

**Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule
(Effective 7/22/2019)**

Code	Description	Unit of Service	Modifiers: Psychiatrist= AF; MD/DO= AM	Modifiers: APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	Modifiers: Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	Modifiers: Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	Modifier: CADC= U6	Modifiers: Other Non-Bachelors-level: PSS= U7; CSA, RBT= UC
+90785	Interactive Complexity <i>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, 99203-99205, 99213-99215], and group psychotherapy [90853]</i>	Event	\$11.05	\$9.39	\$8.84	\$7.73	\$5.52	-
90791	Psychiatric Diagnostic Evaluation	Event	\$102.08	\$86.76	\$81.66	\$71.45	-	-
90792	Psychiatric Diagnostic Evaluation with medial services	Event	\$114.23	\$97.09 (APRN=SA and PA=U1 only)	-	-	-	-
90832	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes	\$49.97	\$42.48	\$39.98	\$34.98	\$24.99	-
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service <i>Use in conjunction with allowable E&M codes [99203-99205, 99213-99215]</i>	30 Minutes	\$51.61	\$43.87	\$41.29	\$36.13	-	-
90834	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes	\$66.55	\$56.57	\$53.24	\$46.58	\$33.27	-

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+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 [99203-99205, 99213-99215]	45 Minutes	\$65.26	\$55.47	\$52.21	\$42.82	-	-
90837	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	\$99.94	\$84.95	\$79.95	\$69.96	\$49.97	-
+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	\$94.59	\$80.40	\$75.67	\$66.21	\$47.30	-
+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	\$72.14	\$61.32	\$57.71	\$50.50	\$36.07	-
+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 [99203-99205, 99213-99215]	60 Minutes	\$86.18	\$73.26	\$68.95	\$60.33	-	-
90839	Psychotherapy for Crisis, first 60 minutes	60 Minutes	\$104.16	\$88.54	\$83.33	\$72.91	\$52.08	-

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+90840	Each additional 30 minutes <i>Use in conjunction with 90839</i>	30 Minutes	\$49.97	\$42.48	\$39.98	\$34.98	\$24.99	-
90845	Psychoanalysis	Event	\$70.90	\$60.26	\$56.72	\$49.63	-	-
90846	Family psychotherapy	Event	\$80.42	\$68.36	\$64.34	\$56.30	\$40.21	-
90847	Family psychotherapy with patient present	Event	\$83.60	\$71.06	\$66.88	\$58.52	\$41.80	-
90849	Multiple-family group psychotherapy	Event	\$29.71	\$25.25	\$23.77	\$20.80	\$14.85	-
90853	Group psychotherapy (other than of a multiple-family group)	Event	\$19.96	\$16.96	\$15.97	\$13.97	\$9.98	-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event	\$122.96	\$104.52	\$98.37	\$86.07	-	-

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90870	Electroconvulsive therapy (includes necessary monitoring)	Event	\$125.93	-	-	-	-	-
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 30 minutes	30 Minutes	\$31.67	\$26.92	\$25.34	\$22.17	-	-
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	-
90899	Unlisted psychiatric service or procedure	Event	\$21.53	\$18.30	\$17.22	\$15.07	-	-
96105	Assessment of aphasia, with interpretation and report, per hour	Per Hour	\$75.94	\$64.55	\$60.75	\$53.16	-	-
96110	Developmental screening, with scoring and documentation, per standardized instrument	Event	\$32.19	\$27.36	\$25.75	\$22.53	-	-

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96112	Developmental test administration, by physician or other qualified health care professional, with interpretation and report, first hour	60 Minutes	\$99.17	\$84.30	\$79.34	\$69.42	-	-
+96113	Each additional 30 minutes <i>Use in conjunction with 96112</i>	30 Minutes	\$44.32	\$37.67	\$35.45	\$31.02	-	-
**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	60 Minutes	\$70.10	\$59.59	\$56.08 (U8 only)	-	-	-
**+96121	Each additional hour <i>Use in conjunction with 96116</i>	60 Minutes	\$48.89	\$42.41	\$39.11 (U8 only)	-	-	-
*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	60 Minutes	\$79.61	\$67.67	\$63.69	\$55.73	-	-
96127	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument	Event	\$3.56	\$3.02	\$2.84	\$2.49	-	-

