





















* See Covered Services Guide for additional guidance regarding these revenue codes		Provider Type																											* Represents rates set by AHCCCS. Providers should contact RBHA for specific contracted rates. TRBHA providers may view rates on the AHCCCS Web site. www.ahcccs.state.az.us/Rates Codes																							
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90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	47		05 06 07 08 11 13 31 32 49 50 51 52 54 55 56 71 72 99	000/999		01/01/13		T					X		X	X			X																											1		*	*		
90837	Psychotherapy, 60 minutes with patient and/or family member	47		03 05 06 07 08 11 13 21 22 24 31 32 33 49 50 51 52 54 55 56 71 72 99	000/999		01/01/13		T					X	X	X	X			X									X	X	X																	1		*	*	
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	47		05 06 07 08 11 13 31 32 49 50 51 52 54 55 56 71 72 99	000/999		01/01/13		T					X		X	X			X																												1		*	*	
90845	Psychoanalysis	47		05 06 07 08 11 21 22 23 49 50 51 52 53 54 55 56 71 72	000/999		10/01/92		T					X						X																											1		*	*		
90846	Family psychotherapy (without the patient present)	47		03 05 06 07 08 11 12 21 22 23 49 50 51 52 53 55 56 71 72 99	000/999		10/03/01		T					X	X	X	X			X									X	X	X																1		*	*		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	47		03 05 06 07 08 11 12 21 22 23 49 50 51 52 53 54 55 56 71 72 99	000/999		10/01/82		T					X	X	X	X			X									X	X	X																2		*	*		
90849	Multiple-family group psychotherapy	47		03 05 06 07 08 11 21 22 23 49 50 51 52 53 54 55 56 71 72 99	000/999		10/01/82		T					X	X	X	X			X									X	X	X																1		*	*		
90853	Group psychotherapy (other than of a multiple-family group) (per member)	47		03 05 06 07 08 11 21 22 23 49 50 51 52 53 54 55 56 71 72 99	000/999		10/01/82		T					X	X	X	X			X									X	X	X																1		*	*		
90870	Electroconvulsive therapy (includes necessary monitoring)	47		05 06 07 08 11 21 22 23 49 50 51 52 53 54 55 56 71 72	000/999		10/01/92		T	X				X						X																											1		*	*		
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 20-30 minutes)	47		03 05 06 07 08 11 12 21 22 23 49 50 51 52 53 54 55 56 71 72 99	000/999		01/01/97		T					X	X	X	X			X																													1		*	*
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 45-50 minutes)	47		03 05 06 07 08 11 12 21 22 23 49 50 51 52 53 54 55 56 71 72 99	000/999		01/01/97		T					X	X	X	X			X																													1		*	*
90880	Hypnotherapy	47		05 06 07 08 11 21 22 49 50 71 72	018/999		10/01/82		T					X	X	X	X			X																												1		*	*	

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90887	Interpretation or explanation of results of psychiatric, other medical exams & procedures, or other accumulated data to family/responsible person(s), or advising them how to assist or manage patient.	01		03 05 06 07 08 11 13 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99	000/999		10/01/92		T					X	X					X																										1		*	*									
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers.	01		03 05 06 07 08 11 13 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99	000/999		10/01/92							X	X					X																													1		*	*						
90899	Unlisted psychiatric service or procedure	01		03 05 06 07 08 11 21 22 49 50 71 72	018/999		12/01/91							X	X					X																													1		*	*						
90901	Biofeedback training by any modality	01		03 05 06 07 08 11 21 22 23 49 50 51 52 53 54 55 56 71 72 99	000/999		01/01/97							X	X					X																														1		*	*					
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	01		05 06 07 08 11 14 20 21 22 23 24 31 32 33 49 50 56 71 72 81 99	000/999		10/01/82							X						X																															3		*	*				
93005	Electrocardiogram, routine ECG with at least 12 leads; without interpretation and report	01		05 06 07 08 11 12 14 20 21 22 31 32 33 49 50 56 71 72 81 99	000/999		10/01/82							X						X																															3		*	*				
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	01		05 06 07 08 11 20 21 22 23 24 31 32 33 49 50 71 72 81	000/999		10/01/82							X						X																																4		*	*			
93040	Rhythm ECG, 1 to 3 leads, with interpretation and report	01		05 06 07 08 11 20 21 22 23 24 49 50 71 72 81	000/999		10/01/82							X						X																																2		*	*			
93041	Rhythm ECG, 1 to 3 leads; tracing only without interpretation and report	01		05 06 07 08 11 20 21 22 49 50 71 72 81 99	000/999		10/01/82							X						X																																	2		*	*		
93042	Rhythm ECG, 1 to 3 leads, interpretation and report only	01		05 06 07 08 11 20 21 22 23 24 49 50 71 72 81	000/999		10/01/82							X						X																																	2		*	*		
95819	Electroencephalogram (EEG); including recording awake and asleep	01		05 06 07 08 11 20 21 22 23 49 50 51 71 72	000/999		10/01/82							X						X																																	1		*	*		
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS) per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	01		03 05 06 07 08 11 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99	000/999		01/01/06		T					X	X					X																																			6		*	*

