

KY Medicaid Fee-for-Service Behavioral Health & Substance Abuse Services

Outpatient (Non-Facility) Fee Schedule

Effective January 1, 2021 (revised 9/1/2021)

PLEASE CONTINUE TO USE THE ADDITIONAL HF MODIFIER FOR ALL SUD SERVICES FOR TRACKING PURPOSES

Providers are expected to be familiar with State Plan Amendment covered services and regulatory coverage provisions and requirements for behavioral health. A rate across all provider columns indicates a per diem or bundled rate for a service. Please see your provider type regulation for allowable practitioners for each service and components included in per diem or bundled services. Telehealth allowable codes are designated as such in regulation by saying the service shall be performed "face-to-face" or via telehealth as appropriate pursuant to 907 KAR 3:170." The Department for Medicaid Services encourages all providers to consult with a Certified Professional Coder regarding billing codes and other issues. All services rendered shall be medically necessary and provided within the practitioner's scope of licensure, practice, and employment. All services reimbursed by DMS are subject to post-payment audit and review. System readiness by effective date of this fee schedule is not guaranteed.

Laboratory codes are billable in Provider Type 03 (BHSO) and Provider Type Public 66 (Behavioral Health MSG) for providers with a valid CLIA certificate. Providers must adhere to codes that fall within their CLIA certificate level. A Physician, Advanced Practice Registered Nurse or Physician Assistant within the organization/agency must order any laboratory test. These codes should be billed from the Clinical Laboratory Fee Schedule posted on the DMS website.

Notes:

- * Limited to MD/DO, LP, LPP, CPsy w/Auto. Funct., LPA, or CPsy
- ** Limited to MD/DO, LP, LPP or CPsy w/Auto. Funct.
- *** Limited to Physician, LBA, LABA, Technician, or other qualified healthcare professional as listed
- ¹ Licensed Organization only; must be billed by provider type 03 (BHSO)
- + indicates add-on codes



KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

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90785	Interactive Complexity Use in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99201-99205, 99213-99215], and group psychotherapy [90853]	Event	10.90	9.26	8.72	7.63	5.45			Y
90791	Psychiatric Diagnostic Evaluation	Event	130.82	111.19	104.65	91.57				Y
90792	Psychiatric Diagnostic Evaluation with medial services	Event	145.55	123.71	APRN=SA & PA=U1 only					Y
90832	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes	56.49	48.02	45.19	39.54	28.25			Y
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]	30 Minutes	51.48	43.76	41.18	36.04				Y
90834	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes	74.90	63.66	59.92	52.43	37.45			Y
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]	45 Minutes	65.12	55.35	APRN=SA & PA=U1 only					Y
90837	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	110.59	94.00	88.47	77.41	55.29			Y
99354	Prolonged Services (First Hour) Must be billed on the same date of service as 90837, Limited to 1 unit per client, per date of service	30-60 Minutes	91.97	78.17	73.57	64.38	45.98			Y
99355	Prolonged Services (After the first 60 minutes of prolonged services) Must be billed on the same date of service as 90837 and 99354, limited to 2 units per client, per date of service	15-30 Minutes	68.72	58.41	54.97	48.10	34.36			Y

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90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]	60 Minutes	86.24		73.30	68.99	60.36			Y
90839	Psychotherapy for Crisis, first 60 minutes	60 Minutes	105.20		89.42	84.16	73.64	52.60		Y
90840	Psychotherapy, Each additional 30 minutes Use in conjunction with 90839	30 Minutes	49.89		42.41	39.91	34.92	24.95		
90845	Psychoanalysis	Event	71.00		60.35	56.80	49.70			
90846	Family psychotherapy	Event	72.71		61.81	58.17	50.90	36.36		
90847	Family psychotherapy with patient present	Event	75.33		64.03	60.26	52.73	37.67		
90849	Multiple-family group psychotherapy	Event	24.97		21.22	19.97	17.48	12.48		Y
90853	Group psychotherapy (other than of a multiple-family group)	Event	19.97		16.97	15.97	13.98	9.98		
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event	120.14		102.12					Y
90870	Electroconvulsive therapy (includes necessary monitoring)	Event	124.00							Y
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 30 minutes	30 Minutes	31.67		26.92	25.34	22.17			Y
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 45 minutes	45 Minutes	49.28		41.89	39.42	34.50			
90887	Collateral Therapy	Event	63.40		53.89	50.72	44.38	31.70		Y
90899	Unlisted psychiatric service or procedure	Event	21.53		18.30	17.22	15.07			Y
96105	Assessment of aphasia, with interpretation and report, per hour	Per Hour	72.07		61.26	57.65	50.45			Y
96110	Developmental screening, with scoring and documentation, per standardized instrument	Event	32.19		27.36	25.75	22.53			Y
96112	Developmental test administration, by physician or other qualified health care professional, with interpretation and report, first hour	60 Minutes	94.36		80.20	75.49	66.05			Y

