiving.
- 4) Contractor will not be required to request treatment extensions from the county but the documentation supporting the needed for extended treatment shall be contained in the chart and will be periodically reviewed by the County.

RESIDENTIAL Treatment Services:

RESIDENTIAL LEVEL 3.1– Clinically Managed Low Intensity

Provides 24-hour structure with available trained personnel and at least 5 hours of clinical service per week of low-intensity treatment of substance use related disorders and preparation for outpatient treatment. Treatment is characterized by services such as individual, group, and family counseling and psychoeducation. These services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies.

RESIDENTIAL LEVEL 3.5– Clinically Managed High-Intensity

Provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and preparation for outpatient treatment. Services include at least 20 hours of clinical service per week designed to assist clients whose addiction is so out of control that they need a 24-hour high intensity, supportive treatment environment.

1. Intake: The process of determining that a beneficiary meets the medical necessity criteria and admitting the beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Contractor will screen for co-occurring disorders. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
2. Individual and Group Counseling: Contacts between a beneficiary and a therapist or counselor.
3. Patient Education: Provide research-based education on addiction, treatment, recovery, and associated health risks.
4. Family Therapy: The effects of addiction are far-reaching, and patient's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the patient's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
5. Safeguarding Medications: Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.
6. Collateral Services: Sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
7. Crisis Intervention Services: Contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation.

8. **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within ten (10) days of admittance to the program, reviewed every 30 days, and then updated every 90 days unless there is a change in treatment modality or significant event that would then require a new treatment plan. At a minimum the Treatment Plan will be written to address these seven (7) domains:
 - a) Drug Use and/or Withdrawal Potential
 - b) Biomedical/Behavioral Conditions and Complications (physical health)
 - c) Emotional/Behavioral Conditions and Complications (mental health)
 - d) Treatment Acceptance/Resistance/Readiness to Change
 - e) Relapse/Continued Use Potential
 - f) Recovery Environment (Family, Social, Educational, Vocations)
 - g) Discharge Planning (plan for reintegration into community after discharge, including permanent housing and support)

9. **Transportation Services:** Provision of or arrangement for transportation to and from medically necessary treatment.

10. **Care Coordination:** Service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Care coordination can be face-to-face or over the telephone and shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law. The components of care coordination include:
 - a) Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of care coordination;
 - b) Transition to a higher or lower level of SUD care;
 - c) Development and periodic revision of a client plan that includes service activities;
 - d) Communication, coordination, referral, and related activities;
 - e) Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
 - f) Monitoring the beneficiary's progress; and
 - g) Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

11. **Clinical Consultation:** Not a direct service to the beneficiary. Clinical Consultation Services include Contractor Clinical staff consulting with addiction medicine physician specialist, addiction psychiatrists or clinical pharmacists. Clinical consultation services are not with the client; rather, they are designed to assist DMC clinicians and/or physicians with seeking expert advice on designing treatment plans for specific clients, and to support DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

12. **Discharge Services:** The process to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services.

13. **Community Outreach and Issue Resolution at the Lovett Recovery Center at Bost House:** Contractor to conduct community outreach, liaise with service groups, and resolve issues with neighbors that may arise.

Contractor shall utilize evidence-based practices (EBPs) and curricula throughout the programs, including outpatient services and residential treatment. The practices must have efficacy as referenced in literature and be identified as a best practice at the SAMHSA website (<http://www.samhsa.gov>).

Overviews of these practices are listed below:

- a. **Motivational Interviewing:** A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem-solving or solution-focused strategies that build on beneficiaries' past successes.
- b. **Cognitive-Behavioral Therapy:** Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.
- c. **Relapse Prevention:** A behavioral self-control program that teaches individuals with SUD how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial SUD treatment.
- d. **Trauma-Informed Treatment:** Services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice, and control.
- e. **Psycho-Education:** Psycho-educational groups are designed to educate beneficiaries about substance abuse and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.
- f. **DMC-ODS Counties shall ensure providers have implemented EBPs and are delivering the practices to fidelity.**

Special Issues Addressed:

Contractor's residential programs have comprehensive policies and procedures to work with specific populations such as:

- 1) Women's and men's issues
- 2) Clients with trauma and sexual assault issues
- 3) Clients with co-occurring disorders
- 4) Clients with specific criminal justice issues
- 5) Clients with literacy issues.

County reserves the right to visit the residential program and to walk through the facility without any prior notice. County staff will be courteous and non-disruptive to the ongoing treatment program when performing this function. The County further reserves the right for county department staff to participate in any of the treatment groups with reasonable prior notification to the Contractor and written consent of all group participants.

Discharge/ Relapse Prevention/ and Community Integration: Contractor's residential program prioritizes transition (or discharge) planning, beginning at intake to support successful reintegration. Contractor's programs include the following components:

- a. **Family Team Meetings:** A key strategy to support successful reintegration through engaging the participant and the identified support system to collectively support the participant's plan.
- b. **Follow-up Care:** During intake, consent for follow-up is signed by each participant and upon successful completion each participant is called at 30 days, 90 days, 6 months, and 1 year after completion of program to assess their level of success and/or needs for additional services or

referrals. Reports are compiled on an annual basis and disseminated to staff. Individuals are encouraged to attend weekly Alumni meetings and regularly check in with staff on their current status.

- c. Care Coordination: Granite Wellness Centers' clinicians provide strength-based care coordination to identify appropriate resources and plans with respect to housing, employment, education, medical services, and support clients to achieve other milestones toward greater self-sufficiency (e.g. childcare enrollment; obtaining and improving credit scores, etc.).
- d. Alumni: Participants are also encouraged to join Granite Wellness Centers Alumni, an informal support system as well as a means for contributive citizenship. Alumni participate in community events to help educate about available resources, fundraise to support people in early recovery, and participate in events like Recovery Happens.
- e. Transition Plan: A written transition plan is prepared when a person is transferred to another level of care, an aftercare program, or prepares for discharge. In addition to resources, the plan will identify the person's current progress in his/her own recovery and movement toward wellbeing; need for support systems; as well as information on medications, when applicable; referral source information; and communication on options available should symptoms recur. Contractor will report to the County the date of discharge or termination and discharge status within one business day. Contractor can confirm successful planned discharge via email to the designated County contact but needs to call the designated contact prior to any unplanned termination.
- f. Relapse: Contractor will not automatically discharge a beneficiary who has tested positive on a urine analysis unless it is determined that they are an imminent risk to themselves or other clients. Instead, the beneficiary will receive an individual counseling session, to determine what triggered the use and may be re-assessed to a different level of care when appropriate with a concurrent adjustment to the treatment plan. A face-to-face meeting with the county care coordinator and/or probation officer (if applicable) is recommended as well.

WITHDRAWAL MANAGEMENT:

1. Contractor will provide ASAM level 3.2 Clinically Managed Residential Withdrawal Management, sometimes referred to as "social setting detoxification".
2. Contractor's withdrawal management services shall be in full compliance with all applicable county, state, and federal laws, ordinances, rules and regulations, and shall remain in full compliance during the term of any contract with the County.
3. Contractor shall maintain at all times trained, skilled, paid staff on every shift that have been trained on CPR, Life Support and Withdrawal Management.
4. Withdrawal Management is considered to be a minimum of 72 hours but is not to exceed 30 days.
5. Contractor shall maintain policies and procedures that include under what conditions nursing and physician care is warranted and/or when transfers to a medically monitored facility or an acute care hospital are necessary.
6. The Contractor shall maintain policies and procedures that include under what conditions a client is accepted into the residential program who receives Medication Assisted Treatment (MAT) through another provider in the community.
7. Contractor will partner with the County to develop an appropriate aftercare plan for each person referred under the terms of the contract.
8. Contractor will provide care coordination services and seek physician consultation when appropriate.

RECOVERY RESIDENCES:

Contractor will provide Recovery Residences for Adult Drug Court participants and other participants authorized by the County. Contractor maintains nine Recovery Residences, 53 beds total; separated for men, for women; and for women with children. Participants in residential treatment often access this resource as a lower level of care that still provides an affordable supported living environment, free from any illicit drug and non-prescribed medication, while individuals rebuild their own housing and employment resources.

Contractor to provide Recovery Residences to grant participants through grant funding from Community Based Transitional Housing (CBTH). Additionally, SABG funds may be used to fund Recovery Residences for participants approved by the County. Contractor operates Recovery Residences in accordance with all applicable zoning.

Individuals are required to participate in ongoing outpatient treatment while they live in the Recovery Residences program, to remain illicit drug free, and are expected to be active in developing the assets for self-sufficiency such as job skills, continued education, receiving medical attention for chronic issues, and attaining permanent and safe housing. In addition to maintaining abstinence from drugs and alcohol, the explicit goal of transitional living is for individuals to use the time to build a solid foundation for self-sufficiency.

Contractor will not automatically discharge a beneficiary who has tested positive on a urine analysis unless it is determined that they are an imminent risk to themselves or other clients. Instead, the beneficiary will receive an individual counseling session, to determine what triggered the use and may be reassessed to a different level of care when appropriate. A face-to-face meeting with the county care coordinator and/or probation officer (if applicable) is recommended as well.

All participants that will be funded for Recovery Residences with County funds must have prior written authorization from Nevada County Behavioral Health Department. County will issue a written authorization according to a level system. In level 1 funding, the county will pay 100% cost generally for 1-3 months depending on client needs and circumstances. In level 2 funding, the county pays 50% of the Recovery Residence fees and the client pays the remaining 50%. Level 2 is typically offered for 3 months depending on individualized client needs. In Level 3, the county pays 25% and the client pays 75%. In Level 4, the county will pay 10% of the cost of Recovery Residence while the client completes treatment and maintains employment and/or educational program. The levels allow clients in early recovery to focus on their treatment. They then gradually transition to a focus on independent living and self-sufficiency. Contractor shall not be reimbursed by County for housing unless a written authorization is on file. Contractor will submit a request for reauthorization in writing to the County Department which funds the client's housing no later than 5 business days prior to expiration date of the current authorization period. Contractor to follow the Recovery Residences Guidelines developed by the County in according to SABG regulations and participate in inspections as directed by the County.

Statham (Fund 1144) Funded Program Services:

Statham funds are fines imposed for violations of the Vehicle Code, Sections 23103, 23104, 23152, or 23153. Statham funds are to be used exclusively for treatment of Alcohol Use Disorder or A Substance Use Disorder that includes Alcohol Use Disorder. Contractor agrees to provide residential treatment services for individuals referred from the County and as authorized for Statham Services under this Agreement.

SECTION III. PERINATAL SERVICES

The Perinatal Program provides coordinated substance abuse intervention and treatment services complimented with health care and pertinent ancillary services to pregnant and parenting women of Nevada County following the current Perinatal Services Network Guidelines issued by DHCS In

bringing together substance abuse treatment, mental health, and social services expertise, with health professionals. Contractor shall provide a cohesive system for intervention, assessment, education, treatment and referrals to enhance the well-being of women and their children.

https://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_Guidelines_FY1819.pdf

The Perinatal Program will also:

- 1) Provide or arrange for primary pediatric care, including immunizations, for patients' dependent children.
- 2) Provide onsite childcare for children during the hours of the Perinatal Treatment Program. However, the mother is ultimately responsible for her children, and in the event of a child's illness or other problems, the mother may be asked to leave the women's activities and care for her child(ren).
- 3) Provide or arrange for transportation to and from the treatment site, for individuals who do not have their own transportation. Perinatal Services shall include but not necessarily be limited to the following:
 - Substance abuse counseling and education;
 - Individual, group, and family counseling;
 - Sexual and physical abuse counseling;
 - Parenting education; mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
 - Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant;
 - Education on HIV/AIDS transmission and access to testing;
 - Education on TB and Hep C and access to testing;
 - Coordination of ancillary services (i.e. assistance in accessing and completing dental services, social services, community services, educational/vocational training, and other services which are medically necessary to prevent risk to fetus or infant); referral to pertinent community services according to client treatment/discharge plans;
 - Gender specific substance abuse treatment and other therapeutic interventions for women which address issues of relationships, sexual and physical abuse, and parenting;
 - Sufficient care coordination to ensure that women and their children have access to primary medical care, primary pediatric care, gender specific substance abuse recovery and treatment, and other needed services.
- 4) Referrals based on individual assessments that may include, but are not limited to: self- help recovery groups; pre-recovery and treatment support groups, sources for housing, food, legal-aid, care coordination; children's services, medical services, and Temporary Assistance to Needy Families/ Medi-Cal service.

Perinatal Target Population: Women with a Substance Use Disorder (SUD) who are:

- (a) Pregnant; or
- (b) Parenting and using substances, with dependent child(ren) or
- (c) Attempting to regain custody of their children; or
- (d) Postpartum and their children, or
- (e) With substance exposed infants.

Perinatal Admission Priority: Priority admission for women to perinatal funded services will be given in the following order:

- (a) Pregnant injection drug users;
- (b) Pregnant substance users;
- (c) Injection drug users;
- (d) All others.

Referral to Other Programs and Interim Services:

When Granite Wellness Centers' Perinatal program is unable to admit a substance abusing pregnant woman because of insufficient capacity or because the program does not provide the necessary services, a referral will be made to a program that can meet the client's needs until admission to Perinatal services can be accommodated. Such referral or interim services will be provided within 48 hours of a woman physically presenting for services at Granite Wellness Centers. Pregnant women receiving interim services will be placed at the top of the waiting list for program admission.

- A. Injection drug-using women will either:
 - 1) Be admitted to the program no later than 14 days after making the request; or
 - 2) Admitted to program within 120 days after making the request, if interim services are provided.
- B. A list of community resources shall be made available to all clients.
- C. Interim Services will be as follows:
 - 1) HIV and Tuberculosis (TB) education and counseling and referrals for testing;
 - 2) Referrals for prenatal health care;
 - 3) Education on the effects of alcohol and drug use on the fetus
 - 4)

SECTION IV. RECOVERY SERVICES

Program Overview: Recovery services are made available to eligible beneficiaries after they complete their course of treatment. Recovery Services are designed to emphasize the client's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to patients. Services are available to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse. Recovery services may be provided by a LPHA, registered or certified substance use treatment counselor, or certified peer staff.

Recovery Services shall include:

- **Outpatient Counseling Services:** In the form of individual or group counseling to stabilize the beneficiary and then reassess if the beneficiary needs further care. (Billed as "Individual Counseling" or "Group Counseling")
- **Recovery Monitoring:** Recovery coaching, monitoring via telephone and internet. (Billed as Recovery Monitoring/Substance Use Assistance)
- **Substance Abuse Assistance:** Peer-to-peer services and relapse prevention. (Billed as Recovery Monitoring/Substance Use Assistance)
- **Education and Job Skills:** Linkages to life skills, employment services, job training, and education services. (Billed as Care Coordination)
- **Family Support:** Linkages to childcare, parent education, child development support services, family/marriage education. (Billed as Care Coordination)
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support. (Billed as Care Coordination)
- **Ancillary Services:** Linkages to housing assistance, transportation, care coordination, individual services coordination. (Billed as Care Coordination)

Additionally, the Contractor shall:

1. Provide Recovery Services to beneficiaries as medically necessary.
2. Provide beneficiaries with access to recovery services after completing their course of treatment.
3. Provide recovery services either face-to-face, by telephone, or by telehealth, and in any appropriate setting in the community with the beneficiary.

Requirements:

1. The use of an active and ongoing problem list is required, with progress notes reflecting the care given, aligning with the appropriate billing codes.
2. A problem list is required for all clients in recovery services. It is due within 30 days of day of admission to Recovery Services.
3. The problem list and corresponding progress notes may include the plan for ongoing recovery and relapse prevention that was developed during discharge planning when treatment was completed.

Services provided by peers will be allowed after the County submitted a SUD Peer Support Training Plan to DHCS and received approval.

SECTION V. MAINTENANCE AND REPAIRS-LOVETT RECOVERY CENTER AT BOST HOUSE

Contractor will contribute toward the maintenance and repair of the facility as outlined in Exhibit "B" of this contract.

SECTION VI. PREVENTION/EARLY INTERVENTION

Prevention Services: Services in I and II below shall be provided cost free to the general public:

I. Information, Referral Services and Community Presentations:

Contractor shall provide information and/or referral services and community presentations to individuals about alcohol abuse and other drug related problems for themselves, their family or other individuals.

