Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H, Director

Letter of Direction #19

Date: **November 15, 2019**

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Nicole Comeaux, Director, Medical Assistance Division**

Subject: **Medicaid Provider Payment Rates**

Title: **Payment Rate Increases Effective October 1, 2019**

On August 30, 2019, the Human Services Department (HSD) announced its intention to raise certain Medicaid provider payment rates effective October 1, 2019. HSD believes that these rate adjustments will help build and protect the Centennial Care health care delivery network. The proposed rate increases were supported, endorsed and funded by the New Mexico Legislature during the 2019 regular session.

The purpose of this Letter of Direction (LOD) is to direct MCO implementation of the provider rate increases that are described in the August 30th public notice.

All of the rate increases described in this LOD have been calculated and considered as a component of the MCO capitation rates that were effective on October 1, 2019.

1. Increase in Payment Rates for Most Outpatient Behavioral Health Codes

The MCOs are directed to increase payment for outpatient behavioral health visit CPT codes to a minimum of 90 percent of the 2019 Medicare fee schedule, effective October 1, 2019. This increase shall apply to each provider's contracted rates with each MCO.

HSD directs the MCOs to:

- Ensure that behavioral health codes that are currently paid at rates above 90 percent of the Medicare fee schedule are not reduced. The intention of this rate increase is to raise reimbursement rates for behavioral health codes to a minimum of 90 percent of the Medicare fee schedule. Reductions to rates exceeding this threshold are not considered in the MCO capitation rates and should not be imposed upon providers. Behavioral health codes that are currently paid above 90 percent of the 2019 Medicare fee schedule will remain unchanged until further review and/or notification by HSD.

- Ensure that behavioral health codes without a corresponding Medicare rate are increased by the overall average percentage of the behavioral health rate increase. Many Medicaid-covered behavioral health services are not reimbursed by Medicare and do not have a corresponding Medicare rate; therefore, many of the codes will be increased by the overall average percentage of the behavioral health increase for the codes that are benchmarked to Medicare. The overall average percentage of the behavioral health rate increase is 29.5 percent.
- Note that the rate increase applies to both physicians and mid-level providers. There are some codes for which the physician rate already exceeds 90 percent of Medicare, but the payment rate to mid-level providers is still below this threshold. In these scenarios, the MCOs are directed to raise the payment rate for mid-level providers to at least 90 percent of the 2019 Medicare rate for such codes. An example is provided below:

CPT Code	2019 Medicare Rate	MD/DO Rate	PhD Rate	PhD w/Prescriptive Authority Rate	Master's Level for Independent and for Supervised Non-Independent Provider Type Rate	Psychiatric Certified Nurse Practitioner & Psychiatric Clinical Nurse Specialist Rate
90837	$135.96	$141.95 **104.4% of Medicare**	$122.36 **90% of Medicare**	$122.36 **90% of Medicare**	$122.36 **90% of Medicare**	$122.36 **90% of Medicare**

The behavioral health fee schedule and associated codes can be found on HSD's website at www.hsd.state.nm.us/providers/fee-for-service.aspx; a copy has been provided with this LOD.

2. Increase in the Base Rate for Federally Qualified Health Centers (FQHCs) and Establishment of a New Rate for FQHC Dental Visits

The MCOs are directed to establish a new minimum encounter rate for FQHCs based on the national Medicare Prospective Payment System (PPS) base rate, plus inflation. The FQHC sites that currently have a Medicaid encounter rate that is below the Medicare PPS base rate of $169.77 will be raised to a new minimum encounter rate of $173.84. All FQHCs with encounter rates above the new base rate are to be increased by an inflation rate of 2.4 percent. Examples are provided below:

	FY19 Encounter Rate	FY20 Adjusted Encounter Rate
FQHC Site 1	$152.51	$173.84
FQHC Site 2	$185.48	$189.93

Additionally, HSD directs the MCOs to establish a new minimum encounter rate for FQHC dental services of $200.00, based on the national average cost of a dental encounter as established by the Health Resources and Services Administration (HRSA) Uniform Data system for 2017. This change is being made to ensure that Medicaid payments are adequate to reimburse FQHCs for dental programs that have expanded significantly over the past decade. For FQHCs that have a PPS rate exceeding the new minimum base dental rate of $200.00, the 2.4 percent inflation rate was applied to the FY19 encounter rate for an increase in the dental encounter rate. Examples are provided below:

	FY19 Encounter Rate	FY20 Dental Encounter Rate
FQHC Site 1	$152.51	$200.00
FQHC Site 2	$219.20	$224.46

The FQHC can bill for dental encounters on an ADA Dental Claim Form, using procedure code D0999 for payment. If the MCO is paying FQHCs for certain codes/services based on fee schedule (rather than encounter) rates, Medicaid fee schedule rates continue to apply.

The FQHC fee schedule can be found on HSD's website at www.hsd.state.nm.us/providers/fee-for-service.aspx; a copy has been provided with this LOD.

3. Increase in Payment Rates to New Mexico Not-for-Profit Community Hospitals

The MCOs are directed to raise reimbursement rates paid under the Centennial Care program to New Mexico not-for-profit community hospitals to ensure that payments are sufficiently adequate to help cover certain business and operating expenses, to account for lower economies of scale at these not-for-profit facilities, and to aid these hospitals in reinvesting in the health of their local communities. The rate increase to these not-for-profit community hospitals is 3.8 percent and should be applied to both inpatient and outpatient services.

The rate increase for not-for-profit community hospitals is a managed care directed payment; therefore, there will not be a corresponding increase applied through Medicaid fee-for-service or based on fee-for-service payment methodologies. However, the MCOs should refer to LOD #14 for guidance on applying rate increases to hospital inpatient and outpatient services.

A list of not-for-profit community hospitals can be found on HSD's website at www.hsd.state.nm.us/providers/fee-for-service.aspx; a copy has been provided with this LOD.