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96113	Each additional 30 minutes Use in conjunction with 96112	30 Minutes	42.13		35.81	33.70	29.49			Y
96116	Neurobehavioral status exam, per hour of the physician's or qualified health care professional's time, both face-to-face time with the patient and time interpreting test results and preparing the report (See Note **)	60 Minutes	69.50		59.08	55.60	U8 Only			Y
96121	Each additional hour Use in conjunction with 96116 (See Note ***)	60 Minutes	48.89		42.41	39.11	U8 only			Y
96125	Standardized cognitive performance testing, per hour of the physician's or qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report (See Note *)	60 Minutes	75.55		64.22	60.44	52.88			Y
96127	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument	Event	3.17		2.70	2.54	2.22			Y
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient and family member(s) or caregiver(s), when performed; first hour (See Note *)	60 Minutes	87.35		74.24	69.88	U8 only	61.14 LPA or CPsy only		Y
96131	Each additional hour Use in conjunction with 96130 (See Note ***)	60 Minutes	66.20		56.27	52.96	U8 only	46.34 LPA or CPsy only		Y

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96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour (See Note **)	60 Minutes	95.54	81.21	76.43	U8 only				
96133	Each additional hour Use in conjunction with 96132 (See Note ***)	60 Minutes	74.42	63.26	59.54	U8 only				
96136	Psychological or Neuropsychological testing administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (See Note *)	30 Minutes	32.32	27.47	25.85	U8 only	22.62 LPA or CPsy only			
96137	Each additional 30 minutes 96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days (See Note ***)	30 Minutes	28.85	24.52	23.08	U8 only	20.19 LPA or CPsy only			
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes (See Note *)	30 Minutes	24.32	20.67	19.46	U8 only	17.03 LPA or CPsy only			
96139	Each additional 30 minutes 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days (See Note ***)	30 Minutes	24.32	20.67	19.46	U8 only	17.03 LPA or CPsy only			
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (See Note *)	Event	1.35	1.15	1.08	U8 only	0.95 LPA or CPsy only			

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96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	Event	70.55		APRN=SA & PA=U1 only					
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the practitioner's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing finding and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (See Note ***)	15 Minutes	25.40		21.59	20.32	17.78			Y
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes (See Note ***)	15 Minutes							11.25 UC Only	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes (See Note ***)	15 minutes							11.25 UC Only	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes (See Note ***)	15 Minutes							11.25 UC Only	

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97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes (See Note ***)	15 Minutes	25.40		21.59	20.32	17.78			Y
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes (See Note ***)	15 Minutes	19.72		16.75	15.78	13.80			Y
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes (See Note ***)	15 Minutes	9.98		8.48	7.99	6.99			Y
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes (See Note ***)	15 Minutes	9.98		8.48	7.99	6.99			Y
99202	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and or exam and straightforward medical decision making	15-29 minutes	51.30		43.61 APRN=SA & PA=U1 only					Y

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and low level medical decision making	30-44 minutes	79.46		67.54 APRN=SA & PA=U1 only				
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and moderate level medical decision making	45-59 minutes	119.42		101.50 APRN=SA & PA=U1 only				
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and high level medical decision making	60-74 minutes	157.89		134.21 APRN=SA & PA=U1 only				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and low level medical decision making	20-29 minutes	64.61		54.92 APRN=SA & PA=U1 only				
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and moderate level medical decision making	30-39 minutes	91.94		78.14 APRN=SA & PA=U1 only				

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99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and high level medical decision making	40-54 minutes	128.76		109.45 APRN=SA & PA=U1 only				
99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. and up to 10 mins.	3-10 Minutes	11.03		9.38	8.83	7.72	5.52	
99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Minutes or More	20.54		17.46	16.43	14.38	10.27	
99408	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	15-30 Minutes	20.98		17.83	16.78	14.68	10.49	
99409	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	30 Minutes or More	53.20		45.22	42.56	37.24	19.95	
H0001	Alcohol and/or Drug Assessment	Event	86.12		73.20	68.88	60.28	32.30	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Event	86.12		73.20	68.88	60.28		
H0015	Alcohol and/or Drug Services, Intensive Outpatient Program	Per Diem	125.00						
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	Event	24.44		20.77	19.55	17.11	12.22	8.61
H0031	Mental health assessment by non-physician	Event			73.20	68.88	60.28		
H0032	Mental health service plan development by non-physician	Event			73.20	68.88	60.28		
H0035	Partial Hospitalization, under 24 hrs. (see Note 1)	Per Diem	194.10						
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes							8.61

