



Medicaid Alert

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TO: All Providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Behavioral Health Rate Increase**

EFFECTIVE: Effective immediately for behavioral health claims with a date of service on or after July 1, 2023

PURPOSE: To notify providers regarding recent rate changes to behavioral health services.

BACKGROUND: The State Fiscal Year (SFY) 2023 Appropriations Act appropriated \$27 million to the Division of Mental Health and Addiction Services for the purpose of increasing the billable rates for behavioral health services, including outpatient services, psychiatric evaluation, psychotherapy, partial care/partial hospitalization, Adult Mental Health Rehabilitation (AMHR), Program for Assertive Community Treatment (PACT), case management services and substance use disorder treatment services.

ACTION: Claims submitted for any of the billing codes listed in the table below will receive the rates listed when the date of service is on or after July 1, 2023. Any future rate updates will be posted online and can be found on www.njmmis.com.

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
PARTIAL HOSPITAL – 60 MIN	Rev Code 912	\$ 19.89			
ACUTE PARTIAL HOSPITALIZATION	Rev Code 913	\$ 72.14		\$ 77.16	
INDIVIDUAL THERAPY (30 MIN UNITS, MAX UNITS PER DAY)	Rev Code 914	\$ 79.31		\$ 52.85	
INITIAL EVALUATION	Rev Code 918	\$ 85.88		\$ 69.35	
OUTPATIENT PSYCHOLOGIST - HOSPITAL	Rev Code 919	\$ 94.88		\$ 44.39	

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791	\$195.66	\$ 166.31	\$ 191.05	\$ 191.05
PSYCHIATRIC DIAGNOSTIC EVALUATION	90792	\$ 486.30	\$ 413.36	\$ 486.30	\$ 486.30
PSYCHOTHERAPY, 30 MINUTES W/PATIENT	90832	\$ 84.44	\$ 71.78	\$ 79.31	\$ 50.10
PSYCHOTHERAPY, 30 MINUTES W/PATIENT	90833	\$ 77.73	\$ 66.07	\$ 81.78	\$ 38.75
PSYCHOTHERAPY . 45 MINUTES W/PATIENT	90834	\$ 95.40	\$ 81.09	\$ 104.95	\$ 75.24
PSYCHOTHERAPY WITH EVALUATION AND MA	90836	\$ 98.58	\$ 83.79	\$ 104.95	\$ 62.86
PSYTX PT & /FAM W/E&M 60 MIN	90838	\$ 63.48	\$ 38.82	-	-
SPECIAL FAMILY THERAPY	90847	\$ 120.43	\$ 27.48	\$ 126.46	\$ 89.11
GROUP MEDICAL PSYCHOTHERAPY	90853	\$ 29.07	\$ 6.34	\$ 30.53	\$ 23.63
CLINICAL CONSULTATION (CO-OCCURRING)	90887	\$ 30.83	\$ 26.20	\$ 30.83	\$ 26.20
E/M OFFICE/OP NEW PATIENT	99202	\$ 42.02	\$ 35.72	\$ 59.30	\$ 50.41
E/M OFFICE/OP NEW PATIENT MIN 30 MI	99203	\$ 64.24	\$ 54.60	\$ 88.12	\$ 74.90
E/M OFFICE/OP NEW PATIENT	99204	\$ 95.55	\$ 81.22	\$ 124.38	\$ 105.72
NEW PATIENT OFFICE OR OTHER OUTPATIENT	99205	\$ 126.02	\$ 107.11	\$ 157.75	\$ 134.08
E/M ESTABLISHED PT VS BY CNM	99212	\$ 32.40	\$ 27.53	\$ 35.34	\$ 30.04
E/M ESTABLISHES PT VISIT BY CNM	99213	\$ 52.29	\$ 44.45	\$ 48.07	\$ 40.86
E/M FOLLOW UP VISIT EST PT BY CNM	99214	\$ 74.06	\$ 62.95	\$ 75.26	\$ 63.97
E/M VISIT-ESTABLISHED PT-BY CNM	99215	\$ 103.13	\$ 87.67	\$ 108.99	\$ 92.65
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791 26	\$ 195.66	\$ 166.31	\$ 191.05	\$ 191.05
PSYCHIATRIC DIAGNOSTIC EVALUATION	90792 26	\$ 463.15	\$ 393.67	\$ 486.30	\$ 486.30
PSYCHOTHERAPY, 30 MINUTES W/PATIENT	90832 26	\$ 84.44	\$ 30.11	\$ 79.31	\$ 36.34