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96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	01		03 05 06 07 08 11 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99	000/999		01/01/06		T					X	X					X				X																									6		*	*			
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report.	01		03 05 06 07 08 11 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99	000/999		01/01/06		T					X	X					X				X																												2		*	*
96110	Developmental testing; limited (e.g., developmental screening test II, early language milestone screen), with interpretation and report	01		03 05 06 07 08 11 21 22 49 50 61 62 71 72 99	000/020		01/01/96							X	X					X				X																											1		*	*	
96111	Developmental testing; extended ( includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.	01		03 05 06 07 08 11 21 22 49 50 61 62 71 72 99	000/020		01/01/96							X	X					X				X																											1		*	*	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	01		03 05 06 07 08 11 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99	000/999		01/01/06		T					X	X					X				X																												2		*	*

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Telemedicine/Non-registered ID Column: T= Telemedicine available, N= Non-registered ID OK, B=both Telemedicine and Non-registered ID available

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96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering test to the patient and time interpreting test results and preparing the report.	01		03 05 06 07 08 11 20 21 22 23 49 50 51 52 53 54 55 56 61 62 71 72 99	000/999		01/01/06		T					X	X																														12		*	*				
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	01		03 05 06 07 08 11 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99	000/999		01/01/06		T					X	X																															6		*	*			
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	01		03 05 06 07 08 11 20 21 22 49 50 51 52 53 54 55 71 72 99	000/999		01/01/06		T					X	X																																1		*	*		
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	01		05 06 07 08 11 20 21 22 23 49 50 71 72 99	000/999		01/01/09							X		X	X																															3		*	*	
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	06		03 05 06 07 08 11 21 22 31 32 33 49 50 61 62 71 72 99	000/999		01/01/01							X	X	X	X																															4		*	*	
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	01		06 08 11 21 22 49 50 71 72	000/999		03/01/11							X																																			1	1	*	*

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98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	01		06 08 11 21 22 49 50 71 72 99	000/999		03/01/11							X																																		1	1	*	*						
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	01		06 08 11 21 22 49 50 71 72 99	000/999		03/01/11							X																																				1	1	*	*				
99199	Unlisted special service, procedure or report	01		05 06 07 08 11 20 21 22 23 24 49 50 71 72 81 99	000/999		10/01/82						X							X				X																												1		*	*		
99201	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T				X			X	X			X				X																														2		*	*

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99202	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: expanded problem focused history; an expanded problem focused exam; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T					X		X	X		X						X																							2		*	*		
99203	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T					X		X	X		X					X																										2		*	*

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99204	Office or other outpatient visit for the evaluation and management of new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T				X			X	X		X																													2		*	*		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T				X			X	X		X																														2		*	*	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T				X	X		X	X		X																															2		*	*



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										Level I Hospital Pharmacy Laboratory Emergency Transportation Physician Psychologist Certified Registered Nurse Anesthetist (CRNA) Physician Assistant Nurse Practitioner Non-Emergency Transportation DO-Physician Osteopath Habilitation Provider Level I Psych. Hospital TRBHA/RBHA Out of State 1 Time Provider Behavioral Health Residential Facility Behavioral Health Outpatient Clinic Integrated Clinic Level I Residential Treatment Center Secure (non IMD) Licensed Clinical Social Worker Licensed Marriage/Family Therapist Licensed Professional Counselor Air Transportation Community Service Agency Licensed Independent Substance Abuse Counselor (LISAC) Behavioral Health Therapeutic Home Rural Substance Abuse Transitional Agency Level I Residential Treatment Center-Secure (IMD) Level I Residential Treatment Center-Non-Secure (non-IMD) Level I Residential Treatment Center-Non-Secure (IMD) Level I Subacute Facility (non-IMD) Level I Subacute Facility (IMD) Crisis Services Provider Federally Qualified Health Center (FQHC) Community/Rural Health Center (RHC)	Non Facility Rate	Facility Rate																																							
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 12 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T				X			X	X		X																											2		*	*		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T				X			X	X		X																													2		*	*