4. Additional Reimbursement Mechanisms for Providers Presenting Cases through Project EHCO

The MCOs are directed to add a new reimbursement mechanism for providers participating in Project ECHO at the "spoke" end of the program model for their time spent presenting Medicaid patient cases as part of an ECHO consultation clinic. HSD has added pricing for Evaluation and Management (E&M) CPT codes 99446-99449 (interprofessional telephone/internet consultation) to capture the time spent by a provider who is not in direct contact with the patient at the time of

service for these consultations. The rates for these codes have been set at 90 percent of the 2019 Medicare fee schedule. Codes and rates for these services are described below:

CPT 99446-99449: Telephone or internet assessment and management service provided by consultative physician – minutes of medical consultative discussion and review		**Medicaid FFS Rate**
CPT 99446	5-10 minutes	$16.34
CPT 99447	11-20 minutes	$32.39
CPT 99448	21-30 minutes	$48.74
CPT 99449	31 minutes or more	$64.77

The MCOs are directed to require the addition of modifier 32 to the provider claims for these codes to indicate that the billed service was for an ECHO consultation. The modifier must be included on the MCOs' encounter data submissions. The MCOs may add additional modifiers to aid in internal tracking and reporting; however, only modifier 32 is required by HSD.

5. Rate Increase Implementation Timeframes and Reporting

The MCOs are directed to implement changes associated with these instructions, including system changes and provider contract negotiations as needed no later than 60 days from the date of issuance of this directive. HSD directs the MCOs to provide biweekly updates to HSD on the status of implementation every other Friday beginning November 22, 2019, until otherwise directed by HSD.

HSD will amend the FIN-28 reporting template to include these rate increases and to monitor MCO implementation of these directives. An amended FIN-28 reporting template will be sent to the MCOs with the changes. HSD will enforce additional monitoring through quarterly reviews of MCO encounter data to ensure that rates were increased and services were added in accordance with HSD policy and as described in this LOD.

6. Reprocessing Claims

For any claims submitted after October 1, 2019, but not paid based on these new parameters, the MCOs are directed to readjust payments retroactive to October 1, 2019. The deadline to reprocess claims is January 31, 2020.

Attachments:
BH Fee Schedule
FQHC Fee Schedule
List of Not-for-Profit Community Hospitals

PROPOSED CHANGES TO THE FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS
FOR PUBLIC COMMENT
Proposed to be effective October 1, 2019 or as otherwise stated below

Comments may be made through December 1, 2019. For any changes made based on comments, claims will be adjusted retroactively as appropriate

Notes on interpreting the fee schedule:
1. The rendering provider requirements, the units, and the max units are described on the fee schedule, and are stated as MAD and BHSD currently considers them. Note that the units are NOT intended to be absolute limits on the service provided to a recipient. However, it is anticipated that the billed units will typically be within the max units described. Therefore, claims are compared to those max units in order to detect potential billing errors.
2. This fee schedule does not include rates for Applied Behavior Analysis for autism; they are on a separate fee schedule.
3. Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements. Providers who are not licensed for independent practice are included in the column labeled "Master's Level for Independent and for Supervised Non-Independent Licensure Types" and only when working for the agencies indicated under the "USE" column.
4. FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, licensed crisis triage centers, opioid treatment programs, and crisis services community providers may also be authorized to perform some services that under "USE" are stated to be used by CSAs, CMHCs, CLNM HHs, and BHAs.
5. Key: BHA = Behavioral Health Agency; CLNM HH = Care Link New Mexico Health Home; CMHC = Community Mental Health Center; CSA = Core Service Agency.
6. This fee schedule is for services provided to Medicaid fee-for-service recipients. Managed care provider rates are determined between the provider and the MCO and may differ from the fee-for-service fee schedule. These rates also are not applicable to claims paid by the HSD Behavioral Health Services Division.
NOTE THAT THIS FEE SCHEDULE IS NOT INTENDED TO CONTAIN EVERY CODE THAT A BH PROVIDER COULD POTENTIALLY BILL. For lab codes, radiology codes, and injection codes, it is important to refer to the general provider fee schedule on the HSD website at: https://www.hsd.state.nm.us/providers/fee-schedules.aspx Scroll to the bottom of the page, click on "agree"; then click on "submit". Also, hospitals are to follow UB manual instructions, codes, and directions from HSD/MAD.

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
Residential Treatment Centers for Youth												
Report Referring or Ordering Provider in the Attending Provider Field	0190		RTC for youth Daily rate, not including discharge date Units = number of days	$243.00 - No Proposed Change							Approved RTC provider	Level of Care determination and prior authorization required. LOC = TR1
Report Referring or Ordering Provider in the Attending Provider Field	1001		ARTC - PSYCHIATRIC for youth Daily rate, not including discharge date Units = number of days	$350.00 - No Proposed Change							Juvenile ARTC for BH	Level of Care determination and prior authorization required. LOC = AR3
Report Referring or Ordering Provider in the Attending Provider Field	1002		ARTC - CHEMICAL DEPENDENCY for youth Daily rate, not including discharge date Units = number of days	$350.00 - No Proposed Change							Juvenile ARTC for BH	Level of Care determination and prior authorization required. LOC = AR4
Report Referring or Ordering Provider in the Attending Provider Field	1005		GROUP HOME for youth Daily rate, not including discharge date Units = number of days	$150.00 - No Proposed Change							Group Homes	Level of Care determination and prior authorization required. LOC = TR2
Residential Treatment Centers for Adults (Substance Use Disorders)												
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0019	Tier 3 - ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program.	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0018	Tier 2 - ASAM 3.2WM, 3.2, 3.3, 3.5 placement criteria. Clinically monitored, medium to high intensity level of care for sub-acute, detoxification and/or residential addiction program.	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0017	Tier 1 - ASAM 3.1 placement criteria. Clinically monitored, low intensity level of care long-term residential (non-medical, non acute care in a residential treatment program).	Determined for each provider based on cost data							Adult ARTC	Effective 11/1/19
IHS, TRIBAL FACILITIES AND FQHC'S												
NO	0919		IHS/Tribal BH unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized BH services	OMB Rate or as otherwise negotiated							IHS and Tribal 638 Healthcare Facilities	
NO	0919		FQHC for BH services unless separate rate established Unit = 1 encounter, more than one encounter can occur per day for different specialized BH services	FQHC encounter rate							FQHC's bill their evaluation and therapy codes on the UB format. Specialized BH services, which are those other than evaluation and therapy codes, are billed on the CMS 1500 but are paid at the FQHC encounter rate. If billing more than one special service on the same day, use the XE, XP, or XU modifiers.	