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
PSYCHOTHERAPY, 45 MINUTES W/PATIENT	90834 26	\$ 95.40	\$ 81.09	\$ 104.95	\$ 54.48
COMPREHENSIVE INTAKE EVALUATION (CO-OCCURRING)	90791 HF	\$ 191.05	-	-	-
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791 SA	\$ 166.94	-	\$ 191.05	-
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791 SA 26	\$ 166.94	-	\$ 191.05	-
COMPREHENSIVE INTAKE EVALUATION (CO-OCCURRING)	90791 UC	\$ 191.05	\$ 191.05	\$ 191.05	\$ 191.05
PSYCHIATRIC EVALUATION	90792 HA	\$ 33.82	-	-	-
PSYCHIATRIC EVALUATION (CO-OCCURRING)	90792 HF	\$ 486.30	-	-	-
PSYCH APN DX EVAL W/MED SRV	90792 HF SA	\$ 463.15	-	-	-
COMP ASSESS IN OTP W/MED SERVQ	90792 HG	\$ 51.79	-	-	-
PSYCHIATRIC DIAGNOSTIC EVALUATION	90792 SA	\$ 463.15	-	\$ 486.30	-
PSYCHIATRIC DIAGNOSTIC EVALUATION	90792 SA 26	\$ 463.15	-	\$ 486.30	-
PSYCH DIAG EVAL W/MED SRVCS	90792 SA UC	\$ 486.30	-	-	-
PSYCHIATRIC DIAGNOSTIC EVALUATION	90792 UC	\$ 486.30	\$ 486.30	\$ 486.30	\$ 486.30
INDIVIDUAL THERAPY (CO-OCCURRING) (30 MIN)	90832 HF	\$ 79.31	\$ 30.25	-	-
INDIVIDUAL THERAPY (30 MIN)	90832 HV	\$ 79.31	-	-	-
PSYCHOTHERAPY, 30 MINUTES W/PATIENT	90832 SA	\$ 72.10	-	\$ 79.31	-
INDIVIDUAL THERAPY (30 MIN)	90832 UC	\$ 79.31	\$ 30.25	\$ 79.31	-
INDIVIDUAL THERAPY WITH E/M (20-30 MIN)	90833 HF	\$ 81.78	\$ 30.98	-	-
PSYCHOTHERAPY, 30 MINUTES W/PATIENT	90833 SA	\$ 74.34	-	\$ 81.78	-

