ATTACHMENT C - MCO Contract			ADDITIONAL INFORMATION		Section 4.8.4 D - MCO Contract Provider Directory Language	Section B.4.4 - MCO Contract BH Service Dictionary	BH Claims Codes								
MCO Specialty Code	File	MCO Specialty Code Name	MCO Clarifying Information	Short Name	BH Directory as per contract requirements	Network Analysis Notes	Service Code/s	Service Description	Service Code/s Modifier	Can bill base code? (Y/N)	Units	Base Rate (no modifier)	Rate with HF Modifier	Rate with UC Modifier	Children's Rate
260	N	Psychiatry			Independent practitioner(s): Psychiatry, APN, Physician Assistant	Independent Practitioner	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	HF	Y		$205.44	$191.05		$191.05
							90832	Individual Psychotherapy; 30 minutes	HF	Y	30 minutes	$88.66	$79.31		$79.31
							90833	Individual Psychotherapy; 30 minutes with appropriate E&M Code	HF	Y	30 minutes	$81.62	$81.78		$81.78
							90834	Individual Psychotherapy; 45 minutes	HF	Y	45 minutes	$100.17	$104.95		$104.95
							90836	Individual Psychotherapy; 45 minutes with appropriate E&M Code	HF	Y	45 minutes	$98.58	$104.95		$104.95
							90837	Individual Psychotherapy; 60 minutes	HF	Y	60 minutes	$90.26	$43.21		$90.26
							90838	Individual Psychotherapy; 60 minutes with appropriate E&M Code	HF	Y	60 minutes	$94.12	$43.21		$94.12
							90792	Psychiatric Diagnostic Evaluation with medical services. This code may be used for required intake and assessments that include a physician evaluation.	HF	Y		$510.62	$486.30		$486.30
							90870	Electro-Convulsive Therapy (ECT)				$86.56			$126.45
							90867	Transcranial Magnetic Stimulation (TMS)				$110.77			$110.77
							90868	Transcranial Magnetic Stimulation (TMS)				$102.58			$102.58
							90869	Transcranial Magnetic Stimulation (TMS)				$100.04			$100.04
							99202-99205, 99211-99215	E&M codes which may be utilized for medication monitoring	SA	Y		Varies			
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
262	N	NP Psychiatric Mental Health			Independent practitioner(s): Psychiatry, APN, Physician Assistant	Independent Practitioner	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	SA	Y		$166.94	$166.94		$191.05
							90832	Individual Psychotherapy; 30 minutes	SA	Y	30 minutes	$72.10	$60.59		$79.31
							90833	Individual Psychotherapy; 30 minutes with appropriate E&M Code	SA	Y	30 minutes	$74.34	$62.48		$81.78
							90834	Individual Psychotherapy; 45 minutes	SA	Y	45 minutes	$95.40	$80.18		$104.95
							90836	Individual Psychotherapy; 45 minutes with appropriate E&M Code	SA	Y	45 minutes	$94.12	$80.18		$104.95
							90837	Individual Psychotherapy; 60 minutes	SA	Y	60 minutes	$90.26	$34.89		$90.26
							90838	Individual Psychotherapy; 60 minutes with appropriate E&M Code	SA	Y	60 minutes	$94.12	$34.89		$94.12
							90792	Psychiatric Diagnostic Evaluation with medical services. This code may be used for required intake and assessments that include a physician evaluation.	SA	Y		$463.15	$463.15		$486.30
							99202-99205, 99211-99215	E&M codes which may be utilized for medication monitoring	HF	Y		Varies			
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
270	N	Neuropsychologist			Independent practitioner(s): Neuropsychologist	Independent Practitioner	96130	Initial evaluation of psychological testing				$59.10			$59.10
							96131	Additional evaluation of psychological testing				$41.56			$41.56
							96132	Initial evaluation of neuropsychological testing				$63.19			$63.19