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*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	60 Minutes	\$86.63	\$73.64	\$69.31 (U8 only)	\$60.64 (LPP or CPsy=U4 only)	-	-
*+96131	Each additional hour Use in conjunction with 96130	60 Minutes	\$65.95	\$56.06	\$52.76 (U8 only)	\$46.16 (LPP or CPsy=U4 only)	-	-
**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	60 Minutes	\$96.40	\$81.94	\$77.12 (U8 only)	-	-	-
**+96133	Each additional hour Use in conjunction with 96132	60 Minutes	\$73.55	\$62.52	\$58.84 (U8 only)	-	-	-

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*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	30 Minutes	\$33.37	\$28.36	\$26.69 (U8 only)	\$23.36 (LPP or CPsy=U4 only)	-	-
*+96137	Each additional 30 minutes 96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days	30 Minutes	\$30.71	\$26.11	\$24.57 (U8 only)	\$21.50 (LPP or CPsy=U4 only)	-	-
*96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	30 Minutes	\$25.67	\$21.82	\$20.54 (U8 only)	\$17.97 (LPP or CPsy=U4 only)	-	-
*+96139	Each additional 30 minutes 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days	30 Minutes	\$25.67	\$21.82	\$20.54(U8 only)	\$17.97 (LPP or CPsy=U4 only)	-	-
*96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Event	\$1.41	\$1.20	\$1.13(U8 only)	\$0.99 (LPP or CPsy=U4 only)	-	-
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	15 Minutes	\$15.75	\$13.39 (APRN=SA and PA=U1 only)	-	-	-	-

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96151	Re-assessment	15 Minutes	\$16.73	\$14.22 (APRN=SA and 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	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	-	-
***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	15 Minutes	-	-	-	-	-	\$8.61
***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	15 minutes	-	-	-	-	-	\$8.61

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***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	15 Minutes	-	-	-		-	\$8.61
***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	15 Minutes	\$21.53	\$18.30	\$17.22	\$15.07	-	-
***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	15 Minutes	\$15.85	\$13.46	\$12.68	\$11.09	-	-
***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	15 Minutes	\$6.11	\$5.19	\$4.89	\$4.28	-	-

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***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	15 Minutes	\$6.11	\$5.19	\$4.89	\$4.28	-	-
99203	Office or other outpatient visit for the evaluation and management of a new patient, moderate severity <i>(Requiring these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity)</i>	Event	\$76.92	\$65.38 (APRN=SA and PA=U1 only)	-	-	-	-
99204	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity <i>(Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity)</i>	Event	\$117.67	\$100.02 (APRN=SA and PA= U1 only)	-	-	-	-
99205	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity <i>(Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)</i>	Event	\$148.27	\$126.03 (APRN=SA only and PA=U1 only)	-	-	-	-

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99213	Office or other outpatient visit for the evaluation and management of an established patient, low to moderate severity (Requiring at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused evaluation; Medical decision making of low complexity)	Event	\$52.74	\$44.83 (APRN=SA and PA= U1 only)	-	-	-	-
99214	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity)	Event	\$77.48	\$65.86 (APRN=SA and PA= U1 only)	-	-	-	-
99215	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)	Event	\$104.12	\$88.50 (APRN=SA and PA= U1 only)	-	-	-	-
99406	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. and up to 10 mins.	3-10 Minutes	\$10.73	\$9.12	\$8.59	\$7.51	\$5.37	-

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99407	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Minutes or More	\$20.59	\$17.50	\$16.47	\$14.41	\$10.29	-	
99408	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	15-30 Minutes	\$20.98	\$17.83	\$16.78	\$14.69	\$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	

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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 ¹	Partial Hospitalization, under 24 hrs.	Per Diem	\$194.10						
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes	-	-	-	-	-	\$8.61	
H0038 ^{HQ}	Self-help/Peer Services, group, per 15 minutes <i>Requires HQ modifier. Limit of 8 units per day per individual, Max of 8 members per group</i>	15 minutes	-	-	-	-	-	\$3.56	
H0040 ¹	Assertive Community Treatment program, 4 professional team	1 Month	4 professional team= \$750.00 10 professional team= \$1,000.00						
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	-	

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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 <i>Limit of 12 units per day per individual</i>	15 minutes	\$12.50						
H2020	Therapeutic Behavioral Health services, Per Diem <i>>3 hours of services per day</i>	Per Diem	\$225.00					-	-
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						

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S9484 ¹	Mobile Crisis Service	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. Modifier not required for SMI population.	1 Month	\$334.00						
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						
T2023	Targeted Case Management for Individuals with Substance Use Disorders; Requires HF modifier	1 Month	\$334.00						

*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

Beginning July 1, 2019, Please include the HF modifier in addition to provider modifier(s) on claims for all services rendered for Substance Use Disorder

There will be limited laboratory codes billable in Provider Type 03 (BHSO) and Provider Type 66 (Behavioral Health MSG) for these providers with a CLIA certificate. Providers must adhere to the allowable codes from this list 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 most current [Clinical Laboratory Fee Schedule](#) posted on the DMS website.