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86					87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	DBHS Units
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 12 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T					X		X	X		X					X																					2		*	*	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 15 20 22 23 24 49 50 53 62 71 72	000/999		01/01/92		T					X		X	X		X				X																							2		*	*

Telemedicine/Non-registered ID Column: T= Telemedicine available, N= Non-registered ID OK, B=both Telemedicine and Non-registered ID available

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Level 1 Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Behavioral Health Residential Facility	Behavioral Health Outpatient Clinic	Integrated Clinic	Level 1 Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home Agency	Rural Substance Abuse Transitional Agency	Level 1 Residential Treatment Center-Secure (IMD)	Level 1 Residential Treatment Center-Non-Secure (non-IMD)	Level 1 Residential Treatment Center-Non-Secure (IMD)	Level 1 Subacute Facility (non-IMD)	Level 1 Subacute Facility (IMD)	Crisis Services Provider	Federally Qualified Health Center (FQHC)	Community/Rural Health Center (RHC)	DBHS Units	Max Units	Current Rate											
										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Non Facility Rate	Facility Rate												
99217	Observation care discharge day management (this code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status". To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for observation or inpatient care services [including admission and discharge services, 99234-99236 as appropriate]).	01		06 08 21 22 23 25	000/999		01/01/94						X			X	X			X				X																											1		*	*				
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components; a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity.	01		06 08 21 22 23 25	000/999		01/01/93						X			X	X			X				X																													1		*	*		
99219	Initial observation care, per day for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity.	01		06 08 21 22 23 25	000/999		01/01/93						X			X	X			X				X																															1		*	*

Telemedicine/Non-registered ID Column: T= Telemedicine available, N= Non-registered ID OK, B=both Telemedicine and Non-registered ID available

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	DBHS Units	Max Units	Non Facility Rate	Facility Rate
99220	Initial observation care, per day for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity.	01		06 08 21 22 23 25	000/999		01/01/93							X		X	X		X				X																						1		*	*
99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 51 52 61	000/999		01/01/92						X		X	X		X				X																							5		*	*

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Level 1 Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	habilitation Provider	Level 1 Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Behavioral Health Residential Facility	Behavioral Health Outpatient Clinic	Integrated Clinic	Level 1 Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home Agency	Rural Substance Abuse Transitional Agency	Level 1 Residential Treatment Center-Secure (IMD)	Level 1 Residential Treatment Center-Non-Secure (non-IMD)	Level 1 Residential Treatment Center-Non-Secure (IMD)	Level 1 Subacute Facility (non-IMD)	Level 1 Subacute Facility (IMD)	Crisis Services Provider	Federally Qualified Health Center (FQHC)	Community/Rural Health Center (RHC)	DBHS Units	Max Units	Non Facility Rate	Current Rate Facility Rate					
										99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 51 52 61	000/999	01/01/92								X		X	X					X																					
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 51 52 61	000/999	01/01/92								X		X	X					X																												5		*	*

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	DBHS Units	Max Units	Non Facility Rate	Facility Rate				
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a problem-focused interval history; a problem-focused examination; medical decision-making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 51 52 61	000/999		01/01/92							X		X	X		X					X																								5		*	*	
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 51 52 61	000/999		01/01/92						X		X	X		X					X																										5		*	*

* See Covered Services Guide for additional guidance regarding these revenue codes										Provider Type																																							
Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	Habilitation - Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Behavioral Health Residential Facility	Behavioral Health Outpatient Clinic	Integrated Clinic	Level I Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home Agency	Rural Substance Abuse Transitional Agency	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services Provider	Federally Qualified Health Center (FQHC)	Community/Rural Health Center (RHC)	DBHS Units	Max Units	Current Rate		
										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Non Facility Rate	Facility Rate			
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision-making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 51 52 61	000/999		01/01/92						X		X	X			X					X																					5		*	*	
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.	01		06 08 21 22 23 51 99	000/999		01/01/98					X			X	X			X																											1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29			Non Facility Rate	Facility Rate		
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	01		06 08 21 22 23 51 99	000/999		01/01/98						X			X	X		X				X																								1		*	*
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.	01		06 08 21 22 23 51 99	000/999		01/01/98					X			X	X		X				X																								1		*	*	
99238	Hospital discharge day management; 30 minutes or less	01		06 08 21 25 51 61	000/999		01/01/92					X			X	X		X					X																							1		*	*	
99239	Hospital discharge day management; more than 30 minutes	01		06 08 21 51 61 99	000/999		01/01/96					X			X	X		X					X																							1		*	*	