							96133	Additional evaluation of neuropsychological testing				$47.16			$47.16
							96136	First 30 minutes of test administration			30 minutes	$20.95			$20.95
							96137	Additional 30-minute increments of testing			30 minutes	$18.98			$18.98
							96138	Psychological/neuropsychological tests (first)				$17.72			$17.72
							96139	Psychological/neuropsychological tests (additional)				$18.23			$18.23
610	N	Psychologist			Independent practitioner(s): Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs)	Independent Practitioner	90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	HF	Y		$205.44	$191.05		$191.05
							90832	Individual Psychotherapy; 30 minutes	HF	Y	30 minutes	$88.66	$79.31		$79.31
							90834	Individual Psychotherapy; 45 minutes	HF	Y	45 minutes	$100.17	$104.95		$104.95
							90837	Individual Psychotherapy; 60 minutes	HF	Y	60 minutes	$90.26	$43.21		$90.26
							90839	Psychotherapy for Crisis first 60 minutes	HF	Y	60 minutes	$72.89	$72.89		$72.89
							90846	Family Psychotherapy w/o patient present	HF	Y		$113.94	$113.94		$113.94
							90847	Family Therapy with the patient present	HF	Y		$126.45	$126.46		$126.46
							90853	Group Psychotherapy	HF	Y		$30.52	$30.53		$30.53
							90887	Family conference, 25 minutes	HF	Y		$30.83	$30.83		$30.83
							96130	Initial evaluation of psychological testing				$59.10			$59.10
							96131	Additional evaluation of psychological testing				$41.56			$41.56
							96132	Initial evaluation of neuropsychological testing				$63.19			$63.19
							96133	Additional evaluation of neuropsychological testing				$47.16			$47.16
							96136	First 30 minutes of test administration			30 minutes	$20.95			$20.95
							96137	Additional 30-minute increments of testing			30 minutes	$18.98			$18.98
							96138	Psychological/neuropsychological tests (first)				$17.72			$17.72
							96139	Psychological/neuropsychological tests (additional)				$18.23			$18.23

ATTACHMENT C - MCO Contract			ADDITIONAL INFORMATION		Section 4.8.4 D - MCO Contract Provider Directory Language	Section B.4.4 - MCO Contract BH Service Dictionary	BH Claims Codes								
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613	N	Licensed Marriage and Family Therapist		LMFT	Independent practitioner(s): Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs)	Independent Practitioner	90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	HEHH/HFHH	Y		$166.31	$166.31		$166.31
							90832	Individual Psychotherapy; 30 minutes	HEHH/HFHH	Y	30 minutes	$71.77	$71.77		$71.77
							90834	Individual Psychotherapy; 45 minutes	HEHH/HFHH	Y	45 minutes	$81.09	$81.09		$81.09
							90837	Individual Psychotherapy; 60 minutes	HEHH/HFHH	Y	60 minutes	$76.72	$76.72		$76.72
							90839	Psychotherapy for Crisis first 60 minutes	HEHH/HFHH	Y	60 minutes	$61.96	$61.96		$61.96
							90846	Family Psychotherapy w/o patient present	HEHH/HFHH	Y		$96.85	$96.85		$96.85
							90847	Family Therapy with the patient present	HEHH/HFHH	Y		$102.37	$102.37		$102.37
							90853	Group Psychotherapy	HEHH/HFHH	Y		$24.71	$24.71		$24.71
							90887	Family conference, 25 minutes	HEHH/HFHH	Y		$26.20	$26.20		$24.71
614	N	Licensed Professional Counselors		LPC	Independent practitioner(s): Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs)	Independent Practitioner	90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	HEHH/HFHH	Y		$166.31	$166.31		$166.31