80178	80377	G0482
80375	G0480	G0483
80376	G0481	G0659

Narcotic Treatment Programs (Provider Type 03-BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP.

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 7/22/2019)								
Code	Description	Unit of Service	<u>Modifiers:</u> Psychiatrist= AF; MD/DO= AM	<u>Modifiers:</u> APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	<u>Modifiers:</u> Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	<u>Modifiers:</u> Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	<u>Modifier:</u> CADC= U6	<u>Modifiers: Other</u> Non-Bachelors-level: PSS= U7
99203	Office or other outpatient visit for the evaluation and management of a new patient, moderate severity <i>(Requiring these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity)</i>	Event	\$76.92	\$65.38 (APRN=SA and PA=U1 only)	-	-	-	-
99204	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity <i>(Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity)</i>	Event	\$117.67	\$100.02 (APRN=SA and PA=U1 only)	-	-	-	-
99205	Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity <i>(Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)</i>	Event	\$148.27	\$126.03 (APRN=SA only and PA=U1 only)	-	-	-	-

Narcotic Treatment Programs (BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP.

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 7/22/2019)								
Code	Description	Unit of Service	<u>Modifiers:</u> Psychiatrist= AF; MD/DO= AM	<u>Modifiers:</u> APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	<u>Modifiers:</u> Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	<u>Modifiers:</u> Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	<u>Modifier:</u> CADC= U6	<u>Modifiers: Other Non-Bachelors-level:</u> PSS= U7
99213	Office or other outpatient visit for the evaluation and management of an established patient, low to moderate severity <i>(Requiring at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused evaluation; Medical decision making of low complexity)</i>	Event	\$52.74	\$44.83 (APRN=SA and PA=U1 only)	-	-	-	-
99214	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity <i>(Requiring at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity)</i>	Event	\$77.48	\$65.86 (APRN=SA and PA=U1 only)	-	-	-	-
99215	Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity <i>(Requiring at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)</i>	Event	\$104.12	\$88.50 (APRN=SA and PA=U1 only)	-	-	-	-

Narcotic Treatment Programs (BHSO Tier II NTP)

The following codes reflect the only allowable services/codes billable by an enrolled NTP.

Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 7/22/2019)									
Code	Description	Unit of Service	<u>Modifiers:</u> Psychiatrist= AF; MD/DO= AM	<u>Modifiers:</u> APRN= SA; Licensed Clinical Psychologist= AH; Physician Assistant= U1	<u>Modifiers:</u> Licensed Masters level- (Supervisor): LPP, CPsy w/Auto. Funct.= U8; LCSW= AJ; LPCC, LMFT, LPAT, LBA LCADC= HO	<u>Modifiers:</u> Associate (under Supervision): LPA, CPsy, CSW, LPCA, MFTA, LPATA, LABA, LCADCA= U4	<u>Modifier:</u> CADC= U6	<u>Modifiers: Other</u> Non-Bachelors-level: PSS= U7	
H0015	Alcohol and/or Drug Services, Intensive Outpatient Program	Per Diem	\$125.00						-
H0020	Methadone MAT Bundle, weekly ONLY BILLABLE BY A NTP; <i>Requires HF modifier</i>	Weekly	\$105.00						-
H0033	Methadone Induction ONLY BILLABLE BY A NTP; <i>Requires HF modifier</i>	Event, Limit of 4 events per year per client	\$200.00		-	-	-	-	
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes	-	-	-	-	-	\$8.61	
H0038HQ	Self-help/Peer Services, group, per 15 minutes <i>Requires HQ modifier; Limit of 8 units per day per individual, Maximum of 8 members per group</i>	15 Minutes	-	-	-	-	-	\$3.56	
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 Substance Use Disorders; <i>Requires HF modifier</i>	1 Month	\$334.00						-