II. Drop-In Center:

Contractor shall provide a non-drinking, supportive environment for individuals in recovery who are encouraged to drop in on a non-scheduled basis. The drop-in center will be located at the Service Center and will be open during normal business hours. Printed materials will be displayed in a convenient place where members of the community may take advantage of them.

III. Student Intervention Program (SIP) and other Youth Prevention/Treatment Services.

Target Population: Adolescents (ages 13 through 18) defined as at-risk for chemical dependency and adolescents who are transitioning from out-of-home placement or at risk of entering/re-entering the Foster Care System.

Referrals for the program will come through Juvenile Probation, Courts, Child Protective Services, Behavioral Health, CalWORKs, Schools, Smart Team, parents and self-referrals. Adolescents receiving services under the Supported Therapeutic Options Program (S.T.O.P.) are non Medi-Cal eligible.

Program Overview: SIP is provided as a short-term intervention program off school campus and youth outpatient services are longer term off school campus prevention/treatment program. SIP is a 4-week diversion program for first-time offenders. The purpose of SIP is to provide an effective, targeted program to reduce recurrence of youth substance use or possession and increase student attendance. Students who receive a drug or alcohol citation, such as possession, are referred to the program, composed of four group therapy sessions, two individual counseling sessions, and intake and exit appointments (attended by parent/guardian). The KIDS curriculum (Keep it Direct and Simple) is used, an evidenced-based practice involving interactive journaling addressing a variety of issues affecting positive teen behavior along with the group and individual sessions. The process of journaling builds self-responsibility, promotes self- efficacy, and helps youth personalize core concepts. The KIDS curriculum uses a cognitive behavioral approach delivered by certified, licensed addiction professionals on campus.

Youth Outpatient Prevention/Treatment Program provides a variable outpatient program for adolescents. This program is set up in three phases. Each phase is at twelve (12) week increments and

consists of at least one, or as many as three weekly education/process groups (1 hr. and 30 mins.), a minimum of seven (7) individual counseling sessions (1 hr.) and may also include therapeutic services; individual therapy sessions as well as Family Therapy Groups (weekly), where appropriate. Clients will submit urinalysis tests as frequently as once weekly and with a minimum of once monthly. Successful completion of services is contingent upon a clean urinalysis test. Each intervention episode will include up to one-year of follow-up contact by Granite Wellness Centers.

Program Description

1. **Intake Session:** This session will provide the participant, their family member/members, and the substance abuse counselor the opportunity to sign all necessary forms (program expectations, releases of information, consent for follow-up contact, consent for counseling, health questionnaire), and be orientated to program expectations and policies. The participant is then interviewed without family member/members to initiate the counseling relationship. Participant will submit a urinalysis test upon intake.
2. **Assessment:** An initial assessment is done at intake to determine the participant's level of care and clinical needs. This is done by administering the ASAM criteria LOC assessment, a substance abuse history, Biopsychosocial and clinical interview with the substance abuse counselor.
3. **Education/Process Groups:**
Participants will attend a minimum of twelve (12) groups (once weekly), and a maximum of thirty-six (36) groups (three times weekly); dependent upon the phase of treatment that may best fit the participant's needs and based on information gathered at initial assessment. Education/Process groups will be (1 hr and 30 mins.) in length and will address the following topics:
 - 1) ***"Why Am I Here?"***- exploring reasons for entering a program for making positive life changes and preparing for the work that lies ahead.
 - 2) ***"Abuse or Addiction?"*** – gain an understanding of how alcohol and other drugs affect bodies, minds and lives.
 - 3) ***"My Values"***- how values affect decision making.
 - 4) ***"My Family"*** – a look at families and the issues affecting the family structure
 - 5) ***"Personal Relationships"*** – how to improve current relationships and build new ones.
 - 6) ***"Anger and Other Feelings"*** – learning to understand and accept feelings and assist in learning to cope with difficult feelings.
 - 7) ***"I'm Okay"*** – recognizing feelings about one's self and how to increase self-worth.
 - 8) ***"Faulty Beliefs"*** – examining errors in thinking that may have led to high-risk behaviors.
 - 9) ***"Living with Others"*** – evaluate and practice skills in areas that are important to interacting with other people.
 - 10) ***"Powerlessness and Unmanageability"*** – learning to accept the powerlessness and unmanageability of personal alcohol or other drug use.
 - 11) ***"Personal Inventory"*** – identifying tools needed to do a personal inventory, identifying both their negative and positive traits.
 - 12) ***"Moving On"*** - Relapse prevention and Exit Planning
4. **Individual Sessions:**
Participants will attend (1 hr.) individual counseling sessions, as needed and as frequently as every week, in conjunction with other programming. The focus of the sessions will be to determine participant's progress, level of understanding of presented information, develop with the participant and family member/members an action plan specific to the participant's relation to substance abuse, and monitor achievement of the action plan goals. The topics to be addressed in these sessions are as follows:
 - 1) Process past and present
 - 2) Addictive behaviors

- 3) Establish personal goals and objectives
- 4) Family dynamics
- 5) Problem solving
- 6) Affirm accomplishments/successes
- 7) Assess needs for continued progress towards personal recovery
Exit Planning/Relapse Prevention

5. **Program Length:** The participant's continued program involvement is determined by the need of the individual participant. The primary goals are for all participants will be to achieve a minimum of three months abstinence, continued attendance at school, and zero recidivism.
6. **Group Size:** The maximum number of participants in each group will be limited to 12 (except in emergency situations where it is necessary for the extra participant to attend).
7. **Age of Participant:** Participants are to be 13 to 18 years of age. The participant may continue in the program after age 18 if they are living at home, continuing school, and continuing their probation requirements.
8. **Additional Components:**
 - a. Family- It will be required during the course of the program to have family involvement in the counseling process. Family member/members *may* be expected to attend individual therapy (or counseling) sessions as well as weekly Family Therapy Group sessions as requested by the primary substance abuse counselor. Re-instituting communication through honesty and trust will be the focus for these sessions.
 - b. Additional Support Groups- Participants will have the opportunity to attend 12-step support groups (AA, NA, Alateen) in addition to Granite Wellness Centers facilitating a once-a-week support group (Young & Restless). A "Self-help" component is a requirement for all treatment episodes and is not specific to 12-step support groups. Appropriateness of alternate self-help activities can be processed on an individual basis.
 - c. Mentoring- During the course of the Education/Process groups, participants will be introduced to adults that are clean and sober and can be positive role models.

Anticipated Behavioral Changes

For SIP, anticipated behavioral changes include:

1. Clean urinalysis test
2. Improved school attendance
3. Reduced, or eliminated, citations
4. Demonstrate harmful effects of drugs and alcohol.
5. Identify future goals.

For Youth Services, anticipated behavioral changes include:

1. Periods of abstinence increasing in duration
2. Acquire GED
3. Continuation of or reentry into the school system with improved attendance and cooperation
4. Decreased truancy
5. Decrease contact with legal system, decrease recidivism
6. Increase awareness of chemical dependency, addiction process, and recovery process
7. Decrease crisis events such as runaways and family altercations
8. Identify and learn to express feelings appropriately
9. Learn harmful effects of alcohol and drug use
10. Help establish future goals
11. Learn to consider consequences prior to decision making

12. Learn positive stress management methods
13. Build and maintain a positive support system and/or become involved in a support group such as: Alcoholics Anonymous, Narcotics Anonymous, and Alateen.

SABG Funded Adolescent

a) Statement of Purpose

SABG funded Adolescent and Youth Services supplement DMC ODS funded Youth Treatment by promoting outreach activities and other alternative outpatient services for youth not able or willing to participate in a DMC ODS treatment plan. Adolescent outpatient services promote the wellbeing of at-risk youth by educating them about the risks and consequences of alcohol and other drug use and abuse.

b) Measurable Outcome Objectives – Outreach

Young people will have access to information and resources as measured number of contacts (through events, in-person services, or phone/telehealth contacts) and description of resources.

c) Measurable Outcomes Objectives-Prevention and Intervention

85% of participants engaged in services Strongly Agree and Agree on service quality/efficacy (Participant Perception of Care)

85% of participants engaged in services successfully complete Outpatient scoring .5 on ASAM

85% of participants engaged in services demonstrate progress on Youth Outcomes Questionnaire (YOQ)

Number of youth visiting Youth Clinic

Number of drop-in/information/referral

d) Program Description

Outreach and Engagement:

Adolescent Outreach focuses on substance abuse prevention and making healthy/responsible choices with outreach to youth at local middle and high schools.

Prevention, Intervention, and Referral:

Drop-in support, informal support, information, and referrals will be provided. A Teen Wellness Clinic will also provide resources and support and referrals to appropriate level of care.

The contracted provider, Granite Wellness Center, offers family support groups as part of the program, with drop in Family Recovery Education Series, as well as Children's Program as prevention for younger children (7-12).

Adolescent Outpatient:

Adolescent Outpatient Services promote the wellbeing of at-risk youth by educating them about the risks and consequences of alcohol and other drug use and abuse. The program helps young people change their lives for the better. The program focuses on increasing motivation and support for the youth. Family involvement is often key to positive long-term outcomes. Evidence-based practices include Motivational Interviewing, Interactive Journaling, and Cognitive Behavioral Therapy.

e) Target Population/Service Areas

Nevada County youth are the target population for this service. This includes youth in school programs, elementary age through high school. In addition to outreach to school settings, outreach will also be conducted to youth not involved in a traditional school settings via collaboration with Child Welfare, Social Services, Juvenile Probation, Children's Behavioral Health and other agencies that serve youth.

Adult Services Prevention

Adult Services Prevention activities include planning, carrying out and evaluating activities to prevent and treat substance abuse, within SAPT BG guidelines. Contractor will provide an array of services including the following:

Referral and Drop-In:

Contractor provides drop-in hours (generally 9-9 M-F in Grass Valley, Saturdays, and varying hours in Truckee) as well as online access to resources and referrals. Service sites provide warm hand-off's, brief counseling, and resources including referrals to health and social services, Medication Assisted Treatment, housing, Peer Support, (e.g. NA/AA, etc.)

Assessment:

Substance abuse assessment services are provided for individuals needing professional assessment for substance abuse or anger issues. Clinical assessment comprised of a clinical interview with clinical testing and drug testing, written report, and recommendations.

Intervention:

Interventions are provided at no cost to assist families with the process needed to intervene on negative family behavior. Certified interventionist staff will provide couples, families and individuals with consultation and hands-on interventions. Interventions are guided by Contractor's clinical director and embrace a holistic perspective that is not limited to how to get the individual in treatment, but how to support and heal the family. Interventions provide support and resources to all family members.

Preventive Aftercare Groups:

Contractor will offer group attendance as a preventive aftercare component at no cost for clients that have completed an outpatient program at Granite Wellness Centers.

Immediate Treatment Response (ITR):

ITR is an initiative to engage motivated participants immediately with supportive interventions. This means that after a brief intake, an individual can be engaged that same day in services. This includes immediate care coordination with follow-up, and the option to attend group therapy, and connection to peer-delivered support (connection with AA/NA meetings.) This approach will begin the moment a participant walks in the door, to improve engagement outcomes.

Interim Services:

Interim services may be provided to individuals waiting for the appropriate level of care. This includes group counseling sessions and care coordination services.

VII. DRINKING DRIVER PROGRAM

Driving Under the Influence will be provided in accordance and regulated by Title 9 of the California Code of Regulations and the Health and Safety Code.

Provider shall provide Wet Reckless, First Offender and Multiple Offender Program at all locations. Curriculum shall be provided to County upon request (or whenever changes are made.)

Provider shall submit a schedule of fees and appropriate ancillary charges to county contract administrator for approval annually. Fees may not be changed without administrator approval or state approval.

Participant fees shall not be used for purposes other than DUI program activities.

VIII. SABG FUNDED TREATMENT SERVICES

SABG funded treatment services may be provided when there is a gap in coverage or when insurance coverage for an individual is exhausted. SABG funded treatment services require prior authorization from the county.

SABG Funded Treatment services can also be provided for same day billing restrictions. For example, this would apply when a perinatal woman is receiving residential treatment and NTP services. SABG funds can be used to cover the residential treatment services, including the room and board.

Adult Drug Court:

Medically necessary services will be available for Adult Drug Court participants based on the ASAM level of care assessment.

Additionally, the following services will be available to Adult Drug Court authorized clients:

- Court attendance and consultation
- Assessments for non- Medi-Cal clients
- Ancillary Services: (Various fees as charged to the public.)
 - Smoking Cessation Classes
 - Life Skills & Literacy (Typically \$25 per session.)
 - DUI
 - Parenting
- Recovery Residence (Transitional/Supportive Housing): County shall be billed only for those days authorized by the County in said program. For stays less than thirty (30) days, rates shall be prorated for provision of nutrition counseling and nutrition monitoring services, food, sundry necessities, and household items including bed linens and towels. Contractor shall be reimbursed at an amount not to exceed \$250 per month for each Recovery Residences individual authorized for this service.

SECTION IX. CONTRACTOR RESPONSIBILITIES

Contractor Responsibilities for all Contract Components:

To receive Medi-Cal reimbursement for Drug Medi-Cal substance abuse services, Contractor shall provide these services under the direction of a physician and the following requirements shall apply:

1. Admission Criteria & Procedures
 - a. Develop and use criteria and procedures for the admission of individuals to treatment.
 - b. Complete a personal medical and substance abuse history for each individual upon admission to treatment.
 - c. Complete an assessment of the physical condition of the individual within 30 days of the admission to treatment date. The assessment shall be completed by either:
 - 1) A physical examination of the individual by a physician, registered nurse practitioner, or physician assistant authorized by state law to perform the prescribed procedures; or
 - 2) A review of the documentation of a physical examination completed within the last 12 months; or
 - 3) If the physician has not reviewed or conducted a physical exam, the provider shall document the goal of obtaining a physical exam on the initial and updated treatment plans until the goal of obtaining a physical exam has been met.
2. Treatment Plan (For ASAM 3.1 and 3.5)

- a. The initial treatment plan shall include:
 - 1) A statement of problems to be addressed.
 - 2) Goals to be reached which address each problem.
 - 3) Action steps which will be taken by the Contractor and/or beneficiary to accomplish identified goals.
 - 4) Target dates for the accomplishment of action steps and goals.
 - 5) A description of the services including the type of counseling to be provided and the frequency thereof.
 - 6) The assignment of a primary counselor.
 - b. Contractor shall ensure that the initial treatment plan meets the following requirements:
 - 1) Engage the individual to meaningfully participate in the development.
 - 2) The counselor shall complete the plan, type or legibly print name, date and sign the plan within 30 calendar days of the admission date.
 - 3) The individual shall review and approve the plan within 30 calendar days of the admission date; the provider will document the reasons if the individual refuses to sign the plan and the strategy to engage the individual to participate.
 - 4) The physician shall review, approve the plan, type or legibly print name, date and sign within 15 calendar days of signature by the counselor.
 - c. The Contractor shall ensure that the treatment plan is reviewed and updated as follows:
 - 1) The counselor shall review and sign the updated treatment plan no later than 90 calendar days after signing the initial treatment plan and no later than every 90 calendar days thereafter or when a change in problem identification or focus of treatment occurs, whichever comes first.
 - 2) Within 15 calendar days of signature by the counselor, the physician shall review, approve and sign all updated treatment plans. If the physician has not prescribed medication, a psychologist licensed by the State of California Board of Psychology may sign an updated treatment plan.
3. Problem List (For ASAM 1 and 2.1)
- a. The use of an active and ongoing problem list is required, with progress notes reflecting the care given, aligning with the appropriate billing codes.
 - b. The counselor shall complete the problem list, type or legibly print name, date and sign the plan within 30 calendar days of the admission date.
 - c. The problem list and corresponding progress notes may include the plan for ongoing recovery and relapse prevention that was developed during discharge planning when treatment was completed.
4. Progress notes shall be legible and completed as follows:
- a. The counselor shall record a progress note for each participant participating in an individual or group counseling session. Progress notes are individual summaries and shall include:
 - 1) A description of the participant's progress on the treatment plan, problem list, goals, action steps, objectives and /or referrals.
 - 2) Information on a participant's attendance including the date (month, day, year) and duration in minutes of each individual or group counseling session.
5. Continuing Services for Participants
- a. Continuing services shall be justified as follows:
 - 1) No sooner than 5 months and no later than 6 months from the participant's admission to treatment date or the date of completion of the most recent justification for continuing services, the counselor shall review the progress

- and eligibility of the participant to receive treatment services.
- 2) If the counselor recommends that the participant requires further treatment, the physician shall determine the need to continue services based on the following:
 - Medical necessity of continuing treatment
 - The prognosis
 - The counselor's recommendation for the participant to continue
 - 3) The Contractor shall discharge the participant if the physician determines there is no medical necessity to continue treatment.
6. Discharge of a participant may occur on a voluntary or involuntary basis. In addition to the following requirements on an involuntary discharge, Contractor must comply with:
- a. The Discharge Summary shall include:
 - 1) The duration of the participant's treatment as determined by the dates of admission to and discharge from treatment.
 - 2) The reason for discharge.
 - 3) A narrative summary of the treatment episode.
 - 4) Participant's prognosis.