							90832	Individual Psychotherapy; 30 minutes	HEHH/HFHH	Y	30 minutes	$71.77	$71.77		$71.77
							90834	Individual Psychotherapy; 45 minutes	HEHH/HFHH	Y	45 minutes	$81.09	$81.09		$81.09
							90837	Individual Psychotherapy; 60 minutes	HEHH/HFHH	Y	60 minutes	$76.72	$76.72		$76.72
							90839	Psychotherapy for Crisis first 60 minutes	HEHH/HFHH	Y	60 minutes	$61.96	$61.96		$61.96
							90846	Family Psychotherapy w/o patient present	HEHH/HFHH	Y		$96.85	$96.85		$96.85
							90847	Family Therapy with the patient present	HEHH/HFHH	Y		$102.37	$102.37		$102.37
							90853	Group Psychotherapy	HEHH/HFHH	Y		$24.71	$24.71		$24.71
							90887	Family conference, 25 minutes	HEHH/HFHH	Y		$26.20	$26.20		$26.20
615	N	Licensed Clinical Social Worker		LCSW	Independent practitioner(s): Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs)	Independent Practitioner	90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	AJHE/AJHF	Y		$166.31	$166.31		$166.31
							90832	Individual Psychotherapy; 30 minutes	AJHE/AJHF	Y	30 minutes	$71.77	$71.77		$71.77
							90834	Individual Psychotherapy; 45 minutes	AJHE/AJHF	Y	45 minutes	$81.09	$81.09		$81.09
							90837	Individual Psychotherapy; 60 minutes	AJHE/AJHF	Y	60 minutes	$76.72	$76.72		$76.72
							90839	Psychotherapy for Crisis first 60 minutes	AJHE/AJHF	Y	60 minutes	$61.96	$61.96		$61.96
							90846	Family Psychotherapy w/o patient present	AJHE/AJHF	Y		$96.85	$96.85		$96.85
							90847	Family Therapy with the patient present	AJHE/AJHF	Y		$102.37	$102.37		$102.37
							90853	Group Psychotherapy	AJHE/AJHF	Y		$24.71	$24.71		$24.71
							90887	Family conference, 25 minutes	AJHE/AJHF	Y		$26.20	$26.20		$26.20
860	I	Hospitals (General Acute Care)				Outpatient Hospital Services	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							Rev Code 914	Individual Psychotherapy; 30 minutes			30 minutes	$79.31			$52.85
							Rev Code 915	Multifamily/Group Psychotherapy				$27.50			$30.00
							Rev Code 916	Family Therapy with the patient present				$113.94			$113.94
							Rev Code 901	Electro-Convulsive Therapy (ECT)				$86.56			$86.56
							Rev Code 919	Evaluation and Management Codes. May be billed for medication prescribing and monitoring				$94.88			$44.39
866	I	Acute and/or Partial Hospitalization (Mental Health)			Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization	Partial Hospitalization/Acute Partial Hospitalization (Mental Health)	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							Rev Code 912	Partial Hospitalization (Mental Health)			1 hour	$19.89			$19.89
							Rev Code 913	Acute Partial Hospitalization (Mental Health)			1 hour	$72.14			$77.16

ATTACHMENT C - MCO Contract			ADDITIONAL INFORMATION		Section 4.8.4 D - MCO Contract Provider Directory Language	Section B.4.4 - MCO Contract BH Service Dictionary	BH Claims Codes								
MCO Specialty Code	File	MCO Specialty Code Name	MCO Clarifying Information	Short Name	BH Directory as per contract requirements	Network Analysis Notes	Service Code/s	Service Description	Service Code/s Modifier	Can bill base code? (Y/N)	Units	Base Rate (no modifier)	Rate with HF Modifier	Rate with UC Modifier	Children's Rate
940	I	Independent Clinic – Mental Health			Outpatient Mental Health Clinic	Outpatient Mental Health Clinic	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							90791	Psychiatric diagnostic evaluation without medical services. May be billed for intake and assessment.	UC	N				$200.60	$191.05