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99241	Office consultation for a new or established patient, which requires these 3 key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 12 15 20 22 23 24 25 34 49 50 62 65 71 72	000/999		01/01/92		T				X				X	X						X																							2		*	*	
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 12 15 20 22 23 24 25 34 49 50 62 65 71 72	000/999		01/01/92		T				X				X	X						X																								2		*	*

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	habilitation Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Behavioral Health Residential Facility	Behavioral Health Outpatient Clinic	Integrated Clinic	Level I Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home Agency					Rural Substance Abuse Transitional Agency	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services Provider	Federally Qualified Health Center (FQHC)	Community/Rural Health Center (RHC)	DBHS Units	Max Units	Non Facility Rate	Current Rate Facility Rate							
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and, medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 12 15 20 22 23 24 25 34 49 50 62 65 71 72	000/999		01/01/92		T					X		X	X		X						X																															2		*	*
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	01		05 06 07 08 11 12 15 20 22 23 24 25 34 49 50 62 65 71 72	000/999		01/01/92		T				X		X	X		X						X																														2		*	*		



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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Current Rate										
99252	Initial inpatient consultation for a new or established patient, which requires these 3 components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 31 32 51 52 61	000/999		01/01/92		T					X		X	X			X																														5		*	*		
99253	Initial inpatient consultation for a new or established patient, which requires these 3 components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 31 32 51 52 61	000/999		01/01/92		T					X		X	X			X																																5		*	*

Telemedicine/Non-registered ID Column: T= Telemedicine available, N= Non-registered ID OK, B=both Telemedicine and Non-registered ID available

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	Rehabilitation Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Behavioral Health Residential Facility	Behavioral Health Outpatient Clinic	Integrated Clinic	Level I Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home Agency	Rural Substance Abuse Transitional Agency	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services Provider	Federally Qualified Health Center (FQHC)	Community/Rural Health Center (RHC)	DBHS Units	Max Units	Current Rate	Non Facility Rate	Facility Rate		
										99254	Initial inpatient consultation for a new or established patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 31 32 51 52 61	000/999		01/01/92		T				X			X	X		X					X																	
99255	Initial inpatient consultation for a new or established patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	01		06 08 21 31 32 51 52 61	000/999		01/01/92		T				X			X			X					X																							5		*	*	
99281	Emergency Dept Visit for the evaluation and management of a patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are self limited or minor.	01		06 08 21 22 23	000/999		01/01/92						X			X	X		X					X																								3		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29			Facility Rate	Facility Rate								
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	01		06 08 21 22 23	000/999		01/01/92							X		X	X		X																															3		*	*			
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	01		06 08 21 22 23	000/999		01/01/92							X		X	X		X																																3		*	*		
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	01		06 08 22 23	000/999		01/01/92							X		X	X		X																																		3		*	*



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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29					
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.	01		31 32 33 56 99	000/999	01/01/06								X		X	X				X																									1		*	*
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	01		31 32 33 56 99	000/999	01/01/06								X		X	X				X																									1		*	*



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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	Rehabilitation Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Behavioral Health Residential Facility	Behavioral Health Outpatient Clinic	Integrated Clinic	Level I Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home	Rural Substance Abuse Transitional Agency	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services Provider	Federally Qualified Health Center (FQHC)	Community/Rural Health Center (RHC)	DBHS Units	Max Units	Non Facility Rate	Facility Rate								
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.	01		31 32 33 56 99	000/999		01/01/06						X			X	X			X				X																													3		*	*
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with others providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	01		31 32 33 56 99	000/999		01/01/06						X			X	X			X				X																													3		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29			Non Facility Rate	Facility Rate	
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	01		31 32 33 56 99	000/999		01/01/06						X		X	X			X				X																							3		*	*
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. the patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.	01		05 07 31 32 33 56 99	000/999		01/01/06						X		X	X			X				X																							3		*	*
99315	Nursing facility discharge day management, 30 minutes or less	01		31 32 33 34 56 99	000/999		01/01/98						X		X	X			X				X																							1		*	*
99316	Nursing facility discharge day management, more than 30 minutes.	01		31 32 33 34 56 99	000/999		01/01/98						X		X	X			X				X																							1		*	*