Contractor's Performance Standards for all Contract Components:

Contractor shall maintain at all times a trained, skilled staff, which understands and maintains confidentiality of participants and records. Confidentiality of participants is maintained by staff. In-service training shall be provided at least monthly for staff in order to maintain a well-trained staff. Contractor shall maintain qualified staff to provide Drug/Alcohol services.

All programs and facilities shall be in full compliance with applicable county, state, and federal laws, ordinances, rules, certifications, and regulations and shall remain in full compliance during the term of this Agreement.

DATAR:

Treatment providers that receive state or federal funding through the County must send DATAR information to the Department of Health Care Services (DHCS) each month. This has information on the program's capacity to provide different types of SUDAOD treatment to clients and how much of the capacity was utilized that month. If the provider has a waiting list for publicly-funded SUDAOD treatment services, DATAR includes summary information about the people on the waiting list. Contractor agrees to comply with this requirement.

Contractor shall also cooperate with County Behavioral Health Department and County Probation Department for collection of any other data of informational reports as may be needed pertaining to services rendered under this Agreement.

Contractor agrees to abide by the provisions of Attachment 1 hereto attached and incorporated herein as required of "contractors" and "subcontractors" under the State Department of Health Care Services (DHCS) Standard Agreement Number 14-90076 by and between DHCS and the County.

Drug Medi-Cal Organized Delivery System:

I. TIMELINESS and ASAM data (for Youth and Adult Services)

Contractor will track Timely access data, including date of initial contact, date of first offered appointment and date of scheduled assessment.

Performance Standard:

- a. First face-to-face appointment shall occur no later than 10 business days of initial contact.
- b. First face-to-face appointment Medication Assisted Treatment appointment for beneficiaries with alcohol or opioid disorders shall occur no later than 5 business days.
- c. ASAM Level of Care data for initial full assessments and follow up assessment; record ASAM level of care data on the county provided spreadsheet. The Adolescent ASAM screening tool should be used for adolescents.
- d. Timely access data and ASAM data will be submitted by the 10th of the month for the prior month.
- e. No shows for assessment appointments shall be collected and reported.
- f. No show data for ongoing treatment appointments, including individual and group counselling, shall be included in the quarterly report.

II. TREATMENT PERCEPTION SURVEY

Contractor shall participate in the annual Treatment Perception Survey (TPS) as directed by County and DHCS.

- a. At least 75% of beneficiaries completing the Treatment Perceptions Survey reported being satisfied (3.5 out of 5.0) with the location and time of services
- a. Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractor will be expected to think holistically about creating services, program sites and an employee culture that is welcoming and inclusive. Contractor should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth opportunities for equitable outcomes, access to services, and other opportunities. Contractor shall contact County contract manager about proposed metrics to track.

III. DELIVERY OF INDIVIDUALIZED AND QUALITY CARE

- a. Beneficiary Satisfaction: DMC-ODS Providers (serving adults 18+) shall participate in the annual statewide Treatment Perceptions Survey (administration period to be determined by DHCS). Upon review of Provider-specific results, Contractor shall select a minimum of one quality improvement initiative to implement annually.
- b. Evidence-Based Practices (EBPs): Contractors will implement—and assess fidelity to—at the least two of the following EBPs per service modality: Motivational Interviewing, Cognitive- Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment and Psycho-Education.
- c. ASAM Level of Care: All beneficiaries participate in an assessment using ASAM dimensions. The assessed and actual level of care (and justification if the levels differ) shall be recorded in the client's medical record. All ASAM LOC assessments that were performed when opening or closing a client to a LOC will be submitted to the county together with the CalOMS opening and closing paperwork.

Performance Standards:

1. At least 80% of beneficiaries will report an overall satisfaction score of at least 3.5 or higher on the Treatment Perceptions Survey
2. At least 80% of beneficiaries completing the Treatment Perceptions Survey reported that they were involved in choosing their own treatment goals (overall score of 3.5+ out of 5.0)

3. Contractor will implement with fidelity at least two approved EBPs
4. 100% of beneficiaries participated in an assessment using ASAM dimensions and are provided with a recommendation regarding ASAM level of care
5. At least 70% of beneficiaries admitted to treatment do so at the ASAM level of care recommended by their ASAM assessment
6. At least 80% of beneficiaries are re-assessed within 90 days of the initial assessment

IV. Quarterly Reports

The Quarterly Report, based on the Fiscal Year, are due October 31st for 1st quarter, January 31st for 2nd quarter, May 31st for 3rd quarter and August 30th for 4th quarter. Send quarterly reports to the SUD Program Manager and the Quality Assurance Manager. Quarterly Reports shall include the following information:

- Average length of stay of program participants for each program (ASAM Level 1 average length of stay, ASAM Level 2.1, ASAM Level 3.1, 3.2, 3.5, Recovery Services and Recovery Residences)
- No show data for treatment appointments to including individual counseling and group counseling to reporting as a percentage per month; ideally the Contractor will have the ability to review no show data at the staff, client, and program level to utilize for system improvement activities.
- Percentage of unplanned exits for each level of care.
- Number of successful “graduations” for each level of care; at least 80% of clients will show successful completion or satisfactory progress on treatment goals; only clients who have engaged in treatment services for at minimum 10 days from day of episode opening will be included in this measure
- # of clients that are linked to a primary medical care appointment and dental appointment and location of primary care. At least 80% of clients will be linked to at least a preliminary primary care medical and dental appointment if they have not had one within a year. In the latter case Contractor will confirm and document that they are under the care of a doctor and/or dentist
- Number of clients with Alcohol Use Disorder as a primary diagnosis linked to MAT
- Number of clients with Opioid Use Disorder as a primary diagnosis linked to MAT
- Number of Ancillary Services provided to participants
- Number of Youth enrolled in outpatient services
- Number of participants enrolled at Truckee Service Center
- Number of community presentations regarding alcohol related problems
- Number of adults utilizing drop-in center
- Number of adolescents participating in prevention activities.
- Description of Ancillary Services provided to target populations
- Description Adult Services Prevention activities
- Number of drug tests given

Quarterly Quality Assurance activities report:

- Total number of charts reviewed within 30 days of admin
- Total number of charts reviewed within 90 days of admin
- Percentage of records reviewed meeting medical necessity criteria
- Percentage of assessments in charts reviewed with appropriate staff signature and ASAM LOC
- Percentage of client plans completed on time with all required signatures
- Percentage of progress notes reviewed that had all required elements

Groups

- Total number of groups facilitated
- Total number of group progress notes reviewed with Granite Wellness Centers corresponding sign-in sheets as verification of attendance (including both printed and signed name of the client and staff)
- Percentage of group notes that met attendance documentation requirements

Staff Trainings

- Submit titles of trainings, training dates, and the number of staff in attendance
- A brief description of the training
- Specific trainings on culturally specific and supported practices
- Specific trainings on recovery model, evidence-based practices, and family engagement efforts

The Parties hereby acknowledge and agree that in the event of changes to the Drug Medi-Cal Organized Delivery System which County determines will constitute a material change to rights and obligations set forth in this Agreement, the County has, at its option, the right to re-open and renegotiate this Agreement upon thirty (30) days written notice to Contractor.

Additional Contractor Responsibilities for Participants referred through the Nevada County Probation Department:

Contractor agrees to provide all treatment components listed in this contract to eligible persons referred through and authorized by the Nevada County Probation Department. Contractor may accept referrals and authorizations from a Post Release Community Supervision coordinating Deputy Probation Officer, Adult Supervising Probation Officer, Adult Probation Program Manager, Chief Probation Officer, or other authorized designee. County may terminate participants from Granite Wellness Centers services at any time. Contractor, shall at all times, maintain communication and coordination with Probation Officers and/or their designee and meet with them and/or their designee as needed regarding all services detailed in this contract.

Contractor shall provide reasonable transportation for individuals residing in one of the nine (9) Recovery Residences to and from treatment programs, counseling, court and/or probation appointments, and any other services which the individual may be required to participate in as a condition of his or her probation. Contractor shall provide nutrition counseling and nutrition monitoring services, all food, sundry necessities, and household items including bed linens and towels.

Participants referred through the Probation Department to reside in the Residential Treatment Program shall not receive outside passes to leave any residential treatment facility without prior approval by a Deputy Probation Officer, Supervising Deputy Probation Officer, or Program Manager. Participants, excluding those chaperoned by Contractor's Residential Staff, shall be drug tested by Contractor for illicit substances upon their return to a residential treatment facility from an outside pass.

Contractor shall:

- 1) Send the following client program information bi-weekly:
 - Name of class
 - Date of intake
 - Date of start
 - Attendance
 - Average length of classes for program (dosage)
 - Engagement
 - Date of exit
 - Reason (completed, attendance, etc. . .)
- 2) Notify Probation of any unexcused absences or non-compliance of program rules within

- 48 hours.
- 3) Complete GMU and update quarterly
 - 4) Other assessments as needed

Additional Contractor Responsibilities for Participants referred through the Nevada County CalWORKs Department:

- Contractor will provide certification that civil rights/non-discrimination training was provided to all contract staff within 60 days of contract initiation.
- Assurance of Compliance with Confidentiality- Contractor shall hold CalWORKs related information confidential as directed and applies in State Welfare and Institutions Code Section 10850, California State Department of Social Services, Policies and Procedures Manual, Division 19-000 and Civil Code Section 56.10. Contractor agrees that he/she will provide a report to Nevada County Department of Social Services within 60 days of contract initiation as to how and when the aforementioned laws and regulations were communicated to all persons performing services under Contractor's Agreement with the County of Nevada.
- Assurance of Compliance with Confidentiality- See Attachment 2
- Request authorization from CalWORKs staff to provide recommended services for a predetermined time period (usually 30 or 60 days). Reauthorization is required for each subsequent time period services are recommended.
- Provide a progress report to CalWORKs Employment Services at the end of each 30 (thirty) day service period for each CalWORKs client and more frequently when extra support is needed for a specific client. Contractor shall facilitate contact between client and CalWORKs Employment Services Staff as appropriate.
- Development of a treatment plan within 30 days of referral, in collaboration with CalWORKs staff, behavioral health staff, and family members
- Monthly review of progress with County staff
- Contractor shall review and discuss with CalWORKs Employment Services when a CalWORKs client is considered ready for discharge including:
 - Reason for discharge (Successful completion of program; unsuccessful completion of program; involuntary discharge; or transfers and referral).
 - A discharge summary including: Description of treatment and recovery services, vocational and educational achievements, legal status, participant's continuing recovery or exit plan and participant's comments.
 - Contractor shall collaborate with County in the development of an aftercare plan for each person referred under the terms of this Agreement.

Risk Needs Responsivity: Contractor shall participate in Risk Needs Responsivity practices as determined by County.

Additional Contractor Responsibilities for Participants referred through the Nevada County Child Welfare Services (CWS):

Contractor agrees to provide all treatment components listed in this contract to eligible persons referred through and authorized by the Nevada County CWS. Contractor may accept referrals and authorizations from a Social Worker or Social Services Supervisor that has approval from the Program Manager or an authorized designee. County may terminate participants from Granite Wellness Centers services at any time. Contractor, shall at all times, maintain communication and coordination with Social Workers and/or their designee and meet with them as needed regarding all services detailed in this contract.

Contractor shall:

- Provide assessments within 72 hours
- Client progress reports quarterly or as needed
- Notify CWS of any unexcused absences or noncompliance with program rules

Meet biweekly to staff cases

**EXHIBIT B
SCHEDULE OF CHARGES AND PAYMENTS
GRANITE WELLNESS CENTERS**

For satisfactory performance of services as outlined in Exhibit “A”, the County shall reimburse the Contractor a sum not to exceed the maximum contract price of \$3,238,482.

Projected Summary of Compensation:

Program	Contract Maximum
DMC-ODS Outpatient Services	\$789,574
DMC-ODS Residential Services	\$2,087,754
SABG Perinatal Services	\$18,587
Prevention Services	\$36,167
Recovery Residences	\$246,400
Adult Drug Court & Probation Referred Participants	\$20,000
Front-Loaded Incentives	\$40,000
Total	\$3,238,482

Direct Service Staff By Discipline	Hourly Rate	Average Productivity
Physicians Assistant	\$ 400.05	40%
Nurse Practitioner	\$ 443.56	40%
RN	\$ 362.32	40%
MD (typically in SUD system of Care)	\$ 891.99	50%
Psychologist/Pre-licensed Psychologist	\$ 358.73	40%
LPHA/Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 247.17	40%
Alcohol and Drug Counselor	\$ 242.55	50%
Peer Recovery Specialist	\$ 218.20	35%

SAPT Perinatal Services: \$18,587

Outpatient, Residential Treatment, Withdrawal Management and Care Coordination services provided to Non Drug Medi-Cal Perinatal clients shall not exceed \$18,587. Use below listed rates for Drug Medi-Cal.

Prevention Services: \$36,167

I. Information/Presentations	\$ 5,000
II. Drop-In	
A. Adolescent Diversion	\$ 13,168
B. Supported Therapeutic Options Program/SIP	\$ 6,907
III. Adult Services Prevention	\$ 11,092

Contractor shall submit monthly invoices for Prevention Services containing the total fund allocation amount with identified individual funds, charges and current balances. The monthly invoice for

Prevention Services shall not exceed 1/12 of the total contracted amount for Prevention Services unless approved by the Director of Behavioral Health.

Outpatient, Intensive Outpatient, Care Coordination, Physician Consultation, Withdrawal Management, Residential Services, Recovery Services \$2,877,328

Residential Services - Bost House	Interim Rate	Residential Services - All Other Locations	Interim Rate
Withdrawal Management 3.2 (Includes Room & Board amount of \$35.65 per day)	\$219.65	Withdrawal Management 3.2 (Includes Room & Board amount of \$35.65 per day)	\$258.75
Residential Services 3.1 (Includes Room & Board amount of \$35.65 per day)	\$172.50	Residential Services 3.1 (Includes Room & Board amount of \$35.65 per day)	\$194.35
Residential Services 3.5 (Includes Room & Board amount of \$35.65 per day)	\$207.00	Residential Services 3.5 (Includes Room & Board amount of \$35.65 per day)	\$234.60
This cost remains the same for men and women without children. For women with children at Grass Valley Campus - Residential, there is an additional \$30/per day for the cost of the 1st child, and an additional \$20/per day cost for the second child, with a maximum of two children per client, or up to \$50. County shall be billed only for those days County client was a resident in one of the Contractor's programs.			

Contractor shall provide delineated invoicing and tracking for clients receiving treatment for alcohol use disorder or a substance use disorder that includes alcohol use disorder as well as for Probation, CalWORKS and Child Welfare Services referred clients.