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PSYCHOTHERAPY, 30 MINUTES W/PATIENT	90833 UC	\$ 74.34	\$ 30.98	\$ 81.78	\$ 45.59
INDIVIDUAL THERAPY (45-50 MIN)	90834 HF	\$ 104.95	\$ 51.79	-	-
INDIVIDUAL THERAPY (CO-OCCURRING) (45-50 MIN)	90834 HV	\$ 104.95	-	-	-
PSYCHOTHERAPY, 45 MINUTES W/PATIENT	90834 SA	\$ 95.40	-	\$ 104.95	-
INDIVIDUAL THERAPY/45-50 MIN	90834 UC	\$ 104.95	\$ 38.09	\$ 104.95	\$ 89.21
INDIVIDUAL THERAPY WITH E/M (45-50 MIN)	90836 HF	\$ 104.95	\$ 38.82	-	-
PSYCHOTHERAPY, 45 MINUTES W/PATIENT	90836 SA	\$ 94.12	-	\$ 104.95	-
PSYCHOTHERAPY, 45 MINUTES W/PATIENT	90836 UC	\$ 94.12	\$ 38.82	\$ 104.95	\$ 73.96
FAMILY THERAPY (WITH PATIENT)	90847 HF	\$ 126.46	\$ 51.79	-	-
SPECIAL FAMILY THERAPY	90847 SA	\$ 126.46	-	\$ 126.46	-
SPECIAL FAMILY THERAPY	90847 UC	\$ 126.46	\$ 51.79	\$ 126.46	\$ 104.83
GROUP THERAPY	90853 HF	\$ 30.53	\$ 24.31	-	-
PSYCHOTHERAPY, GROUP(MAX 8 PATIENTS)	90853 SA	\$ 29.07	-	\$ 30.53	-
GROUP MEDICAL PSYCHOTHERAPY	90853 UC	\$ 30.53	\$ 24.31	\$ 30.53	\$ 28.39
CLINICAL CONSULTATION	90887 HA	\$ 26.43	-	-	-
CLINICAL CONSULTATION (CO-OCCURRING)	90887 HF	\$ 30.83	\$ 25.90	-	-
FAMILY CONFERENCE (25 MINUTES)	90887 HG	\$ 13.74	-	-	-
CONSULTATION WITH FAMILY	90887 SA	\$ 24.22	-	\$ 59.61	-
CONSULTATION WITH FAMILY	90887 SA UC	\$ 30.83	-	-	-
CLINICAL CONSULTATION (CO-OCCURRING)	90887 UC	\$ 30.83	\$ 25.90	\$ 73.82	\$ 73.82
E/M FP VISIT, NEW PATIENT FP CL	99202 FP	\$ 88.47	\$ 88.47	-	-
E/M FP VISIT, NEW PATIENT FP CL	99202 FP 52	\$ 84.24	\$ 84.24	-	-

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
E/M INITIAL VS BY CNM IN FP CL	99202 FP SB	\$ 84.37	-	\$ 41.51	-
(HEALTHSTART) INITIAL ANTEPARTUM	99202 HD	\$ 76.10	\$ 72.93	-	-
(HEALTHSTART) INITIAL ANTEPARTUM	99202 HD SB	\$ 70.82	-	-	-
E/M MEDICATION MONITORING (15 MIN UNIT)-PHYSICIAN	99202 HF	\$ 92.13	-	-	-
PRESCRIPTION VS NARC CLINIC	99202 HF SA	\$ 87.52	-	-	-
PHYSICIAN VS-NEW PT IN OTF	99202 HG	\$ 52.85	-	-	-
E/M MEDICATION MONITORING (15 MIN UNIT)-APN	99202 SA	\$ 92.13	\$ 36.17	\$ 47.88	-
E/M OFFICE/OP NEW PATIENT CNM	99202 SB	\$ 58.39	\$ 30.40	\$ 59.30	-
E/M INITIAL VS BY CNM IN FP CL	99202 SB 52	\$ 29.41	\$ 25.00	\$ 37.28	-
E/M OFFICE/OP NEW PATIENT	99202 UC	\$ 92.13	\$ 78.31	\$ 59.30	\$ 59.30
E/M MEDICATION MONITORING (25 MIN UNIT)-PHYSICIAN	99203 HF	\$ 130.01	\$ 130.01	-	-
E/M MEDICATION MONITORING (25 MIN UNIT)-APN	99203 HF SA	\$ 130.01	-	-	-
E/M MEDICATION MONITORING (40 MIN UNIT)-PHYSICIAN	99204 HF	\$ 197.44	\$ 197.44	-	-
E/M MEDICATION MONITORING (40 MIN UNIT)-APN	99204 HF SA	\$ 197.44	-	-	-
E/M MEDICATION MONITORING (5MIN UNIT)-PHYSICIAN	99205 HF	\$ 249.05	\$ 249.05	-	-
E/M MEDICATION MONITORING (5MIN UNIT)-APN	99205 HF SA	\$ 249.05	-	-	-
E/M MEDICATION MONITORING (5MIN UNIT)-PHYSICIAN	99211 HF	\$ 28.53	-	-	-