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
INSTITUTIONS FOR MENTAL DISEASE (IMDs)												
Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private room		Institute for Mental Disease (IMD) **For inpatient for SUD for patient aged 22 through 64**	% of billed charges then cost settled for FFS As negotiated for MCOs							Free standing psych hospitals, billing on the UB format using inpatient types of bill.	Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Report Referring or Ordering Provider in the Attending Provider Field	0114 for private room 0124 for semi private room		Institute for Mental Disease (IMD) **Inpatient for mental disease or SUD for patient under age 21 or over 65**	% of billed charges then cost settled for FFS As negotiated for MCOs							Free standing psych hospitals, billing on the UB format using inpatient types of bill.	Level of Care determination based on ASAM patient placement criteria and prior authorization required.
Withdrawal Management (WM) (detoxification) codes - To be added to all IP, IMD, ARTC, CTC, or OP service environments in which WM is provided. No reimbursement is made; this is for tracking purposes only.												
NO	When billing the UB/837I format, use rev code 0229	H0014	Ambulatory detoxification (ASAM levels 1 and 2)									
NO	When billing the UB/837I format, use rev code 0229	H0010	Sub-acute detoxification (ASAM levels 3.2 WM) in residential or crisis triage center									
NO	When billing the UB/837I format, use rev code 0229	H0011	Acute detoxification (ASAM level 3.7 WM) in a residential treatment center or crisis triage center									
NO	When billing the UB/837I format, use rev code 0229	H0008	Sub-acute detoxification (ASAM level 3.7 WM) in a hospital									
NO	When billing the UB/837I format, use rev code 0229	H0009	Acute detoxification (ASAM level 4 WM) in a hospital.									
CRISIS TRIAGE CENTERS (Licensed) (CTC)												
Report Referring or Ordering Provider in the Attending Provider Field	0169		Crisis Triage Center (CTC) Residential/non-residential	Based on cost analysis							For use by DOH licensed CTCs.	Bill this code for residential stays, and bill 0513 for OP only stays. If recipient comes in for outpatient, but it is decided they need to move into residential, bill the 0169 for the 24 hours for residential.
Report Referring or Ordering Provider in the Attending Provider Field	0513		Crisis Triage Center (CTC) Non-residential	Based on cost analysis							For use by DOH licensed CTCs.	Bill this code for a non-residential CTC
Bill these revenue codes on the same claim for residential and non-residential CTC services.												
NO	0905		Intensive Outpatient (IOP) - psychiatric	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0906		Intensive OP Chemical Dependency	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0914		Individual Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0915		Group Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0916		Family Therapy	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0944		Drug Rehab	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0945		Alcohol Rehab	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0961		Psychiatric	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis
NO	0984		Medical Social Svcs	No payment - bill for tracking purposes only								Payment included in base price based on cost analysis

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
PARTIAL HOSPITALIZATION												
Report Referring or Ordering Provider in the Attending Provider Field	0912	S0201	Partial Hospitalization	$647.50 per day, during which a minimum of 4 hours of services must have been provided during the day.							This is the code which a hospital uses to bill for partial hospitalization. It is inclusive of all services provided except for: 1. Lab services which may be billed additionally. 2. Professional health care providers and practitioners who come from outside the hospital to provide services may bill for rendering services during the session using the CMS 1500/837P format and the BH codes as indicated below. 3. Physician, psychiatrist, psychologist, CNP, CNS, and independently licensed BH practitioners who provide services during the session may bill using the CMS 1500/837P format and the BH codes as indicated below. 4. Occupational therapy, which may be provided from either the hospital staff or staff outside the hospital.	Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim, type of bill 131. Bill on a UB: revenue code 0912 with HCPCS code S0201. The unit will be 1 fee for the day, regardless of hours in the program. There will be no fractions of the units.
PARTIAL HOSPITALIZATION - PROFESSIONAL SERVICES WHEN PROVIDED BY THE INSTITUTION'S PROFESSIONAL COMPONENT OR PROVIDERS WHO ARE NOT ON THE HOSPITAL STAFF												
YES		97530	OCCUPATIONAL SERVICES -THERAPEUTIC	$35.09 per 15 min 6 unit max								Bill on a CMS 1500/837P format
YES		G0410	GROUP PSYCHOTHERAPY 45-50 MINUTES	$37.68								Bill on a CMS 1500/837P format
YES		G0411	INTERACTIVE GROUP PSYCHOTHERAPY	$42.21								Bill on a CMS 1500/837P format
YES		90832- 90838	INDIVIDUAL PSYCHOTHERAPY	see individual rates below								Bill on a CMS 1500/837P format
Report Referring or Ordering Provider in the Attending Provider Field	Use rev code specific to lab service	Use procedure code specific to lab service	Laboratory	Priced according to outpatient hospital rules								Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim type of bill 131
TREATMENT FOSTER CARE												
NO		S5145	TREATMENT FOSTER CARE THERAPEUTIC Level I Unit = 1 day Max Units = 31	$253.64							Prior authorization is required.	
NO		S5145	TREATMENT FOSTER CARE THERAPEUTIC Level II Unit = 1 day Max Units = 31	$188.41	U1 (level II)						Prior authorization, including specifically for the modifier, is required.	
OPIOID TREATMENT PROGRAM (OTP) BY AN OPIOID TREATMENT PROVIDER CENTER												
YES		H0001	OPIOID TREATMENT EXAM - INITIAL MEDICAL EXAM Unit = 1 Service Max units = 1	$65.42							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	
NO		H0020	METHADONE CLINIC SERVICES Unit = per day Max units = 1	$17.22							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
These new codes for counseling are allowed for Opioid Treatment Centers in addition to the existing codes for dispensing methadone and other services currently reimbursed to Opioid Treatment Centers. These codes will allow federally required counseling services to be reimbursed separately and additionally to other Opioid Treatment Center services.												
YES		H0025	Opioid Treatment Program - BH prevention/education service with target population to affect knowledge, attitude, and/or behavior **Individual session** Unit = 1	$51.86 per 30 min unit							OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	1 hour of counseling per month is mandated to be rendered by an OTP when the patient is a participant at that center; can be either individual or group
YES		H0025	Group for OTP BH prevention/education service with target population to affect knowledge, attitude, and/or behavior **Group session** Unit = 1	$41.44 per 30 min unit	HQ						OPIOID TREATMENT PROGRAM PROVIDERS (formerly Methadone Treatment Center)	1 hour of counseling per month is mandated to be rendered by an OTP when the patient is a participant at that center; can be either individual or group
OTHER SPECIALIZED OUTPATIENT SERVICES												
NO		H0015	INTENSIVE OUTPATIENT (IOP) Unit = 1 hour Max units = 4	$64.43							Approved IOP providers	The rate is the same for a recipient in a group or for individual IOP.
NO		H0039	ASSERTIVE COMMUNITY TREATMENT (ACT) FACE-TO-FACE Unit = 15 min Max units = 40	$64.86	required: U1-face to face U2-collateral encounter U3-assertive outreach U4-group						Approved ACT providers	
NO		H2012	BEHAVIORAL HEALTH DAY TREATMENT Unit = 1 hour Max units = 8	$22.67								Day Treatment certification by CYFD
NO		H2014	BEHAVIOR MANAGEMENT Skills (BMS) Training Unit = 15 min Max units = 24	$11.34								Certification by CYFD
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	$19.66	HM (less than a bachelors or a peer specialist)						Agency with supervisory certificate, and CLNM HH, all must complete CCSS training	
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	$23.58	HM (less than a bachelors or peer specialist) and CG (policy criteria - in community)						Agency with supervisory certificate, and CLNM HH, all must complete CCSS training	
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	$23.68	HN (bachelors)						Agency with supervisory certificate, and CLNM HH, all must complete CCSS training	
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	$28.42	HN (bachelors) and CG (policy criteria - in community)						Agency with supervisory certificate, and CLNM HH, all must complete CCSS training	
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	$27.02	HO (masters)						Agency with supervisory certificate, and CLNM HH, all must complete CCSS training	
YES		H2015	COMP COMM SUPP SVC Unit = 15 min Max Units = 16 modifier required	$32.42	HO (masters) and CG (policy criteria - in community)						Agency with supervisory certificate, and CLNM HH, all must complete CCSS training	
NO		H2017	PSYCHO SOC REHAB SVC - Integrated Classroom Unit = 15 min Max Units = 32	$7.43	With or without HQ (group setting)						PSR for adult recipient meeting SMI criteria	
NO		H2033	MULTISYSTEMIC THERAPY (MST) Unit = 15 min Max Units = 32 modifier required	$48.56	HO (masters)						MST licensed	
NO		H2033	MULTISYSTEMIC THERAPY (MST) Unit = 15 min Max Units = 32 modifier required	$45.32	HN (bachelors)						MST licensed	