							90792	Psychiatric diagnostic evaluation with medical services. May be billed for intake and assessment with physician assessment.	UC	N				$510.62	$486.30
							90832	Individual Psychotherapy; 30 minutes	UC	N	30 minutes			$83.28	$79.31
							90833	Individual Psychotherapy; 30 minutes. Should be billed with appropriate E& M Code	UC	N	30 minutes			$74.34	$81.78
							90834	Individual Psychotherapy; 45 minutes	UC	N	45 minutes			$104.95	$104.95
							90836	Individual Psychotherapy; 45 minutes. Should be billed with appropriate E& M Code	UC	N	45 minutes			$94.12	$104.95
							90837	Individual Psychotherapy; 60 minutes	UC	N	60 minutes			$43.21	$43.21
							90838	Individual Psychotherapy; 60 minutes. Should be billed with appropriate E& M Code	UC	N	60 minutes			$43.21	$43.21
							90839	Psychotherapy for Crisis first 60 minutes	UC	N	60 minutes			$72.89	$72.89
							90846	Family Psychotherapy w/o patient present	UC	Y		$49.21		$113.94	$113.94
							90853	Group psychotherapy	UC	Y		$30.52		$30.53	$30.53
							90847	Family Therapy with the patient present	UC	Y		$126.45		$132.78	$126.46
							90870	Electro-Convulsive Therapy (ECT)		Y		$86.56			$126.45
							90887	Family Conference (25 minutes)	UC	Y	25 minutes	$30.83		$32.37	$73.82
							99202-99205 or 99211-99215	Evaluation and Management Codes. May be billed for medication prescribing and monitoring	UC	Y		Varies			
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
944	I	Partial Care (Mental Health)			Partial Care	Partial Care	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							H0035	Partial Care (PC) Mental Health	UC	Y	1 hour	$20.88		$20.88	$19.89
							Z0330	Add-on for MH Partial Care transportation (load fee)		Y	1 unit, can bill 2 per day	$12.17		$12.17	$12.17
							A0120	Bus transport to partial care clinic	UC	N	1 unit, 2 per day			$12.17	
							A0425	Add-on for MH Partial Care transportation (bundled mileage)	UC	N	1 unit, can bill 2 per day			$2.83	$2.83
923	I	Intensive Out Patient Substance Abuse SUD - ASAM 2.1		IOP	Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1	ASAM 2.1 - Intensive Outpatient (IOP)	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							H0015	Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1	HF	N	Per diem		$121.50		$121.50
925	I	Partial Care Substance Abuse - ASAM 2.5		PC	Substance Use Disorder Partial Care (PC) ASAM 2.5	ASAM 2.5 - Partial Care (PC)	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							H2036	Substance Use Disorder Partial Care (PC) ASAM 2.5	HF	N	Per diem		$86.92		$86.92
927	I	Ambulatory Withdrawal Management - ASAM 2WM		AWM	Ambulatory Withdrawal Management with extended on-site monitoring /Ambulatory Detoxification ASAM 2 – WM	ASAM 2.0 – WM - Ambulatory Withdrawal Management with extended on-site monitoring	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							H0014	Ambulatory withdrawal Management with extended on-site monitoring / Ambulatory Detoxification ASAM 2 – WM	HF	N	Per diem		$232.54		$232.54

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924	I	Substance Use Disorder Outpatient (OP) ASAM 1 (Institutional)	SUD licensed clinic, could be clinic or group of providers		Substance Use Disorder Outpatient (OP) ASAM 1	ASAM 1.0 - Outpatient (OP)	80305	Drug Test, Presumptive, Direct Optical Observation	HF	Y	1 unit, 1 per day	$10.08	$10.08		$10.08
							80306	Drug Test, Presumptive, Instrument	HF	Y	1 unit, 1 per day	$13.71	$13.71		$13.71
