

OUTPATIENT PSYCHIATRIC SERVICES ONLY: UPDATE JANUARY 1, 2017

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NA = NOT APPLICABLE

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

Rates Effective * January 1, 2017 (SPA 17-001)
OR ** April 1, 2017 (SPA 17-003)

Rates are proposed until CMS approval

CPT/ HCPCS/ CDT/ PRACTITIONER	MOD 1	MOD 2	SHORT - DESCRIPTION	Rates Effective * January 1, 2017 (SPA 17-001) OR ** April 1, 2017 (SPA 17-003)		IND
				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	
OP912			PARTIAL HOSP LESS INTENSE	\$ 17.92	\$ -	
OP913			PARTIAL HOSP LESS INTENSIVE	\$ 65.00	\$ 73.00	
OP914			PSYCH/PSYCHOLO SERV,INDIV THE	\$ 68.21	\$ 50.00	
OP915			PSYCH/PSYCHOLO SERV,GROUP THE	\$ 27.50	\$ 30.00	
OP918			PSYCH/PSYCHOLO SERV,TESTING,O	\$ 81.25	\$ 62.50	**
OP919			PSYCH/PSYCHOLO SERV,OTHER,OUT	\$ 81.60	\$ 42.00	**