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
EVALUATION AND THERAPY												
SBIRT (SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT)												
YES		H0049	SBIRT: Alcohol and/or Drug Screening utilizing State developed tool Unit = 1	$34.96 per service								
YES		H0050	SBIRT: Brief Intervention Unit = 1	$69.93 per 15 minute unit								
YES		G0444	OTHER BEHAVIORAL HEALTH SCREENING	$16.36 No Proposed Change								
YES		G0443	OTHER BRIEF INTERVENTION	$23.58 Unit = 15 min								
Diagnosis codes to be used with screening, brief intervention, and group therapy only.												
		Z13.89	Screening for alcohol & other drugs								Provisional dx codes for screening and brief intervention	
		Z13.9	Screening for unspecified (includes mental disorder, depression)								Provisional dx codes for screening and brief intervention	
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance								Provisional dx codes for screening and brief intervention	
		Z71.5	Brief intervention - drug abuse counseling and surveillance								Provisional dx codes for screening and brief intervention	
		Z71.9	Brief intervention – counseling, non-specified								Provisional dx codes for screening and brief intervention	
		Z71.4	Brief intervention – alcohol abuse counseling and surveillance								Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849	
		Z71.5	Brief intervention - drug abuse counseling and surveillance								Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849	
		Z71.9	Brief intervention – counseling, non-specified								Provisional diagnosis for clients AFTER screening & brief intervention needing ONLY group therapy. To be used after SBIRT or other screening services and Treat First with group therapy codes 90853 and 90849	
INTERDISCIPLINARY TEAMING												
YES		G0175	Scheduled interdisciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present Only lead agency may bill Recipient must be SMI, SED, or SUD	$259.00 - bill 1 unit for a session of 30 to 89 minutes Only 1 lead can bill for same patient for the same time period	U1							

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
YES		G0175	Scheduled interdisciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present Only lead agency may bill Recipient must be SMI, SED, or SUD	$518.00 - bill 2 units for a session of 90 minutes or more Only 1 lead can bill for same patient for the same time	U1							
YES		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD **And the participating agency has only one individual attending**	$90.65 - bill 1 unit for a session of 30 to 89 minutes 2 different non- lead agencies can bill for the same patient for the same session as the lead agency	U2							
YES		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD **And the participating agency has only one individual attending**	$181.30 - bill 2 units for a session of 90 minutes or more 2 different non- lead agencies can bill for the same patient for the same session as the lead agency	U2							
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD **But the participating agency has two or more individuals attending**	$181.30 - bill 1 unit for a 30 to 89 minute session 2 different non- lead agencies can bill for the same patient for the same session as the lead agency	U3							
YES (any 1 of the 2 or more individuals may be reported)		G0175	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD **But the participating agency has two or more individuals attending**	$362.60 - bill 2 units for a session of 90 minutes or more 2 different non- lead agencies	U3							
YES		S0220	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) **lead agency - any BH diagnosis**	$168.35 - bill 1 unit for a session of 30 to 59 minutes Only 1 lead can bill for same patient for the same time period	U1							
YES		S0220	Participating practitioner attending interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes) **Participating agency (non-lead) - any BH diagnosis**	$90.65 - bill 1 unit for a 30 to 59 minute session Only 1 participating (non-lead) agency can bill for same patient for the same time period for the same session as the lead agency	U2							
YES		S0221	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 60 minutes) **lead agency - any BH diagnosis**	$303.03 - bill 1 unit for a session of 60 minutes or more Only 1 lead can bill for same patient for the same time period	U1							
YES		G0176	ACTIVITY THERAPY SUCH AS MUSIC, DANCE, ART OR PLAY (NOT FOR RECREATION) 45 min or more Unit = 1 service Max Units = 1			$136.89	$110.42	$110.42	$98.82	$98.82		