							80307	Drug Test, Presumptive, Chemistry Analyzers	HF	Y	1 unit, 1 per day	$49.71	$49.71		$49.71
							90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	HF	N			$191.05		$191.05
							90792	Psychiatric Diagnostic Evaluation with medical services. This code may be used for required intake and assessments that include a physician evaluation.	HF	N			$486.30		$486.30
							90832	Individual Psychotherapy; 30 minutes	HF	N			$79.31		$79.31
							90833	Individual Psychotherapy; 30 minutes with E& M service.	HF	N	30 minutes		$81.78		$81.78
							90834	Individual Psychotherapy; 45 minutes	HF	N	45 minutes		$104.95		$104.95
							90836	Individual Psychotherapy; 45 minutes with E& M service.	HF	N	45 minutes		$104.95		$104.95
							90837	Individual Psychotherapy; 60 minutes	HF	N	60 minutes		$43.21		$43.21
							90838	Individual Psychotherapy; 60 minutes with E& M service.	HF	N	60 minutes		$43.21		$43.21
							90853	Group psychotherapy	HF	N			$30.53		$30.53
							90846	Family Psychotherapy w/o patient present	HF	N			$113.94		$113.94
							90847	Outpatient Family counseling with patient present in an SUD treatment facility, 1 hour	HF	N	1 hour		$126.45		$126.46
							90887	Family Conference, 25 minutes	HF	N	25 minutes		$30.83		$30.83
							G0480	Drug Test, Definitive (1 to 7 drug classes)	HF	Y	1 unit, 1 per day	$91.54	$91.54		$91.54
							G0481	Drug Test, Definitive (8 to 14 drug classes)	HF	Y	1 unit, 1 per day	$125.27	$125.27		$125.27
							H0003	Alcohol Drug screening test	HF	N			$4.76		
							H0023	Care Management (SUD)	HF	N			$29.32		$29.32
							H0038	Peer Recovery Support Specialists (PRSS)	HF	N	15 minutes		$17.57		$17.57
							H0048	Collection, non-blood specimen	HF	N			$2.50		
							99202 to 99205, 99211 to 99215	Evaluation and Management codes	HF	N		Varies			
992	N	Substance Use Disorder Outpatient (OP) ASAM 1 (Independent Practitioner)	SUD Tx non MAT (Independent Practitioner)		Substance Use Disorder Outpatient (OP) ASAM 1	ASAM 1.0 - Outpatient (OP)	90791	Psychiatric Diagnostic Evaluation without medical services. This code may be used for required intake and assessments.	HF	N			$191.05		$191.05
							90792	Psychiatric Diagnostic Evaluation with medical services. This code may be used for required intake and assessments that include a physician evaluation.	HF	N			$486.30		$486.30
							90832	Individual Psychotherapy; 30 minutes	HF	N	30 minutes		$79.31		$79.31
							90833	Individual Psychotherapy; 30 minutes with E& M service.	HF	N	30 minutes		$81.78		$81.78
							90834	Individual Psychotherapy; 45 minutes	HF	N	45 minutes		$104.95		$104.95
							90836	Individual Psychotherapy; 45 minutes with E& M service.	HF	N	45 minutes		$104.95		$104.95
							90837	Individual Psychotherapy; 60 minutes	HF	N	60 minutes		$43.21		$43.21
							90838	Individual Psychotherapy; 60 minutes with E& M service.	HF	N	60 minutes		$43.21		$43.21
							90853	Group psychotherapy	HF	N			$30.53		$30.53
							90846	Family Psychotherapy w/o patient present	HF	N			$113.94		$113.94
							90847	Outpatient Family counseling with patient present in an SUD treatment facility, 1 hour	HF	N	1 hour		$126.45		$126.45
							90887	Family Conference, 25 minutes	HF	N	25 minutes		$30.83		$30.83
							H0003	Alcohol Drug screening test	HF	N			$4.76		
							H0048	Collection, non-blood specimen	HF	N			$2.50		
							99202 to 99205, 99211 to 99215	Evaluation and Management codes	HF	N		Varies			