Dedicated Beds at LRC/Bost House

- 1) Contractor shall reserve and maintain in their bed inventory, twenty-two treatment beds at the Bost House location for the sole use of the County (“dedicated beds”).
- 2) Individual bed rate shall not be charged to County if Contractor does not fill the bed within 24 hours of receiving a referral from the County, unless the 24 hours falls on a weekend or a holiday, then the bed will be filled by the end of the next business day following the weekend or the holiday. Effort should be made by both parties to fill beds prior to the weekend.
- 3) If Contractor declines referral from County, Contractor must provide notice to County within 24 hours unless the 24 hours falls on a weekend or a holiday then notice must be given by the end of the next business day following the weekend or the holiday including reason for decline. Upon declining a referral, Contractor must immediately attempt to place any subsequent referrals in referral queue from County within the above stated 24 hours.
- 4) If Contractor is unable to provide sufficient staffing to operate twenty-two beds, County shall only be responsible for payment of number of available treatment beds in accordance with staffing levels.
- 5) Contractor shall provide County with weekly census of clients at Bost House.

County agrees to pay for 22 beds per night, assuming the above criteria have been met, even when the County does not have 22 clients ready to be placed in those beds. Unfilled beds will be reimbursed at the Residential 3.1 rate of \$172.50 per bed.

Recovery Residences \$246,400

For Recovery Residences Services, Contractor shall be reimbursed at the rates below for each authorized individual. There is an additional \$50/per month for the cost of the first child and an additional \$25/per month for the cost of a second child, with a maximum of two children per client, or up to \$75/per month. County shall be billed only for those days the County authorized client was a resident in said program.

Funding Step Down	Daily Rate
Level 1	\$28.69
Level 2	\$14.34
Level 3	\$7.17
Level 4	\$2.87

Adult Drug Court and Probation Referred Clients: \$20,000

Rates for services will be the same for Adult Drug Court, Probation referred and Behavioral Health authorized clients. See DMC rates listed above for these services. In addition, the below services and rates apply to Adult Drug Court authorized and Probation referred clients only:

Court Attendance and Consultation \$50/hour

Assessments: \$250 for non Medi-Cal clients

Ancillary Services: Vary; as charged to public. Typical fees are:

Smoking Cessation Classes: \$25 per session.

Lifeskills & Literacy: \$25 per session.

DUI: State established fees \$630 to \$2,750 depending on required program

Parenting (Incredible Years or Parent Project) \$150/person

Recovery Residence (Transitional/Supportive Housing): \$28.69 daily for each authorized individual.

Adult Drug Court participants will be authorized for level one recovery residences only. County shall be billed only for those days the County authorized client was a resident in said program.

Provision of nutrition counseling and nutrition monitoring services, food, sundry necessities and household items including bed linens and towels: Contractor shall be reimbursed at an amount not to exceed \$250 per month for each Recovery Residence individual authorized for this service.

Payment Reform/EHR Transition Incentive Payments

Upon completion of the following activities, contractor may submit an invoice for the amount associated, which will be processed and paid per the process outlined in this Exhibit. If Contractor does not submit the required documentation for the individual activity, no incentive payment will be made.

Activity 1: By July 31, submit documentation demonstrating use of a productivity report that tracks billable time for direct service staff. \$13,333

Activity 2: By August 31, submit a budget-actual report of expenses and revenues for the month of July. \$13,333

Activity 3: By September 30, submit a report from Contractor's EHR/EMR system showing payments posted to services for services provided in July. Due date may be extended by written request and approval by Behavioral Health Director or Designee. \$13,334

Contractor shall submit quarterly fiscal report, including a detailed list of costs for the prior quarter and cumulatively during the contract period.

Maintenance and Repairs-Lovett Recovery Center at 145 Bost Avenue, Nevada City, CA 95959: \$21,600

Contractor will not be charged rent for the use of the facility, but will be required to contribute \$1,800 per month towards maintenance and repair of the facility. Utilizing these funds, the County will provide the following types of facility maintenance and repairs:

Parking lot, plumbing (excluding drain cleaning), heating, air conditioning and waterheater, tree trimming, electrical, exterior painting, decks and stairs, and roof repair.

The Contractor will be responsible for:

All utilities, telephone, internet and cable services,

Drain cleaning, trash removal, carpet cleaning, snow clearing, pest control including reasonable measures to prevent outbreaks of bedbugs and other common pests.

Contractor shall be responsible to vacuum carpets at least weekly or more depending on usage and clean the vinyl floors according to manufacturer instructions. Contractor shall be responsible for eradicating any pest infestation should it occur.

Contractor will be responsible for repair or replacement (if repair is not feasible) of the following: interior painting, sheetrock, plaster, flooring, doors, windows, door and window screens, landscaping, and décor. Except for any landscaping performed by residents under staff supervision, all maintenance and repairs by the provider must be performed by licensed and insured contractors.

Contractor will be responsible for installation and maintenance of security cameras.

Contractor will be responsible for repair or replacement (if repair is not feasible) of the following items, including but not limited to:

sheets, bedspreads, blankets, mattress

pillow protectors, pillows

desk chair, file cabinet, computer workstation/printer, office supplies

small appliances (toaster, microwave, coffee maker, blender, vacuum cleaner)

dishes, pots, pans, utensils

hangers, towels, bathmats, interior and exterior trash cans

light bulbs, cleaning supplies, outside furniture

electronics (television, stereo, phones)

mattresses & frames, bedroom furnishings

kitchen table and chairs, sofa, coffee table, living room chairs, group room chairs

major appliances (stove, refrigerator, washer and dryer)

window coverings, fire extinguishers and alarms

light fixtures, bookshelves, décor

Non-Profit Supplemental Audit Provisions

(i) Contractor shall have on file with the County at all times their most recent reviewed or audited financial statements including the review or opinion letter issued by an independent Certified Public Accountant. The financial statement package is due to the County within one hundred eighty (180) days of the end of the Contractor's fiscal year. Contractor may request in writing an extension of due date for good cause – at its discretion, County shall provide written approval or denial of request.

(ii) Non-profit Contractors whose contract with the County includes services that will be reimbursed, partially or in full, with Federal funds are also governed by the OMB Super Circular and are required to have a single or program-specific audit conducted if the Contractor has expended \$750,000 or more in Federal awards during Contractor's fiscal year. Any Contractor who is required to complete an annual Single Audit must submit a copy of their annual audit report and audit findings to County at the address listed in the "Notification" section of the executed contract within the earlier of thirty (30) days after the Contractor's receipt of the auditor's report or nine (9) months following the end of the Contractor's fiscal year.

FINANCIAL TERMS

CLAIMING

Contractor shall submit to County, for services rendered in the prior month, and in accordance with CPT format requirements, a statement of services rendered to County and costs incurred that includes documentation to support all expenses claimed by the 10th of each month. County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s).

Payment of approved billing shall be made within thirty (30) days of receipt of a complete, Granite Wellness Center and approved billing.

Claims shall be complete and accurate and must include all required information regarding the claimed services.

Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission in a timely manner as needed.

INVOICING

Contractor shall invoice County for services monthly, in arrears, in the format directed by County.

Invoices shall be based on claims entered into the County's billing and transactional database system for the prior month.

Invoices shall be provided to County after the close of the month in which services were rendered.

Following receipt and provisional approval of a monthly invoice, County shall make payment within 30 days.

Monthly payments for claimed services shall be based on the units of time assigned to each CPT or HCPCS code entered in the County's billing and transactional database multiplied by the service rates in Exhibit B-2.

County's payments to Contractor for performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. County's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement or the reasons for recoupment set forth in Article 5, Section 6.

Contractor shall submit invoices to:

Nevada County Behavioral Health Department

Attn: Fiscal Staff

500 Crown Point Circle, Suite 120

Grass Valley, CA 95945

ADDITIONAL FINANCIAL REQUIREMENTS

County has the right to monitor the performance of this Agreement to ensure the accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

Contractor must comply with the False Claims Act employee training and policy requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the US DHHS may specify.

Contractor agrees that no part of any federal funds provided under this Agreement shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as from time to time amended.

Federal Financial Participation is not available for any amount furnished to an Excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud (42 U.S.C. § 1396b(i)(2)).

Contractor shall cooperate with the County in the implementation, monitoring and evaluation of the Contract and comply with any and all reporting requirements established by the County.

Payment of invoices may be held until Contractor is in compliance with reporting requirements.

County shall not be responsible for reimbursement of invoices submitted by Contractor that do not have proper authorizations in place.

CONTRACTOR PROHIBITED FROM REDIRECTION OF CONTRACTED FUNDS

Contractor may not redirect or transfer funds from one funded program to another funded program under which Contractor provides services pursuant to this Agreement except through mutual agreement.

Contractor may not charge services delivered to an eligible client under one funded program to another funded program unless the client is also eligible for services under the second funded program.

FINANCIAL AUDIT REPORT REQUIREMENTS FOR PASS-THROUGH ENTITIES

If County determines that Contractor is a “subrecipient” (also known as a “pass-through entity”) as defined in 2 C.F.R. § 200 et seq., Contractor represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time. Contractor shall observe and comply with all applicable financial audit report requirements and standards.

Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through the County. County programs must be identified by Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the Director. The Director is responsible for providing the audit report to the County Auditor.

Contractor must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

Records to be Maintained

Contractor shall keep and maintain accurate records of all costs incurred and all time expended for work under this contract. Contractor shall contractually require that all of Contractor’s Subcontractors performing work called for under this contract also keep and maintain such records, whether kept by Contractor or any Subcontractor, shall be made available to County or its authorized representative, or officials of the State of California for review or audit during normal business hours, upon reasonable advance notice given by County, its authorized representative, or officials of the State of California. All fiscal records shall be maintained for five years or until all audits and appeals are completed, whichever is later.

**EXHIBIT “B-2”
SCHEDULE OF ODS DRUG MEDI-CAL RATES**

Full List of Rates by CPT Code and Discipline. Actual billable CPT codes may be limited based on Nevada County Electronic Health Record/Billing and Transactional Database capabilities. The final list of billable codes will be provided to Contractor by Nevada County Behavioral Health.

ASAM / Service Level	Discipline	CPT Code Name	CPT Code	Service Rate
ASAM Level 1.0	Certified Peer Support Specialist	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$218.20
	Certified Peer Support Specialist	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$218.20
	Certified/registered AOD Counselor	Interactive Complexity	90785	\$242.55
	Certified/registered AOD Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
	Certified/registered AOD Counselor	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$242.55
	Certified/registered AOD Counselor	Targeted Case Management, Each 15 Minutes	T1017	\$242.55
Certified/registered AOD Counselor	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$242.55	

Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$242.55
Certified/registered AOD Counselor	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$242.55
Certified/registered AOD Counselor	Behavioral health counseling and therapy, 15 minutes.	H0004	\$242.55
Certified/registered AOD Counselor	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$242.55
Certified/registered AOD Counselor	Alcohol and/or drug screening	H0049	\$242.55
Certified/registered AOD Counselor	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$242.55
Certified/registered AOD Counselor	Prenatal Care, at risk assessment.	H1000	\$242.55
Certified/registered AOD Counselor	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$242.55
Certified/registered AOD Counselor	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$242.55
Certified/registered AOD Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
Certified/registered AOD Counselor	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$242.55
Certified/registered AOD Counselor	Psychoeducational Service, per 15 minutes	H2027	\$242.55
Certified/registered AOD Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$242.55
Licensed Physician	Interactive Complexity	90785	\$891.99

ASAM Level 1.0	Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$891.99
	Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	\$891.99
	Licensed Physician	Medication Training and Support, per 15 Minutes	H0034	\$891.99
	Licensed Physician	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$891.99

Licensed Physician	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$891.99
Licensed Physician	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$891.99
Licensed Physician	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$891.99
Licensed Physician	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$891.99
Licensed Physician	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$891.99
Licensed Physician	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$891.99
Licensed Physician	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$891.99
Licensed Physician	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$891.99
Licensed Physician	Psychological Testing Evaluation, Each Additional Hour	96131	\$891.99
Licensed Physician	Psychological Testing Evaluation, First Hour	96130	\$891.99
Licensed Physician	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$891.99
Licensed Physician	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$891.99
Licensed Physician	Targeted Case Management, Each 15 Minutes	T1017	\$891.99
Licensed Physician	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$891.99
Licensed Physician	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$891.99
Licensed Physician	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$891.99
Licensed Physician	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$891.99
Licensed Physician	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$891.99
Licensed Physician	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$891.99
Licensed Physician	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$891.99
Licensed Physician	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$891.99
Licensed Physician	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$891.99
Licensed Physician	Administration of patient-focused health risk assessment instrument.	96160	\$891.99
Licensed Physician	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$891.99

ASAM Level 1.0

Licensed Physician	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$891.99
Licensed Physician	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$891.99
Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$891.99
Licensed Physician	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$891.99
Licensed Physician	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$891.99

Licensed Physician	Home Visit of a New Patient, 15-25 Minutes	99341	\$891.99
Licensed Physician	Home Visit of a New Patient, 26-35 Minutes	99342	\$891.99
Licensed Physician	Home Visit of a New Patient, 36-50 Minutes	99343	\$891.99
Licensed Physician	Home Visit of a New Patient, 51-65 Minutes	99344	\$891.99
Licensed Physician	Home Visit of a New Patient, 66-80 Minutes	99345	\$891.99
Licensed Physician	Home Visit of an Established Patient, 10-20 Minutes	99347	\$891.99

ASAM Level 1.0	Licensed Physician	Home Visit of an Established Patient, 21-35 Minutes	99348	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 36-50 Minutes	99349	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 51-70 Minutes	99350	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$891.99
	Licensed Physician	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 515 Minutes	99451	\$891.99
	Licensed Physician	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$891.99
	Licensed Physician	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$891.99
	Licensed Physician	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$891.99
	Licensed Physician	Alcohol and/or drug screening. Laboratory analysis	H0003	\$891.99
	Licensed Physician	Behavioral health counseling and therapy, 15 minutes.	H0004	\$891.99
	Licensed Physician	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$891.99
	Licensed Physician	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$891.99
	Licensed Physician	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$891.99
	Licensed Physician	Alcohol and/or drug screening	H0049	\$891.99
	Licensed Physician	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$891.99
	Licensed Physician	Prenatal Care, at risk assessment.	H1000	\$891.99
Licensed Physician	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$891.99	

Licensed Physician	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$891.99
Licensed Physician	Comprehensive community support services, per 15 minutes	H2015	\$891.99
Licensed Physician	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$891.99
Licensed Physician	Psychoeducational Service, per 15 minutes	H2027	\$891.99
Licensed Physician	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$891.99
Licensed Physician	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$891.99
Licensed Physician	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$891.99

ASAM Level 1.0	Licensed/Registered Clinical Social Worker	Interactive Complexity	90785	\$247.17
	Licensed/Registered Clinical Social Worker	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Clinical Social Worker	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$247.17
	Licensed/Registered Clinical Social Worker	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$247.17
	Licensed/Registered Clinical Social Worker	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$247.17
	Licensed/Registered Clinical Social Worker	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17
	Licensed/Registered Clinical Social Worker	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$247.17
	Licensed/Registered Clinical Social Worker	Targeted Case Management, Each 15 Minutes	T1017	\$247.17
	Licensed/Registered Clinical Social Worker	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$247.17
	Licensed/Registered Clinical Social Worker	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$247.17
	Licensed/Registered Clinical Social Worker	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$247.17
	Licensed/Registered Clinical Social Worker	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$247.17
	Licensed/Registered Clinical Social Worker	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$247.17
	Licensed/Registered Clinical Social Worker	Administration of patient-focused health risk assessment instrument.	96160	\$247.17
	Licensed/Registered Clinical Social Worker	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$247.17
	Licensed/Registered Clinical Social Worker	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$247.17

	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$247.17
	Licensed/Registered Clinical Social Worker	Behavioral health counseling and therapy, 15 minutes.	H0004	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug screening	H0049	\$247.17

ASAM Level 1.0	Licensed/Registered Clinical Social Worker	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$247.17
	Licensed/Registered Clinical Social Worker	Prenatal Care, at risk assessment.	H1000	\$247.17
	Licensed/Registered Clinical Social Worker	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$247.17
	Licensed/Registered Clinical Social Worker	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$247.17
	Licensed/Registered Clinical Social Worker	Comprehensive community support services, per 15 minutes	H2015	\$247.17
	Licensed/Registered Clinical Social Worker	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$247.17
	Licensed/Registered Clinical Social Worker	Psychoeducational Service, per 15 minutes	H2027	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$247.17
	Licensed/Registered Marriage Family Therapist	Interactive Complexity	90785	\$247.17
	Licensed/Registered Marriage Family Therapist	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Marriage Family Therapist	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$247.17