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
OTHER BEHAVIORAL HEALTH EVALUATION AND THERAPY CODES												
YES		G0176	ACTIVITY THERAPY-GROUP Unit = 1 hour	$36.82	HQ							
rendering and referring		G0406	INPATIENT CONSULTATION TELEHEALTH 15 min Unit = 1 Max unit = 1 per event	No Proposed Change		$48.43	$45.99	$45.99	$31.53	$31.53		
rendering and referring		G0407	INPATIENT CONSULTATION TELEHEALTH 25 min Unit = 1 Max unit = 1 per event	No Proposed Change		$88.85	$80.51	$80.51	$56.99	$56.99		
rendering and referring		G0408	INPATIENT CONSULTATION TELEHEALTH 35 min Unit = 1 Max unit = 1 per event	No Proposed Change		$118.48	$75.42	$75.42	$75.42	$75.42		
NO		G0493	SKILLED SERVICES OF AN RN FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION Unit = 15 min Max units = 40	$21.18								This code may also be used by the originating site of telehealth when Suboxone induction is being provided through telehealth.
YES		G0515	COGNITIVE ENHANCEMENT THERAPY Unit = 15 min	$28.41								EBP & training required by the provider.
YES		H0031	COMPREHENSIVE MH HEALTH ASSESSMENT AND DEVELOPMENT OF TREATMENT PLAN FOR RECIPIENT WHO IS NOT SMI OR SED Unit = 1 service Max units = 1	$168.35								For use for a recipient who is not SMI, SED or SUD.
YES		H0033	ORAL MEDICATION ADMINISTRATION AND DIRECT OBSERVATION FOR SUBOXONE Unit = 1 service Max units = 1	$388.50							For induction only.	This may be done under telehealth also. If an RN is at the originating site, use code G0493.
YES		H0038	INDIVIDUAL PEER SUPPORT Unit = 15 min	$15.54							Behavioral Health Worker, Peer Support Worker Certified, Family Support Worker Certified, Correctional Peer Specialist	There is no price change, but the use is being expanded to include pay for Community Based Crisis Services in a Behavioral Health Agency
YES		H0038	PEER SUPPORT IN A GROUP SETTING Unit = 15 min	$9.32	HQ						Behavioral Health Worker, Peer Support Worker Certified, Family Support Worker Certified, Correctional Peer Specialist	
YES		H2000	COMPREHENSIVE MULTIDISCIPLINARY TEAM EVALUATION - assessment and development of treatment plan for SMI or SED recipient Unit = 1 service per recipient Max units = 1 Each practitioner cannot bill for the same session	$523.10								Code replaces H0031 U8. For providers who may be updating an assessment, please see code T1007.
NO		H2010	COMPREHENSIVE MED SVC Unit = 15 min Max units = 4 includes medication assessment, administration, monitoring and recipient education	$38.85								

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
NO		H2011	CRISIS INTERVENTION SVC - telephone Unit =-15 min	$21.93	U1 (telephone)							
NO		H2011	CRISIS INTERVENTION SVC - in a clinic setting face to face Unit = 15 min Max Units = 40	$32.69	U2 (face to face)							
NO		H2011	CRISIS INTERVENTION SVC - 2 individuals mobile Unit = 15 min Max Units = 40 The rate assumes 2 practitioners are responding, but the provider still just bills 1 unit for each 15 minutes. The provider does not double the units to account for the two practitioners.	$65.39	U3 (mobile)							
NO		H2011	CRISIS INTERVENTION SVC - stabilization Unit = 15 min Max Units = 40	$32.69	U4 (stabilization)							
NO		Q3014	Telehealth Facility Fee Unit = 1 event	$24.83 - No Proposed Change							Originating site providers	
NO		T1001	NURSING ASSESSMENT EVALUATION for Behavioral Health Assessment which may be prolonged in crisis situations. Unit = 1 per event However, if the service is prolonged (more than 30 minutes) 1 Unit may be billed for every 30 minutes of time, with a maximum number of 16 units.	$56.46								
NO		T1007	TREATMENT OR SERVICE PLAN UPDATE DEVELOPMENT Unit = 1 service Max Units = 1	$143.47							Use only when updating the service plan that was originally developed with a comprehensive assessment, (H2000).	
Ordering or Referring provider		36415	BLOOD DRAW - ROUTINE VENIPUNCTURE	$2.82 - No Proposed Change								Replaces code 36591.
Some of the codes below allow use of the modifiers UH and TV. UH - after hours. TV (holidays and weekends) - the weekend modifier may be billed for services rendered on a weekend, regardless of the provider's business hours. Holidays are considered to be official State holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day on the actual day on which the holiday falls. Services provided on those days may be billed with the TV modifier when indicated below.												
YES		90785	ADD ON CODE, in addition to primary procedure per session see CPT description Unit = 1 service Max Units = 1			$4.53	$4.53	$4.53	$4.53	$4.53		
YES		90785	ADD ON CODE see CPT description Unit = 1 service Max Units = 1		TV or UH	$5.43	$5.43	$5.43	$5.43	$5.43	psychiatrist, psychologist, CNP with psych specialty, psychiatric CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, FQHC, IHS/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
YES		90791	EVALUATION see CPT description Unit = 1 service Max Units = 1			$125.05	$125.05	$125.05	$125.05	$125.05	psychiatrist, psychologist, CNP with psych specialty, psychiatric CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, FQHC, IHS/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	
YES		90791	EVALUATION see CPT description Unit = 1 service Max Units = 1		TV or UH	$150.07	$150.07	$150.07	$150.07	$150.07	psychiatrist, psychologist, CNP with psych specialty, psychiatric CNS, independent licensed master's level, and non-independents working in a CSA, CMHC, CLNM HH, FQHC, IHS/638, hospital OP, or in a BHA or OTP with a supervisory protocol certificate	
YES		90792	THERAPY see CPT description Unit = 1 service Max Units = 1			$154.38		$140.56		$140.56		
YES		90792	THERAPY see CPT description Unit = 1 service Max Units = 1		TV or UH	$185.26		$168.67		$168.67		
YES		90832	THERAPY see CPT description Unit = 30 min Max Units = 2 One session is billed as 1 unit			$66.84	$61.12	$61.12	$61.12	$61.12		
YES		90832	THERAPY see CPT description Unit = 30 min Max Units = 2		TV or UH	$80.21	$73.34	$73.34	$73.34	$73.34		
YES		90833	PSYCHOTHERAPY WITH MED EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2			$63.43		$63.43		$63.43		
YES		90833	PSYCHOTHERAPY WITH MED EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 30 min Max Units = 2		TV or UH	$76.11		$76.11		$76.11		
YES		90834	THERAPY see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit			$105.71	$85.27	$85.27	$81.44	$81.44		
YES		90834	THERAPY see CPT description Unit = 45 min Max Units = 2 One session is billed as 1 unit		TV or UH	$126.85	$102.32	$102.32	$97.72	$97.72		
YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2			$80.10		$80.10		$80.10		