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
E/M MEDICATION MONITORING (5 MIN UNIT)-APN	99211 HF SA	\$ 28.53	-	-	-
E/M MEDICATION MONITORING (5 MIN UNIT)-PHYSICIAN	99211 HV	\$ 18.60	-	-	-
E/M MEDICATION MONITORING (5 MIN UNIT)-PHYSICIAN	99211 UC	\$ 14.27	\$ 14.27	\$ 19.98	\$ 19.98
E/M MEDICATION MONITORING (10 MIN UNIT)-PHYSICIAN	99212 HF	\$ 55.45	\$ 55.45	-	-
E/M MEDICATION MONITORING (10 MIN UNIT)-APN	99212 HF SA	\$ 51.34	-	-	-
E/M MEDICATION MONITORING (10 MIN UNIT)-APN	99212 UC	\$ 62.30	\$ 52.96	\$ 35.34	\$ 35.34
E/M MEDICATION MONITORING (15 MIN UNIT)-PHYSICIAN	99213 HF	\$ 90.69	\$ 90.69	-	-
E/M MEDICATION MONITORING (15 MIN UNIT)-APN	99213 HF SA	\$ 85.38	-	-	-
E/M MEDICATION MONITORING (15 MIN UNIT)-APN	99213 SA UC	\$ 85.38	-	-	-
E/M MEDICATION MONITORING (15 MIN UNIT)-PHYSICIAN	99213 UC	\$ 100.56	\$ 85.48	\$ 48.07	\$ 48.07
E/M MEDICATION MONITORING (15 MIN UNIT)-PHYSICIAN	99213 UD	\$ 100.56	\$ 85.48	\$ 48.07	\$ 40.86
E/M MEDICATION MONITORING (25 MIN UNIT)-PHYSICIAN	99214 HF	\$ 131.17	\$ 131.17	-	-
E/M MEDICATION MONITORING (25 MIN UNIT)-APN	99214 HF SA	\$ 125.42	-	-	-

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E/M MEDICATION MONITORING (25 MIN UNIT)-APN	99214 SA UC	\$ 125.42	-	-	-
E/M MEDICATION MONITORING (25 MIN UNIT)-PHYSICIAN	99214 UC	\$ 142.43	\$ 121.07	\$ 75.26	\$ 75.26
E/M MEDICATION MONITORING (40 MIN UNIT)-PHYSICIAN	99215 HF	\$ 175.79	\$ 175.79	-	-
E/M MEDICATION MONITORING (40 MIN UNIT)-APN	99215 HF SA	\$ 168.54	-	-	-
E/M MEDICATION MONITORING (40 MIN UNIT)-PHYSICIAN	99215 UC	\$ 198.34	\$ 168.58	\$ 108.99	\$ 108.99
MEDICATION ASSISTED TREATMENT, METHA	G2067	\$ 153.11	-	-	-
MEDICATION ASSISTED TREATMENT, BUPRE	G2068	\$ 210.55	-	-	-
MEDICATION ASSISTED TREATMENT, WEEKLY	G2074	\$ 85.19	-	-	-
TAKE-HOME SUPPLY OF METHADONE	G2078	\$ 35.28	-	-	-
TAKE-HOME SUPPLY OF BUPRENORPHINE	G2079	\$ 91.18	-	-	-
ALCOHOL AND/OR DRUG SCREENING	H0003 HF	\$ 4.76	-	-	-
INPATIENT WITHDRAWAL MANAGEMENT	H0010 HF	\$ 452.90	-	-	-
INPATIENT WITHDRAWAL MANAGEMENT	H0010 HV	\$ 21.35	-	-	-
AMBULATORY WITHDRAWAL MGT	H0014 HF	\$ 232.54	-	-	-
INTENSIVE OUTPATIENT	H0015 HF	\$ 121.50	-	-	-
SHORT TERM RESIDENTIAL	H0018 HA	\$ 66.06	-	-	-
SHORT TERM RESIDENTIAL	H0018 HF	\$ 225.17	-	-	-
SHORT TERM RESIDENTIAL	H0018 HF U1	\$ 219.33	-	-	-
SHORT TERM RESIDENTIAL	H0018 HF U2	\$ 231.63	-	-	-
SHORT TERM RESIDENTIAL	H0018 HV	\$ 19.98	-	-	-