Licensed/Registered Marriage Family Therapist	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$247.17
Licensed/Registered Marriage Family Therapist	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$247.17
Licensed/Registered Marriage Family Therapist	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17
Licensed/Registered Marriage Family Therapist	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$247.17
Licensed/Registered Marriage Family Therapist	Targeted Case Management, Each 15 Minutes	T1017	\$247.17
Licensed/Registered Marriage Family Therapist	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$247.17
Licensed/Registered Marriage Family Therapist	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$247.17
Licensed/Registered Marriage Family Therapist	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$247.17
Licensed/Registered Marriage Family Therapist	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$247.17
Licensed/Registered Marriage Family Therapist	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$247.17
Licensed/Registered Marriage Family Therapist	Administration of patient-focused health risk assessment instrument.	96160	\$247.17
Licensed/Registered Marriage Family Therapist	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$247.17
Licensed/Registered Marriage Family Therapist	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$247.17
Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$247.17
Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$247.17

ASAM Level 1.0	Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$247.17
	Licensed/Registered Marriage Family Therapist	Behavioral health counseling and therapy, 15 minutes.	H0004	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$247.17

Licensed/Registered Marriage Family Therapist	Alcohol and/or drug screening	H0049	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$247.17
Licensed/Registered Marriage Family Therapist	Prenatal Care, at risk assessment.	H1000	\$247.17
Licensed/Registered Marriage Family Therapist	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$247.17
Licensed/Registered Marriage Family Therapist	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$247.17
Licensed/Registered Marriage Family Therapist	Comprehensive community support services, per 15 minutes	H2015	\$247.17
Licensed/Registered Marriage Family Therapist	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$247.17
Licensed/Registered Marriage Family Therapist	Psychoeducational Service, per 15 minutes	H2027	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$247.17
Licensed/Registered Professional Clinical Counselor	Interactive Complexity	90785	\$242.55
Licensed/Registered Professional Clinical Counselor	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$242.55
Licensed/Registered Professional Clinical Counselor	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55

ASAM Level 1.0	Licensed/Registered Professional Clinical Counselor	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$242.55
	Licensed/Registered Professional Clinical Counselor	Targeted Case Management, Each 15 Minutes	T1017	\$242.55
	Licensed/Registered Professional Clinical Counselor	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$242.55
	Licensed/Registered Professional Clinical Counselor	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$242.55

	Licensed/Registered Professional Clinical Counselor	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$242.55
	Licensed/Registered Professional Clinical Counselor	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$242.55
	Licensed/Registered Professional Clinical Counselor	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$242.55
	Licensed/Registered Professional Clinical Counselor	Administration of patient-focused health risk assessment instrument.	96160	\$242.55
	Licensed/Registered Professional Clinical Counselor	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$242.55
	Licensed/Registered Professional Clinical Counselor	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$242.55
	Licensed/Registered Professional Clinical Counselor	Behavioral health counseling and therapy, 15 minutes.	H0004	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug screening	H0049	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$242.55
	Licensed/Registered Professional Clinical Counselor	Prenatal Care, at risk assessment.	H1000	\$242.55
ASAM Level 1.0	Licensed/Registered Professional Clinical Counselor	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$242.55

Licensed/Registered Professional Clinical Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
Licensed/Registered Professional Clinical Counselor	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychoeducational Service, per 15 minutes	H2027	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$242.55
Nurse Practitioner	Interactive Complexity	90785	\$443.56
Nurse Practitioner	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$443.56
Nurse Practitioner	Medication Training and Support, per 15 Minutes	H0034	\$443.56
Nurse Practitioner	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$443.56
Nurse Practitioner	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$443.56
Nurse Practitioner	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$443.56
Nurse Practitioner	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$443.56
Nurse Practitioner	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$443.56
Nurse Practitioner	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$443.56
Nurse Practitioner	Psychological Testing Evaluation, Each Additional Hour	96131	\$443.56
Nurse Practitioner	Psychological Testing Evaluation, First Hour	96130	\$443.56
Nurse Practitioner	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$443.56
Nurse Practitioner	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$443.56

	Nurse Practitioner	Targeted Case Management, Each 15 Minutes	T1017	\$443.56
	Nurse Practitioner	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$443.56
	Nurse Practitioner	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$443.56
	Nurse Practitioner	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$443.56

ASAM Level 1.0	Nurse Practitioner	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$443.56
	Nurse Practitioner	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$443.56
	Nurse Practitioner	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$443.56
	Nurse Practitioner	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$443.56
	Nurse Practitioner	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$443.56
	Nurse Practitioner	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$443.56
	Nurse Practitioner	Administration of patient-focused health risk assessment instrument.	96160	\$443.56
	Nurse Practitioner	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$443.56
	Nurse Practitioner	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$443.56
	Nurse Practitioner	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$443.56
	Nurse Practitioner	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$443.56
	Nurse Practitioner	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$443.56
	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$443.56
	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$443.56
	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$443.56
	Nurse Practitioner	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$443.56
	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$443.56
	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$443.56

	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$443.56

ASAM Level 1.0	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$443.56
	Nurse Practitioner	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$443.56
	Nurse Practitioner	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 15-25 Minutes	99341	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 26-35 Minutes	99342	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 36-50 Minutes	99343	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 51-65 Minutes	99344	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 66-80 Minutes	99345	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 10-20 Minutes	99347	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 21-35 Minutes	99348	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 36-50 Minutes	99349	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 51-70 Minutes	99350	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$443.56
	Nurse Practitioner	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$443.56
	Nurse Practitioner	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$443.56

Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$443.56
Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$443.56
Nurse Practitioner	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$443.56
Nurse Practitioner	Alcohol and/or drug screening. Laboratory analysis	H0003	\$443.56
Nurse Practitioner	Behavioral health counseling and therapy, 15 minutes.	H0004	\$443.56
Nurse Practitioner	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$443.56
Nurse Practitioner	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$443.56
Nurse Practitioner	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$443.56
Nurse Practitioner	Alcohol and/or drug screening	H0049	\$443.56
Nurse Practitioner	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$443.56
Nurse Practitioner	Prenatal Care, at risk assessment.	H1000	\$443.56
Nurse Practitioner	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$443.56

ASAM Level 1.0	Nurse Practitioner	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$443.56
	Nurse Practitioner	Comprehensive community support services, per 15 minutes	H2015	\$443.56
	Nurse Practitioner	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$443.56
	Nurse Practitioner	Psychoeducational Service, per 15 minutes	H2027	\$443.56
	Nurse Practitioner	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$443.56
	Nurse Practitioner	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$443.56
	Nurse Practitioner	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$443.56
	Physician Assistant	Interactive Complexity	90785	\$400.05
	Physician Assistant	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$400.05
	Physician Assistant	Medication Training and Support, per 15 Minutes	H0034	\$400.05
	Physician Assistant	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$400.05

	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$400.05
	Physician Assistant	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$400.05
	Physician Assistant	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$400.05
	Physician Assistant	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$400.05
	Physician Assistant	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$400.05
	Physician Assistant	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$400.05
	Physician Assistant	Psychological Testing Evaluation, Each Additional Hour	96131	\$400.05
	Physician Assistant	Psychological Testing Evaluation, First Hour	96130	\$400.05
	Physician Assistant	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$400.05
	Physician Assistant	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$400.05
	Physician Assistant	Targeted Case Management, Each 15 Minutes	T1017	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$400.05
	Physician Assistant	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$400.05
	Physician Assistant	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$400.05
	Physician Assistant	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$400.05

ASAM Level 1.0	Physician Assistant	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$400.05
	Physician Assistant	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$400.05
	Physician Assistant	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$400.05
	Physician Assistant	Administration of patient-focused health risk assessment instrument.	96160	\$400.05
	Physician Assistant	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$400.05
	Physician Assistant	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$400.05
	Physician Assistant	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$400.05
	Physician Assistant	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$400.05

Physician Assistant	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$400.05
Physician Assistant	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$400.05

ASAM Level 1.0	Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$400.05
	Physician Assistant	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$400.05
	Physician Assistant	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$400.05
	Physician Assistant	Home Visit of a New Patient, 15-25 Minutes	99341	\$400.05
	Physician Assistant	Home Visit of a New Patient, 26-35 Minutes	99342	\$400.05
	Physician Assistant	Home Visit of a New Patient, 36-50 Minutes	99343	\$400.05
	Physician Assistant	Home Visit of a New Patient, 51-65 Minutes	99344	\$400.05
	Physician Assistant	Home Visit of a New Patient, 66-80 Minutes	99345	\$400.05

Physician Assistant	Home Visit of an Established Patient, 10-20 Minutes	99347	\$400.05	
Physician Assistant	Home Visit of an Established Patient, 21-35 Minutes	99348	\$400.05	
Physician Assistant	Home Visit of an Established Patient, 36-50 Minutes	99349	\$400.05	
Physician Assistant	Home Visit of an Established Patient, 51-70 Minutes	99350	\$400.05	
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$400.05	
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$400.05	
Physician Assistant	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$400.05	
Physician Assistant	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$400.05	
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$400.05	
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$400.05	
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$400.05	
Physician Assistant	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$400.05	
Physician Assistant	Alcohol and/or drug screening. Laboratory analysis	H0003	\$400.05	
Physician Assistant	Behavioral health counseling and therapy, 15 minutes.	H0004	\$400.05	
Physician Assistant	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$400.05	
Physician Assistant	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$400.05	
Physician Assistant	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$400.05	
Physician Assistant	Alcohol and/or drug screening	H0049	\$400.05	
Physician Assistant	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$400.05	
Physician Assistant	Prenatal Care, at risk assessment.	H1000	\$400.05	
Physician Assistant	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$400.05	
Physician Assistant	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$400.05	
Physician Assistant	Comprehensive community support services, per 15 minutes	H2015	\$400.05	
Physician Assistant	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$400.05	
ASAM Level 1.0	Physician Assistant	Psychoeducational Service, per 15 minutes	H2027	\$400.05

Physician Assistant	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$400.05
Physician Assistant	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$400.05
Physician Assistant	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$400.05
Psychologist (Licensed or Waivered)	Interactive Complexity	90785	\$358.73
Psychologist (Licensed or Waivered)	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$358.73
Psychologist (Licensed or Waivered)	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$358.73
Psychologist (Licensed or Waivered)	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$358.73
Psychologist (Licensed or Waivered)	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$358.73
Psychologist (Licensed or Waivered)	Psychological Testing Evaluation, Each Additional Hour	96131	\$358.73
Psychologist (Licensed or Waivered)	Psychological Testing Evaluation, First Hour	96130	\$358.73
Psychologist (Licensed or Waivered)	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$358.73
Psychologist (Licensed or Waivered)	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$358.73
Psychologist (Licensed or Waivered)	Targeted Case Management, Each 15 Minutes	T1017	\$358.73
Psychologist (Licensed or Waivered)	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$358.73
Psychologist (Licensed or Waivered)	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$358.73
Psychologist (Licensed or Waivered)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$358.73
Psychologist (Licensed or Waivered)	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$358.73
Psychologist (Licensed or Waivered)	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$358.73
Psychologist (Licensed or Waivered)	Administration of patient-focused health risk assessment instrument.	96160	\$358.73
Psychologist (Licensed or Waivered)	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$358.73
Psychologist (Licensed or Waivered)	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$358.73
Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$358.73
Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$358.73
Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$358.73

	Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$358.73

ASAM Level 1.0	Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or drug screening. Laboratory analysis	H0003	\$358.73	
	Psychologist (Licensed or Waivered)	Behavioral health counseling and therapy, 15 minutes.	H0004	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or drug screening	H0049	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$358.73	
	Psychologist (Licensed or Waivered)	Prenatal Care, at risk assessment.	H1000	\$358.73	
	Psychologist (Licensed or Waivered)	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$358.73	
	Psychologist (Licensed or Waivered)	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$358.73	
	Psychologist (Licensed or Waivered)	Comprehensive community support services, per 15 minutes	H2015	\$358.73	
	Psychologist (Licensed or Waivered)	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$358.73	
	Psychologist (Licensed or Waivered)	Psychoeducational Service, per 15 minutes	H2027	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$358.73	
	Psychologist (Licensed or Waivered)	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$358.73	
	Registered Nurse	Interactive Complexity	90785	\$362.32	
	Registered Nurse	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$362.32	
Registered Nurse	Medication Training and Support, per 15 Minutes	H0034	\$362.32		
Registered Nurse	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$362.32		
Registered Nurse	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$362.32		

Registered Nurse	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$362.32
Registered Nurse	Targeted Case Management, Each 15 Minutes	T1017	\$362.32
Registered Nurse	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$362.32
Registered Nurse	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$362.32
Registered Nurse	Administration of patient-focused health risk assessment instrument.	96160	\$362.32
Registered Nurse	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$362.32
Registered Nurse	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$362.32

ASAM Level 1.0	Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$362.32
	Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$362.32
	Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$362.32
	Registered Nurse	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$362.32
	Registered Nurse	Alcohol and/or drug screening. Laboratory analysis	H0003	\$362.32
	Registered Nurse	Behavioral health counseling and therapy, 15 minutes.	H0004	\$362.32
	Registered Nurse	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$362.32
	Registered Nurse	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$362.32
	Registered Nurse	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$362.32
	Registered Nurse	Alcohol and/or drug screening	H0049	\$362.32
	Registered Nurse	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$362.32
	Registered Nurse	Prenatal Care, at risk assessment.	H1000	\$362.32
	Registered Nurse	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$362.32
	Registered Nurse	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$362.32
	Registered Nurse	Comprehensive community support services, per 15 minutes	H2015	\$362.32
	Registered Nurse	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$362.32
	Registered Nurse	Psychoeducational Service, per 15 minutes	H2027	\$362.32
	Registered Nurse	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$362.32

	Registered Nurse	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$362.32
	Registered Nurse	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$362.32
ASAM Level 2.1	Certified Peer Support Specialist	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$218.20
	Certified Peer Support Specialist	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$218.20
	Certified/registered AOD Counselor	Interactive Complexity	90785	\$242.55
	Certified/registered AOD Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
	Certified/registered AOD Counselor	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$242.55
	Certified/registered AOD Counselor	Targeted Case Management, Each 15 Minutes	T1017	\$242.55
	Certified/registered AOD Counselor	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$242.55

ASAM Level 2.1	Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$242.55
	Certified/registered AOD Counselor	Behavioral health counseling and therapy, 15 minutes.	H0004	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or drug screening	H0049	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$242.55
	Certified/registered AOD Counselor	Prenatal Care, at risk assessment.	H1000	\$242.55
	Certified/registered AOD Counselor	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$242.55
	Certified/registered AOD Counselor	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$242.55
	Certified/registered AOD Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
	Certified/registered AOD Counselor	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$242.55
	Certified/registered AOD Counselor	Psychoeducational Service, per 15 minutes	H2027	\$242.55

Certified/registered AOD Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$242.55
Licensed Physician	Interactive Complexity	90785	\$891.99
Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$891.99
Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	\$891.99
Licensed Physician	Medication Training and Support, per 15 Minutes	H0034	\$891.99
Licensed Physician	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$891.99
Licensed Physician	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$891.99
Licensed Physician	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$891.99
Licensed Physician	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$891.99
Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$891.99
Licensed Physician	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$891.99
Licensed Physician	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$891.99

ASAM Level 2.1	Licensed Physician	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$891.99
	Licensed Physician	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$891.99
	Licensed Physician	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$891.99
	Licensed Physician	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$891.99
	Licensed Physician	Psychological Testing Evaluation, Each Additional Hour	96131	\$891.99
	Licensed Physician	Psychological Testing Evaluation, First Hour	96130	\$891.99
	Licensed Physician	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$891.99
	Licensed Physician	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$891.99
	Licensed Physician	Targeted Case Management, Each 15 Minutes	T1017	\$891.99
	Licensed Physician	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$891.99
	Licensed Physician	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$891.99