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H0038 HQ	Self-help/Peer Services, group, per 15 minutes. Must use HQ modifier to designate group service. Limit group size to 8 clients maximum per group, Limit of 8 units per group.	15 Minutes							3.56 PSS=U7 only
H0040	Assertive Community Treatment program, 4 professional team (See Note 1)	1 Month	750.00	4 Professional Team = \$750.00					
H0040	Assertive Community Treatment program, 10 professional team (use UB modifier for 10 person professional team) (See Note 1)	1 Month	1000.00	10 Professional Team = \$1000 Use modifier UB					
H0049	Alcohol and/or Drug Screening, & Brief Intervention, less than 15 minutes	1-14 Minutes		24.06	20.45	19.25	18.05	9.23	
H2011	Crisis Intervention Service, per 15 minutes	15 Minutes		21.53	18.30	17.22	15.07	10.77	
H2012	Behavioral Health Day Treatment, per hour	60 Minutes			73.20	68.88	60.28	43.05	
H2015	Comprehensive Community Support services, per 15 minutes	15 minutes			18.30	17.22	15.07		8.61
H2019	Therapeutic Behavioral Health services, per 15 minutes Limit of 12 units per day per individual	15 minutes			12.50	12.50	12.50		
H2020	Therapeutic Behavioral Health services, Per Diem >3 hours of services per day	Per Diem	225.00	Services greater than 3 hours per day					
H2027	Psychoeducational Service, per 15 minutes	15 Minutes		15.85	13.47	12.68	11.09	7.93	4.30
S9480	Intensive outpatient psychiatric services	Per Diem	125.00						
S9484	Mobile Crisis Service (See Note 1)	60 Minutes		86.21	73.20	68.88	60.28	43.11	
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event		86.13	73.20	68.90	60.28	43.06	
T2023	Targeted Case Management for Individuals with SED or SMI; Modifier UA will designate SED population. HE will designate SMI population.	1 Month	334.00	Modifier UA = SED Modifier HE = SMI					

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T2023	Targeted Case Management for Individuals with Co-Occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; Requires TG modifier	1 Month	541.00	Modifier TG Note: BHSO Tier II providers must also include the Modifier HF							
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires HF modifier	1 Month	334.00	Modifier HF = Substance Abuse Disorder							
Narcotic Treatment Programs (provider Type 03-BHSO or Tier II NTP)											
NOTE: The codes on the following pages reflect the only allowable services/codes billable by an enrolled NTP											
99202	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and or exam and straightforward medical decision making	15-29 minutes NTP	53.29		45.30 APRN=SA & PA=U1 only						
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and low level medical decision making	30-44 minutes NTP	79.46		67.54 APRN=SA & PA=U1 only						
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and moderate level medical decision making	45-59 minutes NTP	116.53		99.05 APRN=SA & PA=U1 only						
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and high level medical decision making	60-74 minutes NTP	147.53		125.40 APRN=SA & PA=U1 only						

Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2021)

Code	Description	Units	Rate	Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)	Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)	Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPSy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)	Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, CPSy CSW, LPCA MFTA, LPATA LABA, LCADCA	Modifier: REQUIRED CADC= U6	Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and low level medical decision making	20-29 minutes NTP	52.72		44.81 APRN=SA & PA=U1 only				
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and moderate level medical decision making	30-39 minutes NTP	76.75		65.24 APRN=SA & PA=U1 only				
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and high level medical decision making	40-54 minutes NTP	103.37		87.86 APRN=SA & PA=U1 only				
H0020	Methadone MAT Bundle, weekly ONLY BILLABLE BY A NTP; Requires HF modifier	Weekly NTP	105.00						
H0016	Buprenorphine or Methadone Induction ONLY BILLABLE BY A NTP; Requires HF modifier Limit 4 events per year per client	Event NTP	200.00		200.00 APRN=SA & PA=U1 only				
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes NTP							8.61
H0038 HQ	Peer Support Services, group, per 15 minutes Must use HQ modifier to designate group service. Limit group size to 8 clients maximum per group, Limit of 8 units per group.	15 Minutes NTP							3.56
H0047	Buprenorphine MAT Bundle, weekly ONLY BILLABLE BY A NTP; Requires HF modifier	Weekly NTP	115.00						

updated "y"

Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2021)

Code	Description	Units	Rate	Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)	Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)	Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPsy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)	Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, CPsy CSW, LPCA MFTA, LPATA LABA, LCADCA	Modifier: REQUIRED CADC= U6	Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC	updated "y"	
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event NTP	86.13		73.20	68.90	60.28	43.06			
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires HF modifier	1 month NTP	334.00	Modifier HF = Substance Abuse Disorder							

H0020 and H0047 are weekly bundled codes. The following codes are included in the weekly rate and may not be billed outside of these bundled codes: 80305, 80306, 80307, 90785, 90832, 90833, 90834, 90836, 90837, 99354, 99355, 90838, 90839, 90840, 90853, and H0015.