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
LONG TERM RESIDENTIAL SA TREATMENT	H0019 HF	\$ 142.70	-	-	-
A+ GROUP HOME	H0019 U1	\$ 300.44	-	-	-
A+ SUPERVISED APARTMENT	H0019 U1 52	\$ 300.44	-	-	-
A GROUP HOME	H0019 U2	\$ 249.68	-	-	-
A SUPERVISED APARTMENT	H0019 U2 52	\$ 249.68	-	-	-
B GROUP HOME	H0019 U3	\$ 186.56	-	-	-
B SUPERVISED APARTMENT	H0019 U3 52	\$ 14.84	-	-	-
D FAMILY CARE HOME	H0019 U5	\$ 19.48	-	-	-
OUTPATIENT / ADULT - PSYCHOEDUCATION GROUP	H0020 HF	\$ 4.49	-	-	-
METHADONE OP - PHASE I - VI	H0020 HF 26	\$ 101.17	-	-	-
BEHAVIORAL HEALTH OUTREACH SVCS	H0023 HF	\$ 29.32	-	-	-
ASSOC COM SUPP WORKER GRP	H0026 HM HQ	\$ 17.57	-	-	-
METHADONE OP - PHASE I - VI	H0033 HF	\$ 14.32	-	-	-
ORAL MED ADM, NOT METH (BUNDL	H0033 HF 26	\$ 210.55	-	-	-
PARTIAL CARE	H0035	\$ 19.89	-	\$ 19.89	-
PARTIAL CARE	H0035 UC	\$ 19.89	-	\$ 19.89	-
INTENSIVE IN COMMUN SERV PER 15 MIN	H0036	\$ 18.44	-	-	-
INTENSIVE IN COMMUN SERV PER 15 MIN	H0036 52	\$ 18.44	-	-	-
H0019U5	H0036 HM	\$ 18.44	-	-	-
COMM SUPP SERV HS GRAD LEVEL	H0036 HM HQ	\$ 4.62	-	-	-
COMMUN SUPPORT SERV BY PEER LEV GRP	H0036 HQ	\$ 4.62	-	-	-
COMMUN SUPPORT SERV BY PEER LEV GRP	H0036 HQ.52	\$ 4.62	-	-	-
COMMUN SUPP SERV BS LEVEL - INDIVID	H0039 HN	\$ 30.79	-	-	-
COMMUN SUPP SERV BS LEVEL - INDIVID	H0039 HN HQ	\$ 7.71	-	-	-
COMMUNITY SUPP SERVICES BY LPN	H0039 HN TE	\$ 30.79	-	-	-

Service	HCPCS Procedure / Revenue Code	Specialist Rate	Non Specialist Rate	CHILD SPECIFIC Specialist Rate	CHILD SPECIFIC Specialist Rate
COMMUNITY SUPP SERV BY LPN INDIVID	H0039 HQTE	\$ 7.71	-	-	-
COMMUNITY SUPP SERV BY LPN INDIVID	H0039 TE	\$ 30.79	-	-	-
PACT	H0040	\$ 1,651.25	-	-	-
PACT	H0040 22	\$ 1,651.25	-	-	-
COMMUN SUPP SERV BY PHYS/PSYCHIATRIST	H2000 HE	\$ 116.16	-	-	-
COMMUNITY SUPPORT SERVICES BY APN	H2000 HE SA	\$ 59.86	-	-	-
COMPREHENSIVE MULTI-DISCIPLINARY EVAL	H2015 AH HE	\$ 59.86	-	-	-
COMPREHENSIVE MULTI-DISPLINARY EVA	H2015 HE	\$ 34.87	-	-	-
COMPREHENSIVE MULTI-DISCIPLINARY EVAL	H2015 HE HO	\$ 39.79	-	-	-
COMPREHENSIVE MULTI-DISCIPLINARY EVAL	H2015 HE TD	\$ 34.87	-	-	-
PARTIAL CARE	H2036 HF	\$ 86.92	-	-	-
TRANSPORTATION, ONE WAY	Z0330	\$ 4.76	-	-	-
OUTPATIENT / ADULT - PSYCHOEDUCATION GROUP	Z3355	\$ 30.53	-	\$ 28.99	-
TCM/CASE MANAGEMENT	Z5006	\$ 42.31	-	-	-

If you have any questions concerning this Alert, please contact Gainwell Technologies Provider Services at 1-800-776-6334.

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