Licensed Physician	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$891.99
Licensed Physician	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$891.99
Licensed Physician	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$891.99
Licensed Physician	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$891.99
Licensed Physician	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$891.99
Licensed Physician	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$891.99
Licensed Physician	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$891.99
Licensed Physician	Administration of patient-focused health risk assessment instrument.	96160	\$891.99
Licensed Physician	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$891.99
Licensed Physician	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$891.99
Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$891.99
Licensed Physician	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$891.99

ASAM Level 2.1	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$891.99

	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$891.99
	Licensed Physician	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$891.99
	Licensed Physician	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$891.99
	Licensed Physician	Home Visit of a New Patient, 15-25 Minutes	99341	\$891.99
	Licensed Physician	Home Visit of a New Patient, 26-35 Minutes	99342	\$891.99
	Licensed Physician	Home Visit of a New Patient, 36-50 Minutes	99343	\$891.99
	Licensed Physician	Home Visit of a New Patient, 51-65 Minutes	99344	\$891.99
	Licensed Physician	Home Visit of a New Patient, 66-80 Minutes	99345	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 10-20 Minutes	99347	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 21-35 Minutes	99348	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 36-50 Minutes	99349	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 51-70 Minutes	99350	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$891.99
	Licensed Physician	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 515 Minutes	99451	\$891.99
	Licensed Physician	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$891.99
	Licensed Physician	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$891.99
	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$891.99
ASAM Level 2.1	Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$891.99

Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$891.99
Licensed Physician	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$891.99
Licensed Physician	Alcohol and/or drug screening. Laboratory analysis	H0003	\$891.99
Licensed Physician	Behavioral health counseling and therapy, 15 minutes.	H0004	\$891.99
Licensed Physician	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$891.99
Licensed Physician	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$891.99
Licensed Physician	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$891.99
Licensed Physician	Alcohol and/or drug screening	H0049	\$891.99
Licensed Physician	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$891.99
Licensed Physician	Prenatal Care, at risk assessment.	H1000	\$891.99
Licensed Physician	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$891.99
Licensed Physician	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$891.99
Licensed Physician	Comprehensive community support services, per 15 minutes	H2015	\$891.99
Licensed Physician	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$891.99
Licensed Physician	Psychoeducational Service, per 15 minutes	H2027	\$891.99
Licensed Physician	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$891.99
Licensed Physician	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$891.99
Licensed Physician	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$891.99
Licensed/Registered Clinical Social Worker	Interactive Complexity	90785	\$247.17
Licensed/Registered Clinical Social Worker	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
Licensed/Registered Clinical Social Worker	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$247.17
Licensed/Registered Clinical Social Worker	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$247.17
Licensed/Registered Clinical Social Worker	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$247.17
Licensed/Registered Clinical Social Worker	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17
Licensed/Registered Clinical Social Worker	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$247.17
Licensed/Registered Clinical Social Worker	Targeted Case Management, Each 15 Minutes	T1017	\$247.17

	Licensed/Registered Clinical Social Worker	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$247.17
	Licensed/Registered Clinical Social Worker	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$247.17
	Licensed/Registered Clinical Social Worker	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$247.17

ASAM Level 2.1	Licensed/Registered Clinical Social Worker	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$247.17
	Licensed/Registered Clinical Social Worker	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$247.17
	Licensed/Registered Clinical Social Worker	Administration of patient-focused health risk assessment instrument.	96160	\$247.17
	Licensed/Registered Clinical Social Worker	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$247.17
	Licensed/Registered Clinical Social Worker	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$247.17
	Licensed/Registered Clinical Social Worker	Behavioral health counseling and therapy, 15 minutes.	H0004	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug screening	H0049	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$247.17
	Licensed/Registered Clinical Social Worker	Prenatal Care, at risk assessment.	H1000	\$247.17
	Licensed/Registered Clinical Social Worker	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$247.17
	Licensed/Registered Clinical Social Worker	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$247.17

	Licensed/Registered Clinical Social Worker	Comprehensive community support services, per 15 minutes	H2015	\$247.17
	Licensed/Registered Clinical Social Worker	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$247.17
	Licensed/Registered Clinical Social Worker	Psychoeducational Service, per 15 minutes	H2027	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$247.17
	Licensed/Registered Marriage Family Therapist	Interactive Complexity	90785	\$247.17

ASAM Level 2.1	Licensed/Registered Marriage Family Therapist	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Marriage Family Therapist	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$247.17
	Licensed/Registered Marriage Family Therapist	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$247.17
	Licensed/Registered Marriage Family Therapist	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$247.17
	Licensed/Registered Marriage Family Therapist	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17
	Licensed/Registered Marriage Family Therapist	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$247.17
	Licensed/Registered Marriage Family Therapist	Targeted Case Management, Each 15 Minutes	T1017	\$247.17
	Licensed/Registered Marriage Family Therapist	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$247.17
	Licensed/Registered Marriage Family Therapist	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$247.17
	Licensed/Registered Marriage Family Therapist	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$247.17
	Licensed/Registered Marriage Family Therapist	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$247.17
	Licensed/Registered Marriage Family Therapist	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$247.17
	Licensed/Registered Marriage Family Therapist	Administration of patient-focused health risk assessment instrument.	96160	\$247.17
	Licensed/Registered Marriage Family Therapist	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$247.17
	Licensed/Registered Marriage Family Therapist	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$247.17
	Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$247.17
	Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$247.17

Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$247.17
Licensed/Registered Marriage Family Therapist	Behavioral health counseling and therapy, 15 minutes.	H0004	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or drug screening	H0049	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$247.17

ASAM Level 2.1	Licensed/Registered Marriage Family Therapist	Prenatal Care, at risk assessment.	H1000	\$247.17
	Licensed/Registered Marriage Family Therapist	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$247.17
	Licensed/Registered Marriage Family Therapist	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$247.17
	Licensed/Registered Marriage Family Therapist	Comprehensive community support services, per 15 minutes	H2015	\$247.17
	Licensed/Registered Marriage Family Therapist	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$247.17
	Licensed/Registered Marriage Family Therapist	Psychoeducational Service, per 15 minutes	H2027	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$247.17
	Licensed/Registered Professional Clinical Counselor	Interactive Complexity	90785	\$242.55
	Licensed/Registered Professional Clinical Counselor	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$242.55
	Licensed/Registered Professional Clinical Counselor	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$242.55

Licensed/Registered Professional Clinical Counselor	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
Licensed/Registered Professional Clinical Counselor	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$242.55
Licensed/Registered Professional Clinical Counselor	Targeted Case Management, Each 15 Minutes	T1017	\$242.55
Licensed/Registered Professional Clinical Counselor	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$242.55
Licensed/Registered Professional Clinical Counselor	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$242.55
Licensed/Registered Professional Clinical Counselor	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$242.55
Licensed/Registered Professional Clinical Counselor	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$242.55
Licensed/Registered Professional Clinical Counselor	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$242.55
Licensed/Registered Professional Clinical Counselor	Administration of patient-focused health risk assessment instrument.	96160	\$242.55
Licensed/Registered Professional Clinical Counselor	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$242.55

ASAM Level 2.1	Licensed/Registered Professional Clinical Counselor	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$242.55

Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$242.55
Licensed/Registered Professional Clinical Counselor	Behavioral health counseling and therapy, 15 minutes.	H0004	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug screening	H0049	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$242.55
Licensed/Registered Professional Clinical Counselor	Prenatal Care, at risk assessment.	H1000	\$242.55
Licensed/Registered Professional Clinical Counselor	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$242.55
Licensed/Registered Professional Clinical Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
Licensed/Registered Professional Clinical Counselor	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychoeducational Service, per 15 minutes	H2027	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$242.55
Nurse Practitioner	Interactive Complexity	90785	\$443.56
Nurse Practitioner	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$443.56
Nurse Practitioner	Medication Training and Support, per 15 Minutes	H0034	\$443.56

ASAM Level 2.1	Nurse Practitioner	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$443.56

Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$443.56
Nurse Practitioner	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$443.56
Nurse Practitioner	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$443.56
Nurse Practitioner	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$443.56
Nurse Practitioner	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$443.56
Nurse Practitioner	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$443.56
Nurse Practitioner	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$443.56
Nurse Practitioner	Psychological Testing Evaluation, Each Additional Hour	96131	\$443.56
Nurse Practitioner	Psychological Testing Evaluation, First Hour	96130	\$443.56
Nurse Practitioner	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$443.56
Nurse Practitioner	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$443.56
Nurse Practitioner	Targeted Case Management, Each 15 Minutes	T1017	\$443.56
Nurse Practitioner	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$443.56
Nurse Practitioner	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$443.56
Nurse Practitioner	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$443.56
Nurse Practitioner	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$443.56
Nurse Practitioner	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$443.56
Nurse Practitioner	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$443.56
Nurse Practitioner	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$443.56
Nurse Practitioner	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$443.56
Nurse Practitioner	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$443.56
Nurse Practitioner	Administration of patient-focused health risk assessment instrument.	96160	\$443.56
Nurse Practitioner	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$443.56
Nurse Practitioner	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$443.56
Nurse Practitioner	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$443.56
Nurse Practitioner	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$443.56
Nurse Practitioner	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$443.56

ASAM Level 2.1

Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$443.56
Nurse Practitioner	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$443.56
Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$443.56
Nurse Practitioner	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$443.56
Nurse Practitioner	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$443.56
Nurse Practitioner	Home Visit of a New Patient, 15-25 Minutes	99341	\$443.56
Nurse Practitioner	Home Visit of a New Patient, 26-35 Minutes	99342	\$443.56
Nurse Practitioner	Home Visit of a New Patient, 36-50 Minutes	99343	\$443.56
Nurse Practitioner	Home Visit of a New Patient, 51-65 Minutes	99344	\$443.56
Nurse Practitioner	Home Visit of a New Patient, 66-80 Minutes	99345	\$443.56
Nurse Practitioner	Home Visit of an Established Patient, 10-20 Minutes	99347	\$443.56
Nurse Practitioner	Home Visit of an Established Patient, 21-35 Minutes	99348	\$443.56

	Nurse Practitioner	Home Visit of an Established Patient, 36-50 Minutes	99349	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 51-70 Minutes	99350	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$443.56

ASAM Level 2.1	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$443.56
	Nurse Practitioner	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$443.56
	Nurse Practitioner	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$443.56
	Nurse Practitioner	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$443.56
	Nurse Practitioner	Alcohol and/or drug screening. Laboratory analysis	H0003	\$443.56
	Nurse Practitioner	Behavioral health counseling and therapy, 15 minutes.	H0004	\$443.56
	Nurse Practitioner	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$443.56
	Nurse Practitioner	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$443.56
	Nurse Practitioner	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$443.56
	Nurse Practitioner	Alcohol and/or drug screening	H0049	\$443.56
	Nurse Practitioner	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$443.56
	Nurse Practitioner	Prenatal Care, at risk assessment.	H1000	\$443.56
	Nurse Practitioner	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$443.56
	Nurse Practitioner	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$443.56
	Nurse Practitioner	Comprehensive community support services, per 15 minutes	H2015	\$443.56
	Nurse Practitioner	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$443.56
	Nurse Practitioner	Psychoeducational Service, per 15 minutes	H2027	\$443.56
Nurse Practitioner	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$443.56	

	Nurse Practitioner	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$443.56
	Nurse Practitioner	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$443.56
	Physician Assistant	Interactive Complexity	90785	\$400.05
	Physician Assistant	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$400.05
	Physician Assistant	Medication Training and Support, per 15 Minutes	H0034	\$400.05
	Physician Assistant	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$400.05

ASAM Level 2.1	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$400.05
	Physician Assistant	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$400.05
	Physician Assistant	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$400.05
	Physician Assistant	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$400.05
	Physician Assistant	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$400.05
	Physician Assistant	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$400.05
	Physician Assistant	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$400.05
	Physician Assistant	Psychological Testing Evaluation, Each Additional Hour	96131	\$400.05
	Physician Assistant	Psychological Testing Evaluation, First Hour	96130	\$400.05
	Physician Assistant	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$400.05
	Physician Assistant	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$400.05
	Physician Assistant	Targeted Case Management, Each 15 Minutes	T1017	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$400.05
	Physician Assistant	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$400.05
	Physician Assistant	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$400.05
	Physician Assistant	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$400.05

	Physician Assistant	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$400.05
	Physician Assistant	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$400.05
	Physician Assistant	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$400.05
	Physician Assistant	Administration of patient-focused health risk assessment instrument.	96160	\$400.05
	Physician Assistant	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$400.05
	Physician Assistant	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$400.05
	Physician Assistant	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$400.05
	Physician Assistant	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$400.05
	Physician Assistant	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$400.05

ASAM Level 2.1	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$400.05
	Physician Assistant	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$400.05

Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$400.05
Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$400.05
Physician Assistant	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$400.05
Physician Assistant	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$400.05
Physician Assistant	Home Visit of a New Patient, 15-25 Minutes	99341	\$400.05
Physician Assistant	Home Visit of a New Patient, 26-35 Minutes	99342	\$400.05
Physician Assistant	Home Visit of a New Patient, 36-50 Minutes	99343	\$400.05
Physician Assistant	Home Visit of a New Patient, 51-65 Minutes	99344	\$400.05
Physician Assistant	Home Visit of a New Patient, 66-80 Minutes	99345	\$400.05
Physician Assistant	Home Visit of an Established Patient, 10-20 Minutes	99347	\$400.05
Physician Assistant	Home Visit of an Established Patient, 21-35 Minutes	99348	\$400.05
Physician Assistant	Home Visit of an Established Patient, 36-50 Minutes	99349	\$400.05
Physician Assistant	Home Visit of an Established Patient, 51-70 Minutes	99350	\$400.05
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$400.05
Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$400.05

ASAM Level 2.1	Physician Assistant	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$400.05
	Physician Assistant	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$400.05
	Physician Assistant	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$400.05
	Physician Assistant	Alcohol and/or drug screening. Laboratory analysis	H0003	\$400.05
	Physician Assistant	Behavioral health counseling and therapy, 15 minutes.	H0004	\$400.05

Physician Assistant	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$400.05
Physician Assistant	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$400.05
Physician Assistant	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$400.05
Physician Assistant	Alcohol and/or drug screening	H0049	\$400.05
Physician Assistant	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$400.05
Physician Assistant	Prenatal Care, at risk assessment.	H1000	\$400.05
Physician Assistant	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$400.05
Physician Assistant	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$400.05
Physician Assistant	Comprehensive community support services, per 15 minutes	H2015	\$400.05
Physician Assistant	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$400.05
Physician Assistant	Psychoeducational Service, per 15 minutes	H2027	\$400.05
Physician Assistant	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$400.05
Physician Assistant	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$400.05
Physician Assistant	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$400.05
Psychologist (Licensed or Waivered)	Interactive Complexity	90785	\$358.73
Psychologist (Licensed or Waivered)	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$358.73
Psychologist (Licensed or Waivered)	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$358.73
Psychologist (Licensed or Waivered)	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$358.73
Psychologist (Licensed or Waivered)	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$358.73
Psychologist (Licensed or Waivered)	Psychological Testing Evaluation, Each Additional Hour	96131	\$358.73

ASAM Level 2.1	Psychologist (Licensed or Waivered)	Psychological Testing Evaluation, First Hour	96130	\$358.73
	Psychologist (Licensed or Waivered)	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$358.73
	Psychologist (Licensed or Waivered)	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$358.73
	Psychologist (Licensed or Waivered)	Targeted Case Management, Each 15 Minutes	T1017	\$358.73
	Psychologist (Licensed or Waivered)	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$358.73
	Psychologist (Licensed or Waivered)	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$358.73

	Psychologist (Licensed or Waivered)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$358.73
	Psychologist (Licensed or Waivered)	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$358.73
	Psychologist (Licensed or Waivered)	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$358.73
	Psychologist (Licensed or Waivered)	Administration of patient-focused health risk assessment instrument.	96160	\$358.73
	Psychologist (Licensed or Waivered)	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$358.73
	Psychologist (Licensed or Waivered)	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$358.73
	Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$358.73
	Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$358.73
	Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or drug screening. Laboratory analysis	H0003	\$358.73
	Psychologist (Licensed or Waivered)	Behavioral health counseling and therapy, 15 minutes.	H0004	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or drug screening	H0049	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$358.73
	Psychologist (Licensed or Waivered)	Prenatal Care, at risk assessment.	H1000	\$358.73
	Psychologist (Licensed or Waivered)	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$358.73
	Psychologist (Licensed or Waivered)	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$358.73
ASAM Level 2.1	Psychologist (Licensed or Waivered)	Comprehensive community support services, per 15 minutes	H2015	\$358.73