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
YES		90836	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 45 min Max Units = 2		TV or UH	$96.12		$96.12		$96.12		
YES		90837	THERAPY see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit			$141.95	$122.36	$122.36	$122.36	$122.36		
YES		90837	THERAPY see CPT description Unit = 60 min Max Units = 1 One session is billed as 1 unit		TV or UH	$170.34	$146.83	$146.83	$146.83	$146.83		
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1			$105.85		$105.85		$105.85		
YES		90838	PSYCHOTHERAPY WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES see CPT description Unit = 60 min Max Units = 1		TV or UH	$127.02		$127.02		$127.02		
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1			$127.47	$127.47	$127.47	$127.47	$127.47		
YES		90839	PSYCHOTHERAPY CRISIS see CPT description Unit = 1 for first 60 min Max Units = 1		TV or UH	$152.96	$152.96	$152.96	$152.96	$152.96		
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1			$61.12	$61.12	$61.12	$61.12	$61.12		
YES		90840	PSYCHOTHERAPY CRISIS for additional 30 minutes see CPT description Unit = 1 service Max Units = 1		TV or UH	$73.34	$73.34	$73.34	$73.34	$73.34		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description			$98.51	$98.51	$98.51	$98.51	$98.51		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description		TV or UH	$118.21	$118.21	$118.21	$118.21	$118.21		
YES		90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT see CPT description		HK - functional family therapy conducted in the home	$98.51	$98.51	$98.51	$98.51	$98.51		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description			$118.25	$102.35	$102.35	$102.35	$102.35		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description		TV or UH	$141.90	$122.82	$122.82	$122.82	$122.82		
YES		90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT see CPT description		HK - functional family therapy conducted in the home	$118.25	$102.35	$102.35	$102.35	$102.35		
YES		90849	GROUP THERAPY see CPT description			$36.67	$36.67	$36.67	$36.67	$36.67		
YES		90849	GROUP THERAPY see CPT description		TV or UH	$44.01	$44.01	$44.01	$44.01	$44.01		
YES		90853	GROUP THERAPY see CPT description	No Proposed Change		$33.78	$28.15	$28.15	$28.15	$28.15		

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Psychiatric Certified Nurse Practitioners and Psychiatric Clinical Nurse Specialists	USE	COMMENT
YES		90853	GROUP THERAPY see CPT description	No Proposed Change	TV or UH	$40.53	$33.78	$33.78	$33.78	$33.78		
YES		90863	PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure.			$38.85		$38.85		$38.85		
YES		90863	PHARMACOLOGICAL MANAGEMENT see CPT description This code is an "add on" code to be billed in addition to the primary procedure.		TV or UH	$46.62		$46.62		$46.62		
YES		90885	see CPT description	$66.59								
YES		90889	see CPT description			$55.42	$55.45	$55.45	$46.07	$46.07		
YES		96110	see CPT description			$15.60	$15.60	$15.60				
PSYCHOLOGICAL TESTING												
YES		96116	NEUOROBEHAVIORAL STATS EXAM see CPT description			$78.37	$78.37	$78.37			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.	
YES		96121	NEUOROBEHAVIORAL STATS EXAM see CPT description	No Proposed Change		$77.84	$77.84	$77.84			Each additional hour after 96116	
YES		96130	PSYCHOLOGICAL TESTING first hour see CPT description	No Proposed Change		$110.92	$110.92	$110.92			Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Replaces 96101, 96102
YES		96131	PSYCHOLOGICAL TESTING see CPT description			$84.33	$84.33	$84.33			Each additional hour after 96130	

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT
YES		96132	NEUROPSYCHOLOGICAL TESTING see CPT description	No Proposed Change		$123.60	$123.60	$123.60			Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
YES		96133	NEUROPSYCHOLOGICAL TESTING see CPT description	No Proposed Change		$94.32	$94.32	$94.32			Each additional hour after 96132	
YES		96136	TEST ADMINISTRATION AND SCORING l see CPT description	No Proposed Change		$43.30	$43.30	$43.30			Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	
YES		96137	TEST ADMINISTRATION AND SCORING l see CPT description	No Proposed Change		$39.83	$39.83	$39.83			Each additional 30 minutes after 96136	
YES		96138	TEST ADMINISTRATION AND SCORING l see CPT description			$33.80	$33.80	$33.80			Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	
YES		96139	TEST ADMINISTRATION AND SCORING l see CPT description			$33.80	$33.80	$33.80			Each additional 30 minutes after 96137	
YES		96146	PSYCHOLOGICAL AND NEUROPSYCHOLOGIAL TESTING BY COMPUTER see CPT description			$1.98	$1.98	$1.98			Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated results only. Replaced both 96103 and 96120	
YES		96150	see CPT description			$20.91	$20.91	$20.91				
YES		96151	see CPT description			$20.66	$20.66	$20.66				
YES		96160	see CPT description	4.29 No Proposed Change								
YES		99201	see CPT description	No Proposed Change		$31.30		$31.30		$31.30		
YES		99202	see CPT description	No Proposed Change		$62.55		$62.55		$62.55		
YES		99203	see CPT description	No Proposed Change		$93.52		$93.52		$93.52		
YES		99204	see CPT description	No Proposed Change		$132.70		$132.70		$132.70		
YES		99205	see CPT description	No Proposed Change		$169.19		$169.19		$169.19		
YES		99211	see CPT description	No Proposed Change		$20.25		$20.25		$20.25		
YES		99212	see CPT description	No Proposed Change		$36.89		$36.89		$36.89		
YES		99213	see CPT description	No Proposed Change		$53.19		$53.19		$53.19		
YES		99214	see CPT description	No Proposed Change		$79.45		$79.45		$79.45		
YES		99215	see CPT description	No Proposed Change		$116.27		$116.27		$116.27		
YES		99217	see CPT description	No Proposed Change		$69.63		$69.63		$69.63		

RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MODIFIERS IF APPLICABLE	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT
YES		99218	see CPT description	No Proposed Change		$66.54		$66.54		$66.54		
YES		99219	see CPT description	No Proposed Change		$110.72		$110.72		$110.72		
YES		99220	see CPT description	No Proposed Change		$155.51		$155.51		$155.51		
YES		99221	see CPT description	No Proposed Change		$61.11		$61.11		$61.11		
YES		99222	see CPT description	No Proposed Change		$100.88		$100.88		$100.88		
YES		99223	see CPT description	No Proposed Change		$140.65		$140.65		$140.65		
YES		99231	see CPT description	No Proposed Change		$31.04		$31.04		$31.04		
YES		99232	see CPT description	No Proposed Change		$50.44		$50.44		$50.44		
YES		99233	see CPT description	No Proposed Change		$70.81		$70.81		$70.81		
YES		99234	see CPT description	No Proposed Change		$121.25		$121.25		$121.25		
YES		99235	see CPT description	No Proposed Change		$160.05		$160.05		$160.05		
YES		99236	see CPT description	No Proposed Change		$199.32		$199.32		$199.32		
YES		99238	see CPT description	No Proposed Change		$63.05		$63.05		$63.05		
YES		99239	see CPT description	No Proposed Change		$86.33		$86.33		$86.33		
YES		99241	see CPT description	No Proposed Change		$45.99	$31.53	$31.53	$31.53	$31.53		
REFERRING is required		99242	see CPT description	No Proposed Change		$80.51	$56.99	$56.99	$56.99	$56.99		
REFERRING is required		99243	see CPT description	No Proposed Change		$107.19	$75.42	$75.42	$75.42	$75.42		
REFERRING is required		99244	see CPT description	No Proposed Change		$152.99	$106.70	$106.70	$106.70	$106.70		
REFERRING is required		99245	see CPT description	No Proposed Change		$196.91	$156.17	$156.17	$140.26	$140.26		
REFERRING is required		99251	see CPT description	No Proposed Change		$33.68	$23.98	$23.95	$23.98	$23.98		
YES		99252	see CPT description	No Proposed Change		$65.45	$55.75	$55.75	$55.75	$55.75		
YES		99253	see CPT description	No Proposed Change		$82.75	$78.21	$78.21	$78.21	$78.21		
YES		99254	see CPT description	No Proposed Change		$127.07	$113.66	$113.66	$113.66	$113.66		
YES		99255	see CPT description	No Proposed Change		$174.60	$145.50	$145.50	$145.50	$145.50		
YES		99304	see CPT description	No Proposed Change		70.99		$70.99		$70.99		
YES		99305	see CPT description	No Proposed Change		$94.34		$94.34		$94.34		
YES		99306	see CPT description	No Proposed Change		$116.51		$116.51		$116.51		
YES		99307	see CPT description	No Proposed Change		$36.62		$36.62		$36.62		
YES		99308	see CPT description	No Proposed Change		$60.66		$60.66		$60.66		
YES		99309	see CPT description	No Proposed Change		$82.12		$82.12		$82.12		
YES		99310	see CPT description	No Proposed Change		$107.10		$107.10		$107.10		
YES		99354	see CPT description	No Proposed Change		$93.55	$93.55	$93.55	$93.55	$93.55		
YES		99355	see CPT description	No Proposed Change		$45.31	$45.31	$45.31	$45.31	$45.31		
YES		99356	see CPT description	No Proposed Change		$86.06		$86.06		$86.06		
YES		99357	see CPT description	No Proposed Change		$86.74		$86.74		$86.74		
YES		99406	see CPT description	No Proposed Change		$12.66	$12.66	$12.66	$12.66	$12.66		
YES		99407	see CPT description	No Proposed Change		$24.80	$24.80	$24.80	$24.80	$24.80		

BH SERVICES FOR MCO MEMBERS ONLY												
		H2030	Recovery Services									
		S5110	Family Support Services									
		T1005	Respite Services									

FQHC SPECIFIC INSTRUCTIONS FOR CERTAIN SERVICES

Instructions from Medical Assistance Program Manual Supplement 16-13: Billing and Payment to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Hospital Based Rural Health Clinics (HB-RHC) and Indian Health Service (IHS) FQHCs (January 6, 2017).
See the document at: http://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Program%20Rules%20and%20Billing/Supplements%20for%20MAD%20NMAC%20Program%20Rules/16-13.pdf

Most "Specialized BH Services" are services that are typically provided through a Specialized Behavioral Health entity; that is, a Behavioral Health Agency, a Community Mental Health Center, or a Core Service Agency. These services include:

• Applied Behavioral Analysis (ABA) for treating autism spectrum disorders.

The FQHC must be specifically approved as a Stage 1, 2, or 3 ABA provider. The individuals rendering the service must also be enrolled specifically as an ABA autism evaluation practitioner, a behavior analyst, or a behavior technician.

• Assertive Community Treatment (ACT)

The FQHC must have a letter from HSD/BHSD or HSD/MAD approving them for ACT.

• Behavior Management Skills Development (BMS)

The FQHC must be certified by CYFD to provide BMS services.

• Comprehensive Community Support Services (CCSS)

• Day Treatment (DT)

The FQHC must be certified by CYFD for Day Treatment.

• Intensive Outpatient Program (IOP)

The FQHC must have applied and have been approved as an IOP provider.

• Multi-Systemic Therapy (MST)

The FQHC must be licensed by MST Inc. and follow specific fidelity models, and have the documentation approved by MAD provider enrollment.

• Psychosocial Rehabilitation Services (PSR)

The FQHC must either be licensed as a Community Mental Health Center or designated by HSD/BHSD as also being a Core Service Agency (CSA) and the recipient must be part of the PSR target population.

When the requirements for providing these services are met, including necessary licensing when required as a CMHC or a designation as a CSA, an FQHC can be authorized to provide these services under its FQHC provider type. Many FQHCs began providing some of these services as other non-FQHC providers discontinued their operations in New Mexico.