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99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	01		13 31 32 33 99	000/999		01/01/06							X		X	X			X				X																								1		*	*		
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06							X		X	X			X				X																										1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Units	Rate	Rate										
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06							X		X	X		X																																	1		*	*		
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06							X		X	X		X																																			1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29						
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06						X		X	X			X				X																								1		*	*
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06						X		X	X			X				X																								1		*	*

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										99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06						X			X	X		X					X																					
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06						X			X	X		X					X																												1		*	*

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99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06							X			X	X		X																																	1		*	*	
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; and medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	01		13 14 31 32 33 34 54 55 99	000/999		01/01/06							X			X	X		X																																		1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Non Facility Rate	Facility Rate								
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	01		12	000/999		01/01/92						X		X	X			X					X																										1		*	*	
99342	Home visit for the evaluation and management of a new patient, which requires 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	01		12	000/999		01/01/92						X		X	X			X					X																											1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Non Facility Rate	Facility Rate							
99343	Home visit for the evaluation and management of a new patient, which requires 3 key components: a detailed history; a detailed examination; and decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	01		12	000/999		01/01/92						X		X	X			X					X																									1		*	*	
99344	Home visit for the evaluation and management of a new patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	01		12 99	000/999		01/01/98						X		X	X			X					X																										1		*	*

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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	DBHS Units	Max Units	Non Facility Rate	Facility Rate					
99345	Home visit for the evaluation and management of a new patient, which requires these 3 components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.	01		12 99	000/999		01/01/98							X		X	X			X				X																								1		*	*		
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	01		12 99	000/999		01/01/98							X		X	X			X				X																										1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29			Non Facility Rate	Facility Rate			
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; and expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	01		12 99	000/999		01/01/98							X		X	X																														1		*	*	
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	01		12 99	000/999		01/01/98						X		X	X																																1		*	*