Psychologist (Licensed or Waivered)	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$358.73
Psychologist (Licensed or Waivered)	Psychoeducational Service, per 15 minutes	H2027	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$358.73
Registered Nurse	Interactive Complexity	90785	\$362.32
Registered Nurse	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$362.32
Registered Nurse	Medication Training and Support, per 15 Minutes	H0034	\$362.32
Registered Nurse	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$362.32
Registered Nurse	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$362.32
Registered Nurse	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$362.32
Registered Nurse	Targeted Case Management, Each 15 Minutes	T1017	\$362.32
Registered Nurse	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$362.32
Registered Nurse	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$362.32
Registered Nurse	Administration of patient-focused health risk assessment instrument.	96160	\$362.32
Registered Nurse	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$362.32
Registered Nurse	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$362.32
Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$362.32
Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$362.32
Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$362.32
Registered Nurse	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$362.32
Registered Nurse	Alcohol and/or drug screening. Laboratory analysis	H0003	\$362.32
Registered Nurse	Behavioral health counseling and therapy, 15 minutes.	H0004	\$362.32
Registered Nurse	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$362.32
Registered Nurse	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$362.32

	Registered Nurse	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$362.32
	Registered Nurse	Alcohol and/or drug screening	H0049	\$362.32
	Registered Nurse	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$362.32
	Registered Nurse	Prenatal Care, at risk assessment.	H1000	\$362.32

ASAM Level 2.1	Registered Nurse	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$362.32
	Registered Nurse	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$362.32
	Registered Nurse	Comprehensive community support services, per 15 minutes	H2015	\$362.32
	Registered Nurse	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$362.32
	Registered Nurse	Psychoeducational Service, per 15 minutes	H2027	\$362.32
	Registered Nurse	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$362.32
	Registered Nurse	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$362.32
	Registered Nurse	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$362.32

Clinician Consultation	Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$891.99
	Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	\$891.99
	Licensed Physician	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 515 Minutes	99451	\$891.99
	Licensed/Registered Clinical Social Worker	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Marriage Family Therapist	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Professional Clinical Counselor	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$242.55
Nurse Practitioner	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$443.56	

	Physician Assistant	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$400.05
	Psychologist (Licensed or Waivered)	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$358.73
	Registered Nurse	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$362.32
Medication Assisted Treatment (MAT)	Certified Peer Support Specialist	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$218.20
	Certified Peer Support Specialist	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$218.20

Medication Assisted Treatment				
	Certified/registered AOD Counselor	Interactive Complexity	90785	\$242.55
	Certified/registered AOD Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
	Certified/registered AOD Counselor	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$242.55
	Certified/registered AOD Counselor	Targeted Case Management, Each 15 Minutes	T1017	\$242.55
	Certified/registered AOD Counselor	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$242.55
	Certified/registered AOD Counselor	Behavioral health counseling and therapy, 15 minutes.	H0004	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or drug screening	H0049	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$242.55
	Certified/registered AOD Counselor	Prenatal Care, at risk assessment.	H1000	\$242.55

Certified/registered AOD Counselor	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$242.55
Certified/registered AOD Counselor	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$242.55
Certified/registered AOD Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
Certified/registered AOD Counselor	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$242.55
Certified/registered AOD Counselor	Psychoeducational Service, per 15 minutes	H2027	\$242.55
Certified/registered AOD Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$242.55
Certified/registered AOD Counselor	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$242.55
Licensed Physician	Interactive Complexity	90785	\$891.99
Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$891.99
Licensed Physician	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	\$891.99
Licensed Physician	Medication Training and Support, per 15 Minutes	H0034	\$891.99
Licensed Physician	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$891.99
Licensed Physician	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$891.99

Medication Assisted Treatment (MAT)	Licensed Physician	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$891.99
	Licensed Physician	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$891.99
	Licensed Physician	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$891.99
	Licensed Physician	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$891.99
	Licensed Physician	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$891.99
	Licensed Physician	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$891.99
	Licensed Physician	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$891.99

Licensed Physician	Psychological Testing Evaluation, Each Additional Hour	96131	\$891.99
Licensed Physician	Psychological Testing Evaluation, First Hour	96130	\$891.99
Licensed Physician	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$891.99
Licensed Physician	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$891.99
Licensed Physician	Targeted Case Management, Each 15 Minutes	T1017	\$891.99
Licensed Physician	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$891.99
Licensed Physician	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$891.99
Licensed Physician	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$891.99
Licensed Physician	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$891.99
Licensed Physician	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$891.99
Licensed Physician	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$891.99
Licensed Physician	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$891.99
Licensed Physician	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$891.99
Licensed Physician	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$891.99
Licensed Physician	Administration of patient-focused health risk assessment instrument.	96160	\$891.99
Licensed Physician	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$891.99
Licensed Physician	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$891.99
Licensed Physician	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$891.99
Licensed Physician	Observation Care Discharge Day Management, 15 Minutes	99217	\$891.99

Medication Assisted Treatment (MAT)	Licensed Physician	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 35-44 Minutes	99234	\$891.99
	Licensed Physician	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 45-53 minutes	99235	\$891.99
	Licensed Physician	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 54-60 Minutes	99236	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$891.99

	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$891.99
	Licensed Physician	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$891.99
	Licensed Physician	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$891.99
	Licensed Physician	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$891.99
	Licensed Physician	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$891.99
	Licensed Physician	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$891.99
	Licensed Physician	Home Visit of a New Patient, 15-25 Minutes	99341	\$891.99
	Licensed Physician	Home Visit of a New Patient, 26-35 Minutes	99342	\$891.99
	Licensed Physician	Home Visit of a New Patient, 36-50 Minutes	99343	\$891.99
	Licensed Physician	Home Visit of a New Patient, 51-65 Minutes	99344	\$891.99
Licensed Physician	Home Visit of a New Patient, 66-80 Minutes	99345	\$891.99	
Licensed Physician	Home Visit of an Established Patient, 10-20 Minutes	99347	\$891.99	
Medication Assisted Treatment (MAT)	Licensed Physician	Home Visit of an Established Patient, 21-35 Minutes	99348	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 36-50 Minutes	99349	\$891.99
	Licensed Physician	Home Visit of an Established Patient, 51-70 Minutes	99350	\$891.99

Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$891.99
Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$891.99
Licensed Physician	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 515 Minutes	99451	\$891.99
Licensed Physician	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$891.99
Licensed Physician	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$891.99
Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$891.99
Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$891.99
Licensed Physician	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$891.99
Licensed Physician	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$891.99
Licensed Physician	Alcohol and/or drug screening. Laboratory analysis	H0003	\$891.99
Licensed Physician	Behavioral health counseling and therapy, 15 minutes.	H0004	\$891.99
Licensed Physician	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$891.99
Licensed Physician	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$891.99
Licensed Physician	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	H0008	\$891.99
Licensed Physician	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	H0009	\$891.99
Licensed Physician	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$891.99
Licensed Physician	Alcohol and/or drug screening	H0049	\$891.99
Licensed Physician	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$891.99
Licensed Physician	Prenatal Care, at risk assessment.	H1000	\$891.99
Licensed Physician	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$891.99
Licensed Physician	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$891.99
Licensed Physician	Comprehensive community support services, per 15 minutes	H2015	\$891.99
Licensed Physician	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$891.99
Licensed Physician	Psychoeducational Service, per 15 minutes	H2027	\$891.99

	Licensed Physician	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$891.99
	Licensed Physician	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$891.99

Medication Assisted Treatment (MAT)	Licensed Physician	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$891.99
	Licensed/Registered Clinical Social Worker	Interactive Complexity	90785	\$247.17
	Licensed/Registered Clinical Social Worker	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Clinical Social Worker	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$247.17
	Licensed/Registered Clinical Social Worker	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$247.17
	Licensed/Registered Clinical Social Worker	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$247.17
	Licensed/Registered Clinical Social Worker	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17
	Licensed/Registered Clinical Social Worker	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$247.17
	Licensed/Registered Clinical Social Worker	Targeted Case Management, Each 15 Minutes	T1017	\$247.17
	Licensed/Registered Clinical Social Worker	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$247.17
	Licensed/Registered Clinical Social Worker	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$247.17
	Licensed/Registered Clinical Social Worker	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$247.17
	Licensed/Registered Clinical Social Worker	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$247.17
	Licensed/Registered Clinical Social Worker	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$247.17
	Licensed/Registered Clinical Social Worker	Administration of patient-focused health risk assessment instrument.	96160	\$247.17
	Licensed/Registered Clinical Social Worker	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$247.17
	Licensed/Registered Clinical Social Worker	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$247.17
	Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$247.17
Licensed/Registered Clinical Social Worker	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$247.17	
Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$247.17	

	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$247.17
	Licensed/Registered Clinical Social Worker	Behavioral health counseling and therapy, 15 minutes.	H0004	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$247.17

Medication Assisted Treatment (MAT)	Licensed/Registered Clinical Social Worker	Alcohol and/or drug screening	H0049	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$247.17
	Licensed/Registered Clinical Social Worker	Prenatal Care, at risk assessment.	H1000	\$247.17
	Licensed/Registered Clinical Social Worker	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$247.17
	Licensed/Registered Clinical Social Worker	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$247.17
	Licensed/Registered Clinical Social Worker	Comprehensive community support services, per 15 minutes	H2015	\$247.17
	Licensed/Registered Clinical Social Worker	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$247.17
	Licensed/Registered Clinical Social Worker	Psychoeducational Service, per 15 minutes	H2027	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$247.17
	Licensed/Registered Clinical Social Worker	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$247.17
	Licensed/Registered Marriage Family Therapist	Interactive Complexity	90785	\$247.17
	Licensed/Registered Marriage Family Therapist	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$247.17
	Licensed/Registered Marriage Family Therapist	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$247.17
	Licensed/Registered Marriage Family Therapist	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$247.17
Licensed/Registered Marriage Family Therapist	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$247.17	
Licensed/Registered Marriage Family Therapist	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17	

Licensed/Registered Marriage Family Therapist	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$247.17
Licensed/Registered Marriage Family Therapist	Targeted Case Management, Each 15 Minutes	T1017	\$247.17
Licensed/Registered Marriage Family Therapist	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$247.17
Licensed/Registered Marriage Family Therapist	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$247.17
Licensed/Registered Marriage Family Therapist	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$247.17
Licensed/Registered Marriage Family Therapist	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$247.17
Licensed/Registered Marriage Family Therapist	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$247.17
Licensed/Registered Marriage Family Therapist	Administration of patient-focused health risk assessment instrument.	96160	\$247.17
Licensed/Registered Marriage Family Therapist	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$247.17
Licensed/Registered Marriage Family Therapist	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$247.17
Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$247.17

Medication Assisted Treatment (MAT)	Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$247.17
	Licensed/Registered Marriage Family Therapist	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$247.17
	Licensed/Registered Marriage Family Therapist	Behavioral health counseling and therapy, 15 minutes.	H0004	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or drug screening	H0049	\$247.17
	Licensed/Registered Marriage Family Therapist	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$247.17
	Licensed/Registered Marriage Family Therapist	Prenatal Care, at risk assessment.	H1000	\$247.17
	Licensed/Registered Marriage Family Therapist	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$247.17

Licensed/Registered Marriage Family Therapist	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$247.17
Licensed/Registered Marriage Family Therapist	Comprehensive community support services, per 15 minutes	H2015	\$247.17
Licensed/Registered Marriage Family Therapist	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$247.17
Licensed/Registered Marriage Family Therapist	Psychoeducational Service, per 15 minutes	H2027	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$247.17
Licensed/Registered Professional Clinical Counselor	Interactive Complexity	90785	\$242.55
Licensed/Registered Professional Clinical Counselor	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$242.55
Licensed/Registered Professional Clinical Counselor	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$242.55
Licensed/Registered Professional Clinical Counselor	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$242.55

Medication Assisted Treatment (MAT)	Licensed/Registered Professional Clinical Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
	Licensed/Registered Professional Clinical Counselor	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$242.55
	Licensed/Registered Professional Clinical Counselor	Targeted Case Management, Each 15 Minutes	T1017	\$242.55
	Licensed/Registered Professional Clinical Counselor	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$242.55
	Licensed/Registered Professional Clinical Counselor	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$242.55
	Licensed/Registered Professional Clinical Counselor	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$242.55
	Licensed/Registered Professional Clinical Counselor	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$242.55
	Licensed/Registered Professional Clinical Counselor	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$242.55

Licensed/Registered Professional Clinical Counselor	Licensed/Registered Professional Clinical Counselor	Administration of patient-focused health risk assessment instrument.	96160	\$242.55
	Licensed/Registered Professional Clinical Counselor	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$242.55
	Licensed/Registered Professional Clinical Counselor	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$242.55
	Licensed/Registered Professional Clinical Counselor	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$242.55
	Licensed/Registered Professional Clinical Counselor	Behavioral health counseling and therapy, 15 minutes.	H0004	\$242.55
Licensed/Registered Professional Clinical Counselor	Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or drug screening	H0049	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$242.55

Medication Assisted Treatment (MAT)	Licensed/Registered Professional Clinical Counselor	Prenatal Care, at risk assessment.	H1000	\$242.55
	Licensed/Registered Professional Clinical Counselor	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$242.55
	Licensed/Registered Professional Clinical Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
	Licensed/Registered Professional Clinical Counselor	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$242.55
	Licensed/Registered Professional Clinical Counselor	Psychoeducational Service, per 15 minutes	H2027	\$242.55

	Licensed/Registered Professional Clinical Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$242.55
	Licensed/Registered Professional Clinical Counselor	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$242.55
	Nurse Practitioner	Interactive Complexity	90785	\$443.56
	Nurse Practitioner	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$443.56
	Nurse Practitioner	Medication Training and Support, per 15 Minutes	H0034	\$443.56
	Nurse Practitioner	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$443.56
	Nurse Practitioner	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$443.56
	Nurse Practitioner	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$443.56
	Nurse Practitioner	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$443.56
	Nurse Practitioner	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$443.56
	Nurse Practitioner	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$443.56
	Nurse Practitioner	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$443.56
	Nurse Practitioner	Psychological Testing Evaluation, Each Additional Hour	96131	\$443.56
	Nurse Practitioner	Psychological Testing Evaluation, First Hour	96130	\$443.56
	Nurse Practitioner	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$443.56
	Nurse Practitioner	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$443.56
	Nurse Practitioner	Targeted Case Management, Each 15 Minutes	T1017	\$443.56
	Nurse Practitioner	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$443.56
Medication Assisted Treatment (MAT)	Nurse Practitioner	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$443.56
	Nurse Practitioner	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$443.56

Nurse Practitioner	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$443.56
Nurse Practitioner	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$443.56
Nurse Practitioner	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$443.56
Nurse Practitioner	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$443.56
Nurse Practitioner	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$443.56
Nurse Practitioner	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$443.56
Nurse Practitioner	Administration of patient-focused health risk assessment instrument.	96160	\$443.56
Nurse Practitioner	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$443.56
Nurse Practitioner	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$443.56
Nurse Practitioner	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$443.56
Nurse Practitioner	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$443.56
Nurse Practitioner	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$443.56
Nurse Practitioner	Observation Care Discharge Day Management, 15 Minutes	99217	\$443.56
Nurse Practitioner	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 35-44 Minutes	99234	\$443.56
Nurse Practitioner	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 45-53 minutes	99235	\$443.56
Nurse Practitioner	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 54-60 Minutes	99236	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$443.56
Nurse Practitioner	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$443.56
Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$443.56

	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$443.56
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Medication Assisted Treatment (MAT)	Nurse Practitioner	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$443.56
	Nurse Practitioner	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$443.56
	Nurse Practitioner	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$443.56
	Nurse Practitioner	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 15-25 Minutes	99341	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 26-35 Minutes	99342	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 36-50 Minutes	99343	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 51-65 Minutes	99344	\$443.56
	Nurse Practitioner	Home Visit of a New Patient, 66-80 Minutes	99345	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 10-20 Minutes	99347	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 21-35 Minutes	99348	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 36-50 Minutes	99349	\$443.56
	Nurse Practitioner	Home Visit of an Established Patient, 51-70 Minutes	99350	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$443.56
	Nurse Practitioner	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$443.56
	Nurse Practitioner	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$443.56