These specialized behavior health services are different than the typical behavioral health evaluations, therapies, and group therapies rendered by an individual provider or professional group. (Note that for "non-specialized services" such as the typical evaluation and therapy, which is not one of the specialized behavioral health services listed above, FQHCs bill using the UB format as an FQHC encounter, using revenue code 0919 and are paid at the FQHC encounter rate.)

The specialized behavioral health services are best identified using the CMS 1500 format and corresponding 837-P electronic transactions. Therefore, the FQHC must bill for the specialized BH services to MCOs using the CMS 1500 format and only when they are approved to provide specific specialized behavioral health services. Using the CMS 1500 format permits the MCO to determine the utilization of services and manage the qualifications of the provider.

The FQHC is entitled to, at a minimum, the fee-for-service FQHC encounter rate. However, the MCO and the FQHC may negotiate a different rate for each Specialized BH Service. For example, the FQHC rate for IOP does not need to be the same as for Day Treatment.

Not applicable to Rural Health Clinics (RHCs) and Hospital Based Rural Health Clinics (HB-RHC). When a RHC or HB-RHC qualifies to render any of the Specialized Behavior Health Services, they obtain a separate Medicaid provider for their Specialized Behavioral Health Services and enroll separately as a BHA, CMHC, or CSA, as appropriate. These Specialized Behavioral Health Services are not part of the core services for these types of providers and are, therefore, not paid at their encounter rates. Rather, the negotiated MCO fee schedule or Medicaid FFS schedule rates apply.

It is important that the MCO edit the claims to ensure that no more than one encounter rate is paid per day unless the recipient goes to the FQHC more than once in a day with a different diagnosis, or had two distinct types of visits such as:

• A physical health visit and a dental visit on the same day.

• A physical health visit and a separate behavioral health service provided by a different provider on the same day.

• More than one distinct Specialized Behavioral Health service which does not otherwise overlap or is prohibited from being billed in conjunction with another Specialized BH Service per the NMAC for Specialized Behavioral Health Services.

New Mexico FQHC Medicaid Encounter Rates
Effective October 1, 2019

FQHC Site	FY19 Encounter Rate	FY20 New Base Encounter Rate	FY20 Base Encounter Rate + Inflation (FY20 Medicaid Rate)	FY20 Dental Encounter Rate
New Mexico Providers				
Albuquerque Health Care for the Homeless	$152.51	$169.77	**$173.84**	**$200.00**
Ben Archer Health Center	$195.72	$195.72	**$200.42**	**$200.42**
De Baca Family Practice	$157.56	$169.77	**$173.84**	**$200.00**
El Centro Family Health	$166.04	$169.77	**$173.84**	**$200.00**
El Pueblo Health Services	$112.38	$169.77	**$173.84**	**$200.00**
First Choice Community Health	$152.51	$169.77	**$173.84**	**$200.00**
First Nations Community Health Source	$160.74	$169.77	**$173.84**	**$200.00**
Hidalgo Medical Services	$219.20	$219.20	**$224.46**	**$224.46**
La Casa de Buena Salud	$150.10	$169.77	**$173.84**	**$200.00**
La Clinica de Familia	$166.06	$169.77	**$173.84**	**$200.00**
La Clinica del Pueblo de Rio Arriba	$147.48	$169.77	**$173.84**	**$200.00**
La Familia Medical Center	$145.55	$169.77	**$173.84**	**$200.00**
Las Clinicas del Norte	$185.48	$185.48	**$189.93**	**$200.00**
Mora Valley Community Health Services	$129.98	$169.77	**$173.84**	**$200.00**
Pecos Valley Medical Center	$180.38	$180.38	**$184.71**	**$200.00**
Presbyterian Medical Services	$166.64	$169.77	**$173.84**	**$200.00**
Pueblo of Jemez (IHS Facility)	$373.15	$373.15	**$382.11**	**$382.11**
Southwest Care Center	$166.64	$169.77	**$173.84**	**$200.00**

St. Luke's Healthcare Clinic	$166.64	$169.77	**$173.84**	**$200.00**
Out-of-State/Border Providers				
Axis Health System	$166.64	$169.77	**$173.84**	**$200.00**
Health Center at Fountain	$166.64	$169.77	**$173.84**	**$200.00**
Health Center at Myron Station	$166.64	$169.77	**$173.84**	**$200.00**
Howard County Community Health Center	$166.64	$169.77	**$173.84**	**$200.00**
Salud Family Health Centers	$196.41	$196.41	**$201.12**	**$201.12**
Urban Inter-Tribal Center of Texas	$160.13	$169.77	**$173.84**	**$200.00**

Hospital Name	Not-For-Profit	NMHA Member Hospitals by Ownership Status
ST. VINCENT HOSPITAL	2 - Voluntary Nonprofit, Other	Not-For-Profit
GERALD CHAMPION REGIONAL MEDICAL CTR	2 - Voluntary Nonprofit, Other	Not-For-Profit
SAN JUAN REGIONAL MEDICAL CENTER	2 - Voluntary Nonprofit, Other	Not-For-Profit
ESPANOLA HOSPITAL	2 - Voluntary Nonprofit, Other	Not-For-Profit
HOLY CROSS HOSPITAL	2 - Voluntary Nonprofit, Other	Not-For-Profit
PRESBYTERIAN HOSPITAL	2 - Voluntary Nonprofit, Other	Not-For-Profit
PLAINS REGIONAL MEDICAL CTR - CLOVIS	2 - Voluntary Nonprofit, Other	Not-For-Profit
REHOBOTH MCKINLEY CHRISTIAN HOSPITAL	2 - Voluntary Nonprofit, Other	Not-For-Profit
SOCORRO GENERAL HOSPITAL	2 - Voluntary Nonprofit, Other	Not-For-Profit
DR. DAN C. TRIGG	2 - Voluntary Nonprofit, Other	Not-For-Profit
LINCOLN COUNTY MEDICAL CENTER	2 - Voluntary Nonprofit, Other	Not-For-Profit
SAN JUAN REGIONAL REHAB HOSPITAL	2 - Voluntary Nonprofit, Other	
ARTESIA GENERAL HOSPITAL	2 - Voluntary Nonprofit, Other	Governmental
PRESBYTERIAN SANTA FE MEDICAL CENTER	2 - Voluntary Nonprofit, Other	