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99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	01		12 99	000/999		01/01/98							X		X	X		X					X																																1		*	*									
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient Evaluation and Management service)	01		05 06 07 08 11 20 22 23 24 25 49 50 62 65 71 72	000/999		01/01/94		T					X		X	X		X					X																																1		*	*									
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged physician service)	01		05 06 07 08 11 20 22 23 24 25 49 50 62 65 71 72	000/999		01/01/94		T					X		X	X		X					X																																			6		*	*						
99356	Prolonged physician services in the inpatient setting, requiring, requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient Evaluation and Management service)	01		06 08 13 21 31 32 33 51 61	000/999		01/01/94							X		X	X		X					X																																									1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Units	Units	Rate	Rate								
99357	Prolonged physician services in the inpatient setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged physician service)	01		06 08 13 21 31 32 33 51 61	000/999		01/01/94							X		X	X																																	6		*	*			
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (list separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)	01		05 06 07 08 11 20 21 22 23 24 25 49 50 61 62 65 71 72	000/999		01/01/94		T					X		X	X																																		1		*	*		
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (list separately in addition to code for prolonged physician service)	01		05 06 07 08 11 20 21 22 23 24 25 49 50 61 62 65 71 72	000/999		01/01/94		T					X		X	X																																			6		*	*	
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	01		06 08 11 21 22 49 50 56 71 72	000/999		01/01/08							X								X																													1		*	*		
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional	01		06 08 11 21 22 49 50 56 71 72	000/999		01/01/08										X																																				1		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Non Facility Rate	Facility Rate										
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	01		06 08 11 21 22 49 50 52 53 54 55 56 57 71 72	000/999		01/01/08						X		X	X		X						X																							1		*	*						
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	01		06 08 11 21 22 49 50 52 53 54 55 56 57 71 72	000/999		01/01/08						X		X	X		X						X																									1		*	*				
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	01		06 08 11 21 22 49 50 52 53 54 55 56 57 71 72	000/999		01/01/08						X		X	X		X					X																										1		*	*				
99499	Unlisted evaluation and management service	01		05 06 07 08 11 12 20 21 22 23 24 25 34 49 50 55 56 61 62 65 71 72 99	000/999		01/01/92						X		X	X		X					X																										1		*	*				
A0090	Non-emergency transportation, per mile, vehicle provided by individual (family, neighbor, etc.) with vested interest	31		99	000/999		03/01/89					X						X				X	X																											999		*	*			
A0100	Non-emergency transport; taxi, intra-city, base rate	31		99	000/999		03/01/89	N			X							X	X			X	X	X	X																								5		*	*				
A0110	Non-emergency transport via intra- or interstate carrier	31		99	000/999		03/01/89	N			X							X	X			X	X	X	X																									2		*	*			
A0120	Non-emergency transportation: mini-bus, mountain area transports	31		03 99	000/999		03/01/89	N	X		X							X	X			X	X	X																											5		*	*		
A0120	Non-emergency transportation: mini-bus, mountain area transports	31	TN	03 99	000/999		03/01/89	N	X		X							X	X			X	X	X																													5		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Current Rate											
A0130	Non-emergency transport; wheel-chair van., base rate	31		03 99	000/999		10/01/82						X					X	X					X	X	X	X																				5		*	*						
A0130	Non-emergency transport; wheel-chair van., base rate	31	TN	03 99	000/999		10/01/82		X			X						X	X					X	X	X	X																					5		*	*					
A0140	Non-emergency transport; and air travel (private or commercial) intra or interstate	31		99	000/999		03/01/89											X	X					X	X	X	X				X	X																	2		*	*				
A0160	Non-emergency transport; mile - case worker or social worker	31		99	000/999		03/01/89	N				X						X	X				X	X	X	X		X	X	X																		999		*	*					
A0170	Non-emergency transport; ancillary services-parking fees, tolls, other	31		99	000/999		10/01/82					X						X	X				X	X	X	X					X																		1		*	*				
A0180	Non-emergency transport; ancillary services-lodging-recipient	31		99	000/999		03/01/89					X						X	X				X	X	X	X					X																			1		*	*			
A0190	Non-emergency transport; ancillary services-meals-recipient	31		99	000/999		10/01/82					X						X	X				X	X	X	X					X																			3		*	*			
A0200	Non-emergency transport; ancillary services-lodging - escort	31		99	000/999		03/01/89					X						X	X				X	X	X	X					X																				1		*	*		
A0210	Non-emergency transport; ancillary services-meals-escort	31		99	000/999		10/01/82					X						X	X				X	X	X	X					X																					3		*	*	
A0382	BLS routine disposable supplies	14		41	000/999		01/01/95					X													X																										15		*	*		
A0398	ALS routine disposable supplies	14		41	000/999		01/01/95					X													X																											20		*	*	
A0420	Ambulance waiting time (ALS or BLS), 1/2 hour increments	14		41	000/999		01/01/95					X												X																											6		*	*		
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	14		41	000/999		01/01/95					X												X																												999		*	*	
A0425	Ground mileage, per statute mile	14		41 99	000/999		01/01/01	N				X											X	X	X																										999		*	*		
A0426	Ambulance service, advanced life support, non-emergent. transport, level 1 (ALS 1)	31		41	000/999		01/01/01					X											X																												5		*	*		
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1- emergency)	14		41	000/999		01/01/01					X											X																												5		*	*		
A0428	Ambulance service; basic life support base rate, non-emergency transport (BLS)	31		41	000/999		01/01/01	N				X											X																													4		*	*	
A0429	Ambulance service; basic life support base rate, emergent. transport (BLS-emergent.)	14		41	000/999		01/01/01					X											X																												5		*	*		
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	14		42	000/999		01/01/01																X																													5		*	*	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	14		42	000/999		01/01/01																X																												5		*	*		
A0434	Specialty care transport (SCT)	14		41 42	000/999		01/01/01					X											X																												1		*	*		
A0435	Fixed wing air mileage, per statute mile	14		42	000/999		01/01/01																X																														999		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29															
A0436	Rotary wing air mileage, per statute mile	14		42	000/999		01/01/01																																							999		*	*										
A0888	Non-covered ambulance mileage, per mile (E.G. for miles traveled)	14		41 42	000/999		10/01/95					X																																		999		*	*										
A0999	Unlisted ambulance service - Determine if an alternative national HCPCS level II code or CPT code better describes the service. This code should be used only if a more specific code is unavailable.	31		41 42	000/999		01/01/01						X					X					X	X																								1		*	*								
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	12		05 06 07 08 11 20 21 22 49 50 65 71 72 81 99	000/999		01/01/15	12/31/15		X		X		X						X																												1		*	*								
G0434	Drug screen, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter	12		05 06 07 08 11 21 22 49 50 65 71 72 99	000/999		01/01/15	12/31/15				X		X						X					X																							1		*	*								
G0477	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of	12		05 06 07 08 11 19 21 22 71 81 99			01/01/16						X			X	X			X																																							
G0478	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by	12		05 06 07 08 11 19 21 22 71 81 99			01/01/16						X			X	X			X																																							
G0479	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg,	12		05 06 07 08 11 19 21 22 71 81 99			01/01/16						X			X	X			X																																							
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and	12		05 06 07 08 11 19 21 22 71 81 99			01/01/16						X			X	X			X																																							