	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$443.56
	Nurse Practitioner	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$443.56
	Nurse Practitioner	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$443.56
	Nurse Practitioner	Alcohol and/or drug screening. Laboratory analysis	H0003	\$443.56

Medication Assisted Treatment (MAT)	Nurse Practitioner	Behavioral health counseling and therapy, 15 minutes.	H0004	\$443.56
	Nurse Practitioner	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$443.56
	Nurse Practitioner	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$443.56
	Nurse Practitioner	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	H0008	\$443.56
	Nurse Practitioner	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	H0009	\$443.56
	Nurse Practitioner	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$443.56
	Nurse Practitioner	Alcohol and/or drug screening	H0049	\$443.56
	Nurse Practitioner	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$443.56
	Nurse Practitioner	Prenatal Care, at risk assessment.	H1000	\$443.56
	Nurse Practitioner	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$443.56
	Nurse Practitioner	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$443.56
	Nurse Practitioner	Comprehensive community support services, per 15 minutes	H2015	\$443.56
	Nurse Practitioner	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$443.56
	Nurse Practitioner	Psychoeducational Service, per 15 minutes	H2027	\$443.56
	Nurse Practitioner	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$443.56
	Nurse Practitioner	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$443.56
	Nurse Practitioner	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$443.56
	Physician Assistant	Interactive Complexity	90785	\$400.05
	Physician Assistant	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$400.05
Physician Assistant	Medication Training and Support, per 15 Minutes	H0034	\$400.05	
Physician Assistant	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$400.05	

Physician Assistant	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$400.05
Physician Assistant	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$400.05
Physician Assistant	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$400.05
Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$400.05
Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$400.05
Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$400.05
Physician Assistant	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$400.05
Physician Assistant	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$400.05
Physician Assistant	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$400.05
Physician Assistant	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$400.05
Physician Assistant	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$400.05
Physician Assistant	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$400.05
Physician Assistant	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$400.05

Medication Assisted Treatment (MAT)	Physician Assistant	Psychological Testing Evaluation, Each Additional Hour	96131	\$400.05
	Physician Assistant	Psychological Testing Evaluation, First Hour	96130	\$400.05
	Physician Assistant	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$400.05
	Physician Assistant	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$400.05
	Physician Assistant	Targeted Case Management, Each 15 Minutes	T1017	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$400.05
	Physician Assistant	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$400.05
	Physician Assistant	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$400.05
	Physician Assistant	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$400.05
	Physician Assistant	Nacrosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 15 Minutes	90865	\$400.05
	Physician Assistant	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$400.05
	Physician Assistant	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$400.05
	Physician Assistant	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$400.05
	Physician Assistant	Administration of patient-focused health risk assessment instrument.	96160	\$400.05

Physician Assistant	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$400.05
Physician Assistant	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$400.05
Physician Assistant	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$400.05
Physician Assistant	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$400.05
Physician Assistant	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$400.05
Physician Assistant	Observation Care Discharge Day Management, 15 Minutes	99217	\$400.05
Physician Assistant	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 35-44 Minutes	99234	\$400.05
Physician Assistant	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 45-53 minutes	99235	\$400.05
Physician Assistant	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 54-60 Minutes	99236	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 16- 29 Minutes	99304	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 30-39 Minutes	99305	\$400.05
Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 40- 60 Minutes	99306	\$400.05
Physician Assistant	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	99307	\$400.05

Medication Assisted Treatment (MAT)	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 13- 19 Minutes	99308	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	99309	\$400.05
	Physician Assistant	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 30-40 Minutes	99310	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 15- 25 Minutes	99324	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 26-35 Minutes	99325	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 36-50 Minutes	99326	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 51-65 Minutes	99327	\$400.05

	Physician Assistant	Domiciliary or Rest Home Visit of a New Patient, 66-80 Minutes	99328	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 10-20 Minutes	99334	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 21-35 Minutes	99335	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 36-50 Minutes	99336	\$400.05
	Physician Assistant	Domiciliary or Rest Home Visit of an Established Patient, 51-70 Minutes	99337	\$400.05
	Physician Assistant	Individual physician supervisory of a patient (patient not present) in home, 15 – 29 minutes	99339	\$400.05
	Physician Assistant	Individual physician supervisory of a patient (patient not present) in home. Each additional 30 minutes	99340	\$400.05
	Physician Assistant	Home Visit of a New Patient, 15-25 Minutes	99341	\$400.05
	Physician Assistant	Home Visit of a New Patient, 26-35 Minutes	99342	\$400.05
	Physician Assistant	Home Visit of a New Patient, 36-50 Minutes	99343	\$400.05
	Physician Assistant	Home Visit of a New Patient, 51-65 Minutes	99344	\$400.05
	Physician Assistant	Home Visit of a New Patient, 66-80 Minutes	99345	\$400.05
	Physician Assistant	Home Visit of an Established Patient, 10-20 Minutes	99347	\$400.05
	Physician Assistant	Home Visit of an Established Patient, 21-35 Minutes	99348	\$400.05
	Physician Assistant	Home Visit of an Established Patient, 36-50 Minutes	99349	\$400.05
	Physician Assistant	Home Visit of an Established Patient, 51-70 Minutes	99350	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. 15-30 minutes.	99408	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structural screening (e.g., AUDIT, DAST), and brief intervention (SBI) services. Greater than 30 minutes.	99409	\$400.05
	Physician Assistant	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days.	99495	\$400.05
	Physician Assistant	Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 7 calendar days.	99496	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$400.05

Medication Assisted Treatment (MAT)	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$400.05
	Physician Assistant	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$400.05
	Physician Assistant	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$400.05
	Physician Assistant	Alcohol and/or drug screening. Laboratory analysis	H0003	\$400.05
	Physician Assistant	Behavioral health counseling and therapy, 15 minutes.	H0004	\$400.05

	Physician Assistant	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$400.05
	Physician Assistant	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$400.05
	Physician Assistant	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	H0008	\$400.05
	Physician Assistant	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	H0009	\$400.05
	Physician Assistant	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$400.05
	Physician Assistant	Alcohol and/or drug screening	H0049	\$400.05
	Physician Assistant	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$400.05
	Physician Assistant	Prenatal Care, at risk assessment.	H1000	\$400.05
	Physician Assistant	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$400.05
	Physician Assistant	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$400.05
	Physician Assistant	Comprehensive community support services, per 15 minutes	H2015	\$400.05
	Physician Assistant	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$400.05
	Physician Assistant	Psychoeducational Service, per 15 minutes	H2027	\$400.05
	Physician Assistant	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$400.05
	Physician Assistant	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$400.05
	Physician Assistant	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$400.05
	Psychologist (Licensed or Waivered)	Interactive Complexity	90785	\$358.73
	Psychologist (Licensed or Waivered)	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$358.73
	Psychologist (Licensed or Waivered)	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$358.73
	Psychologist (Licensed or Waivered)	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$358.73
	Psychologist (Licensed or Waivered)	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$358.73
	Psychologist (Licensed or Waivered)	Psychological Testing Evaluation, Each Additional Hour	96131	\$358.73
	Psychologist (Licensed or Waivered)	Psychological Testing Evaluation, First Hour	96130	\$358.73
	Psychologist (Licensed or Waivered)	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$358.73
	Psychologist (Licensed or Waivered)	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$358.73
Medication Assisted Treatment (MAT)	Psychologist (Licensed or Waivered)	Targeted Case Management, Each 15 Minutes	T1017	\$358.73
	Psychologist (Licensed or Waivered)	Family Psychotherapy (Without the Patient Present), 26-50 minutes	90846	\$358.73

Psychologist (Licensed or Waivered)	Family Psychotherapy (Conjoint psychotherapy with Patient Present), 26-50 minutes	90847	\$358.73
Psychologist (Licensed or Waivered)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$358.73
Psychologist (Licensed or Waivered)	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$358.73
Psychologist (Licensed or Waivered)	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$358.73
Psychologist (Licensed or Waivered)	Administration of patient-focused health risk assessment instrument.	96160	\$358.73
Psychologist (Licensed or Waivered)	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$358.73
Psychologist (Licensed or Waivered)	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$358.73
Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 5-10 Minutes	98966	\$358.73
Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 11-20 Minutes	98967	\$358.73
Psychologist (Licensed or Waivered)	Telephone Assessment and Management Service, 21-30 Minutes	98968	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or drug screening. Laboratory analysis	H0003	\$358.73
Psychologist (Licensed or Waivered)	Behavioral health counseling and therapy, 15 minutes.	H0004	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or drug screening	H0049	\$358.73
Psychologist (Licensed or Waivered)	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$358.73
Psychologist (Licensed or Waivered)	Prenatal Care, at risk assessment.	H1000	\$358.73
Psychologist (Licensed or Waivered)	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$358.73
Psychologist (Licensed or Waivered)	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$358.73
Psychologist (Licensed or Waivered)	Comprehensive community support services, per 15 minutes	H2015	\$358.73

	Psychologist (Licensed or Waivered)	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$358.73
	Psychologist (Licensed or Waivered)	Psychoeducational Service, per 15 minutes	H2027	\$358.73

Medication Assisted Treatment (MAT)	Psychologist (Licensed or Waivered)	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$358.73
	Registered Nurse	Interactive Complexity	90785	\$362.32
	Registered Nurse	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non- Physician. Patient and/or Family Not Present. 30 Minutes or More	99368	\$362.32
	Registered Nurse	Medication Training and Support, per 15 Minutes	H0034	\$362.32
	Registered Nurse	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$362.32
	Registered Nurse	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$362.32
	Registered Nurse	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$362.32
	Registered Nurse	Targeted Case Management, Each 15 Minutes	T1017	\$362.32
	Registered Nurse	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	90882	\$362.32
	Registered Nurse	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carries.	90889	\$362.32
	Registered Nurse	Administration of patient-focused health risk assessment instrument.	96160	\$362.32
	Registered Nurse	Health behavior intervention, family (without the patient present), face-to-face. 16-30 minutes	96170	\$362.32
	Registered Nurse	Health behavior intervention, family (without the patient present), face-to-face. Each additional 15 minutes.	96171	\$362.32
	Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0396	\$362.32
	Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+ Minutes. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G0397	\$362.32
	Registered Nurse	Alcohol and/or substance (other than tobacco) abuse structured assessment 5 -14 Min. (Note: Use codes G2011, G0396, and G0397 to determine the ASAM Criteria).	G2011	\$362.32
	Registered Nurse	Alcohol and/or drug assessment. (Note: Use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)	H0001	\$362.32
Registered Nurse	Alcohol and/or drug screening. Laboratory analysis	H0003	\$362.32	
Registered Nurse	Behavioral health counseling and therapy, 15 minutes.	H0004	\$362.32	
Registered Nurse	Alcohol and/or drug services; group counseling by a clinician, 15 minutes.	H0005	\$362.32	

	Registered Nurse	Alcohol and/or drug services; crisis intervention (outpatient),	H0007	\$362.32
	Registered Nurse	Alcohol and/or other drug testing. (Note: Use this code to submit claims for point of care tests)	H0048	\$362.32
	Registered Nurse	Alcohol and/or drug screening	H0049	\$362.32
	Registered Nurse	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	H0050	\$362.32
	Registered Nurse	Prenatal Care, at risk assessment.	H1000	\$362.32
	Registered Nurse	Crisis Intervention Services, per 15 minutes (Use code to submit claims for Mobile Crisis Services)	H2011	\$362.32
	Registered Nurse	Skills training and development, per 15 minutes. (Use this code to submit claims for Patient Education Services).	H2014	\$362.32
	Registered Nurse	Comprehensive community support services, per 15 minutes	H2015	\$362.32

Medication Assisted Treatment (MAT)	Registered Nurse	Community-Based Wrap-Around Services, per 15 Minutes	H2021	\$362.32
	Registered Nurse	Psychoeducational Service, per 15 minutes	H2027	\$362.32
	Registered Nurse	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$362.32
	Registered Nurse	Alcohol and/or substance abuse services, family/couple counseling	T1006	\$362.32
	Registered Nurse	Alcohol and/or substance abuse services, treatment plan development and/or modification.	T1007	\$362.32

Peer Support Services	Certified Peer Support Specialist	Behavioral Health Prevention Education service, delivery of service with target population to affect knowledge, attitude, and/or behavior.	H0025	\$218.20
	Certified Peer Support Specialist	Self-help/peer services, per 15 minutes	H0038	\$218.20

Recovery Services	Certified/registered AOD Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
	Certified/registered AOD Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
	Certified/registered AOD Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
	Licensed Physician	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$891.99
	Licensed Physician	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	H0008	\$891.99
	Licensed Physician	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	H0009	\$891.99
	Licensed Physician	Comprehensive community support services, per 15 minutes	H2015	\$891.99
	Licensed Physician	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$891.99
Licensed/Registered Clinical Social Worker	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17	

Licensed/Registered Clinical Social Worker	Comprehensive community support services, per 15 minutes	H2015	\$247.17
Licensed/Registered Clinical Social Worker	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
Licensed/Registered Marriage Family Therapist	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$247.17
Licensed/Registered Marriage Family Therapist	Comprehensive community support services, per 15 minutes	H2015	\$247.17
Licensed/Registered Marriage Family Therapist	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$247.17
Licensed/Registered Professional Clinical Counselor	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$242.55
Licensed/Registered Professional Clinical Counselor	Comprehensive community support services, per 15 minutes	H2015	\$242.55
Licensed/Registered Professional Clinical Counselor	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$242.55
Nurse Practitioner	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$443.56
Nurse Practitioner	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	H0008	\$443.56

Recovery Services	Nurse Practitioner	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	H0009	\$443.56
	Nurse Practitioner	Comprehensive community support services, per 15 minutes	H2015	\$443.56
	Nurse Practitioner	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$443.56
	Physician Assistant	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$400.05
	Physician Assistant	Alcohol and/or drug services: (hospital inpatient) Subacute detoxification	H0008	\$400.05
	Physician Assistant	Alcohol and/or drug services: (hospital inpatient) Acute detoxification	H0009	\$400.05
	Physician Assistant	Comprehensive community support services, per 15 minutes	H2015	\$400.05
	Physician Assistant	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$400.05
	Psychologist (Licensed or Waivered)	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$358.73
	Psychologist (Licensed or Waivered)	Comprehensive community support services, per 15 minutes	H2015	\$358.73
	Psychologist (Licensed or Waivered)	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$358.73

	Registered Nurse	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$362.32
	Registered Nurse	Comprehensive community support services, per 15 minutes	H2015	\$362.32
	Registered Nurse	Alcohol and/or other drug treatment program, Per Hour Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.	H2035	\$362.32

Lovett Recovery (Bost House)

ASAM / Service Level	Discipline	CPT Code Name	CPT Code	Service Rate
ASAM Level 3.1, 3.3, 3.5 (Non-Perinatal and Perinatal)	_Bundled Rate-ASAM Level 3.1	Behavioral Health; Long Term Residential	H0019	\$136.85
	_Bundled Rate-ASAM Level 3.5	Behavioral Health; Long Term Residential	H0019	\$171.35
Withdrawal Management (WM) Level 3.2	_Bundled Rate-Withdrawal Management (WM) Level 3.2	Alcohol and/or drug services: (residential addiction program outpatient). Subacute detoxification	H0012	\$184.00

Grass Valley & Auburn

ASAM / Service Level	Discipline	CPT Code Name	CPT Code	Service Rate
ASAM Level 3.1, 3.3, 3.5 (Non-Perinatal and Perinatal)	_Bundled Rate-ASAM Level 3.1	Behavioral Health; Long Term Residential	H0019	\$158.70
	_Bundled Rate-ASAM Level 3.5	Behavioral Health; Long Term Residential	H0019	\$198.95
Withdrawal Management (WM) Level 3.2	_Bundled Rate-Withdrawal Management (WM) Level 3.2	Alcohol and/or drug services: (residential addiction program outpatient). Subacute detoxification	H0012	\$223.10