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Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	DBHS Units	Max Units	Non Facility Rate	Facility Rate																
H0015	Alcohol and/or Drug services: intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education		47	11 22 49 50 53 71 72	000/999		01/01/01																			X	X																			1		BR																
H0018	Behavioral health short-term residential, without room and board		47	99	000/999		10/01/03																	X	X																						1		\$171.12															
H0020	Alcohol and/or drug services; methadone administration and/or service		01	HG 05 06 07 08 11 20 22 23 49 50 53 71 72 99	000/999		10/01/03						X			X	X		X				X																									1		\$3.15														
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)		47	05 07 11 12 49 50 53 54 71 72 99	000/999		10/01/03																X	X																										16		\$6.58												
H0031	Mental health assessment, by non-physician		47	03 05 06 07 08 11 12 20 21 22 23 24 31 32 33 34 49 50 51 53 54 71 72 99	000/999		10/01/03																X	X			X	X																							1		\$128.62											
H0034	(Health promotion) medication training and support, per 15 minutes		47	05 07 11 12 22 24 31 32 33 49 50 53 54 71 72 99	000/999		10/01/03																X	X			X	X																								32		\$6.67										
H0036	Community psychiatric supportive treatment day program, face-to-face, per 15 minutes		47	53 72 99	000/999		10/01/03																X			X	X																							23	23	\$5.24												
H0036	Community psychiatric supportive treatment medical day program, face-to-face, per 15 minutes		47	TF 53 72 99	000/999		10/01/03																	X		X	X																								23		\$5.84											
H0036	Home community psychiatric supportive medical treatment face-to-face, per 15 minutes		47	TF 12	000/999		10/01/03																	X		X	X																									23		\$6.09										
H0037	Community psychiatric supportive treatment medical day program, per diem		47	12 53 72 99	000/999		10/01/03																X			X	X																									1		\$125.41										
H0038	Self-help/peer services (peer support), per 15 minutes		47	05 07 11 12 20 23 49 50 53 54 71 72 99	000/999		10/01/03																	X	X									X																			11	27	\$10.11									
H0038	Self-help/peer services group, per 15 minutes		47	HQ 05 07 11 12 20 23 49 50 53 54 71 72 99	000/999		10/01/03																	X	X									X																				16		\$2.67								
H2010	Comprehensive medication services, per 15 minutes		01	HG 05 07 11 20 49 50 53 71 72 99	000/999		10/01/03						X			X	X		X					X																													1		\$11.44									
H2011	Crisis intervention service, per 15 minutes		47	05 07 11 12 20 23 49 50 53 54 71 72 99	000/999		10/01/03																		X		X																										32	40	\$29.56									
H2011	Crisis intervention service via 2 person team, per 15 minutes		47	HT 05 07 11 12 20 23 49 50 53 54 71 72 99	000/999		10/01/03																		X		X																												40		\$44.83							
H2012	Supervised behavioral health day treatment, per hour up to 5 hours		47	11 49 50 53 71 72 99	000/999		10/01/03																		X	X								X																							5		\$11.16					
H2014	Skills training and development, per 15 minutes		47	05 07 11 12 13 20 23 49 50 53 54 71 72 99	000/999		10/01/03																X	X	X											X																					32	32	\$12.21					
H2014	Group skills training and development, per 15 minutes per person		47	HQ 05 07 11 12 13 20 23 49 50 53 54 71 72 99	000/999		10/01/03																X		X	X																																			16	23	\$2.86	

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29	Non Facility Rate	Facility Rate													
S5109	Home care training to home care client, per session (child)	47	HA	12 99	000/017		01/01/07																																								1		\$120.17										
S5109	Home care training to home care client, per session (adult)	47	HB	12 99	018/064		01/01/07																																									1		\$120.17									
S5109	Home care training to home care client, per session (adult geriatric)	47	HC	12 99	065/999		01/01/07																																										1		\$120.17								
S5110	Home care training, family (family support), per 15 minutes	47		11 12 50 53 71 72 99	000/999		10/01/03													X		X	X		X	X			X	X	X																		32		\$15.64								
S5150	Unskilled respite care, not hospice, per 15 minutes	26		12 13 99	000/999		10/01/03													X		X	X	X	X																							48		\$7.25									
S5151	Unskilled respite care, not hospice, per diem	26		12 13 99	000/999		10/01/03													X		X	X	X	X																								1		\$204.51								
S9484	Crisis intervention mental health service, per hour	47		06 08 21 51 99	000/999		10/01/03	N	X												X		X		X																							5		\$53.88									
S9485	Crisis intervention mental health services, per diem	47		06 08 21 51 99	000/999		10/01/03	N	X													X		X		X																								1		\$317.12							
T1002	RN services, up to 15 minutes	01		03 05 07 12 53	000/999		10/01/03																																											12	32	\$16.20							
T1003	LPN Services, up to 15 minutes	01		03 05 07 12 53	000/999		10/01/03																																												12		\$12.73						
T1015	Clinic visit/encounter, all-inclusive	01		50 72	000/999		04/01/15																																												3		*						
T1016	Office case management by behavioral health professional, each 15 minutes	47	HO	05 06 07 08 11 20 34 49 50 53 54 71 72	000/999		10/01/03	B															X	X		X	X																								48	48	\$16.20						
T1016	Out of office case management by behavioral health professional, each 15 minutes	47	HO	12 22 23 99	000/999		10/01/03	N															X	X		X	X																									1		\$31.01					
T1016	Office case management, each 15 minutes	47	HN	05 06 07 08 11 20 34 49 50 53 54 71 72	000/999		10/01/03	B															X	X		X	X																									5		\$10.77					
T1016	Out of office case management by BHT, each 15 minutes	47	HN	12 22 23 99	000/999		10/01/03	N															X	X		X	X																									5		\$21.94					
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant)	39		05 07 12 53 99	000/999		10/01/03		X														X	X		X	X																										47		\$5.32				
T1020	Personal care services, per diem, not for an inpatient or resident of a Hospital, Nursing Facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant)	39		05 07 12 53 99	000/999		01/01/03														X		X	X		X	X																												1		\$232.21		
T2003	Non-emergency transportation; encounter/trip	31		99	000/999		10/01/03																																																	5		*	*

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										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	B8	77	IC	78	85	86	87	97	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	C2	29			Non Facility Rate	Facility Rate						
T2005	Non-emergency transportation; non-ambulatory stretcher van	31		99	000/999		10/01/03		X		X							X			X	X	X			X										X	X	X	X								5		*	*				
T2005	Non-emergency transportation, non-ambulatory stretcher van	31	TN	99	000/999		10/01/03		X		X							X			X	X	X				X										X	X	X	X								5		*	*			
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments	31		41 42 99	000/999		10/01/03											X	X			X	X					X								X	X	X	X								6		*	*				
T2049	Non emergency transport, stretcher van	31		99	000/999		07/01/04		X		X							X				X	X																						999		*	*						
T2049	Non emergency transport, stretcher van	31	TN	99	000/999		07/01/04		X		X							X				X	X																						999		*	*						
97810	Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	S		05 06 07 08 11 12 21 22 31 32 49 50 53 71 72 99	000/999		01/01/05		X													X	X														X	X	X	X	X							1			\$22.85			
97811	Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	S		05 06 07 08 11 12 21 22 31 32 49 50 53 71 72 99	000/999		01/01/05		X													X	X														X	X	X	X	X							4			\$19.24			
97813	acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	S		05 06 07 08 11 12 21 22 31 32 49 50 53 71 72 99	000/999		01/01/05		X													X	X														X	X	X	X	X							1			\$24.65			
97814	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	S		05 06 07 08 11 12 21 22 31 32 49 50 53 71 72 99	000/999		01/01/05		X													X	X														X	X	X	X	X							4			\$21.03			
H0043	Supported Housing	S		99	000/999		01/01/03																X	X																								1	999	\$20.02				
H0046	Mental Health Services NOS	S	SE	99	000/999		01/01/03																X	X	X	X	X										X	X	X									1	999	\$19.56				
H0046	Mental Health Services NOS	S		99	000/999		01/01/03																X	X	X	X																							32			BR		
S9986	Not medically necessary service, pt aware that services not medically necessary	S		99	000/999		01/01/02																X	X					X																			NA	999		BR			
S9986	Not medically necessary service, pt aware that services not medically necessary. Code will be used to report Medicare Part D Premium payments	S	HW	99	000/999		01/01/06		X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							1	999		BR	
T1013	Sign language or oral interpretive services, per 15 minutes	S		99	000/999		01/01/02																X	X				X	X	X																			NA	999		BR		