

## State Managed Care Network Behavioral Health Covered Codes

Note: X denotes a covered benefit & Authorization Required

CPT	Brief Description	State Managed Care Network	Pre-Authorization Required	Non-Facility Rates (RAN FS)	Utilization Management Rules
00104	Anesthesia for electroconvulsive therapy	X		18.30	
90801	Psychiatric Diagnostic Interview Exam, per encounter	X	X	137.21	1 per day utilization
90802	Psychiatric Diagnostic Interview Exam. Interactive, per encounter	X	X	147.15	1 per day utilization
90804	Individual Therapy 20-30 Mins	X	X	59.57	1 per day utilization
90805	Individual Therapeutic. 20-30 Mins. W/ Med Eval & Mgmt, MD and RxN only	X	X	67.28	1 per day utilization
90806	Individual Therapy, 45-50 Mins	X	X	82.51	1 per day utilization
90807	Individual Therapeutic. 45-50 Mins. W/ Med Eval & Mgmt, MD and RxN only	X	X	94.29	1 per day utilization
90810	Individual Therapy, Interactive. 20-30 Min	X	X	63.20	1 per day utilization
90811	Individual Therapeutic. Inter. 20-30 Mins. W/ Med Eval & Mgmt, MD and RxN only	X	X	74.99	1 per day utilization
90812	Individual Therapy, Interactive. 45-50 Mins	X	X	89.99	1 per day utilization
90813	Individual Therapeutic. Inter. 45-50 Mins. W/ Med Eval & Mgmt, MD and RxN only	X	X	101.78	1 per day utilization
90816	Individual therapy 20-30 min face/face w/pt.	X	X	54.48	
90818	Individual Psychotherapy, Hospital, 45-50 min; wE&M	X	X	81.15	
90846	Family Psychotherapy without patient, per encounter	X		77.28	2 per day utilization limit
90847	Family Psychotherapy with patient, per encounter	X		96.30	2 per day utilization limit
90849	Multiple Family Group Psychotherapy, per encounter	X		29.28	2 per day utilization limit
90853	Group Psychotherapy, per encounter	X		28.31	2 per day utilization limit
90857	Interactive Group Psychotherapy, per encounter	X		31.55	2 per day utilization limit
90862	Medication Management, per encounter	X		50.23	1 per day utilization limit
90870	Electroconvulsive Therapy	X		123.42	
90882	Environmental Manipulation, per encounter	X		76.05	
90887	Consultation with Family, per encounter	X		75.27	
96101	Psychological Testing by Psychiatrist/Psychologist, per hour	X		74.05	
96102	Psychological testing by technician	X		47.05	
96110	Developmental Test, Lim	X		6.35	
96111	Developmental Test, Extend	X		115.70	
96116	Neurobehavioral Status Exam	X		81.59	
96118	Neuropsychological Testing by Psychiatrist/Psychologist, per hour	X		89.90	
96119	Neuropsychological testing by technician	X		60.44	
96150	Assess Health/Behavioral, Initial	X		20.00	
96151	Assess Health/Behavioral, Subsequent	X		19.35	
96152	Intervene Hlth/Behave, Indiv	X		18.38	
96153	Intervene Hlth/Behave, Group	X		4.43	
96154	Intervene Hlth/behave, Family with patient	X		18.05	
96155	Intervene Hlth/behave, Family with no patient	X		19.66	
96372	Ther/proph/diag inj, sc/im	X		18.99	
97535	Self Care Management Training	X		27.43	
97537	Community/Work Reintegration	X		24.53	
99058	Office Emergency Care	X		21.75	
99071	Patient Education Materials	X		35% b/c	
99075	Medical Testimony	X		35% b/c	
99078	Group Health Education	X		35% b/c	

99091	Collect/Review Data from Patient	X		48.72	
99203	Office/Outpatient Visit, New	X		86.68	
99205	Office/Outpatient Visit, New	X		168.87	
99211	Office/Outpatient Visit, Est	X		17.05	
99213	Office/Outpatient Visit, Est	X		58.09	
99221	Initial Hospital Care Low Complexity	X		84.13	
99222	Initial Hospital Care Moderate Complexity	X		114.27	
99223	Initial Hospital Care High Complexity	X		168.52	
99231	Subsequent Hospital Care Low Complexity	X		33.60	
99232	Subsequent Hospital Care Moderate Complexity	X		60.94	
99233	Subsequent Hospital Care High Complexity	X		87.52	
99238	Hospital Discharge Day Management/30 minutes	X		60.07	
99242	Office Consultation	X		80.43	
99244	Office consult,requiring 3 elements: comprehensive history, comprehensive exam, medical decision making of moderate complexity. Physician typically spends 60 minutes w/patient &/or family	X		163.18	
99251	Initial Inpatient Consultation/20 minutes	X		43.38	
99252	Initial Inpatient Consultation/40 minutes	X		66.66	
99253	Initial Inpatient Consultation/55 minutes	X		102.05	
99254	Initial Inpatient Consultation/80 minutes	X		147.69	
99366	Medical team conf w/interdisciplinary team, w/pt &/or family, 30 minutes or more, participation by non physician qualified health care professional	X		36.76	
99367	Medical team conf w/interdisciplinary team-patient &/or family not present, 30 minutes or more,participation by physician	X		48.72	
99368	Medical team conf.-patient &/or family not present, 30 minutes or more,participation by non physician qualified health professional	X		31.95	
99441	Telephone E&M provided by a physician to established pt, parent or guardian, not related to E&M w/in prior 7 days or leading to E&M w/in next 24 hrs. 5-10 minutes of medical discussion	X		12.08	
99442	Telephone E&M provided by a physician to established pt, parent or guardian, not related to E&M w/in prior 7 days or leading to E&M w/in next 24 hrs. 11-20 minutes of medical discussion	X		23.40	
99443	Telephone E&M provided by a physician to established pt, parent or guardian, not related to E&M w/in prior 7 days or leading to E&M w/in next 24 hrs. 21-30 minutes of medical discussion	X		34.20	
99499	Unlisted evaluation and management service	X		35% b/c	
99509	Home visit for assistance w/ADL & personal care	X	X	35% b/c	
99510	Home Visit, Sing/M/Fam Couns	X	X	69.92	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	X		19.00	1 per day utilization limit
H0004	Behavioral health counseling/therapy 15 min	X		15.00	4 per day utilization limit
H0018	Behavioral Health, Short-term Residential per diem				
H0019	Behavioral Health, long term residential (where stay typically longer than 30 days), per diem	X		150.00	
H0031	Mental Health Assessment, by nonphysician	X		75.00	
H0032	Mental health service plan development, by non physician	X		71.35	1 per day utilization limit
H0034	Medication training and support, per 15 minutes	X		21.03	
H0035	Mental Health partial Hospitalization <24 hour	X		200.00	
H0036	Community psychiatric supportive treatment,face to face, per 15 minutes	X		3.98	4 per day utilization limit
H0037	Community psychiatric supportive treatment program, per diem				
H0045	Respite care services, not in the homer, per diem	X		119.38	1 day utilization limit
H1001	Prenatal care, at risk enhanced service, antepartum mgt	X		21.03	

H1011	Family assessment by licensed behavioral health professional for state defined purposes	X		95.00	
H2000	Comprehensive multidisciplinary evaluation	X		91.24	1 per day utilization limit. DOES NOT count toward 35 visit limit (not indiv therapy)
H2001	Rehabilitation program, per half day	X		51.42	
H2012	Behavioral health day treatment, per hour	X		15.00	
H2014	Skills train and development, per 15 min	X		15.00	
H2015	Comprehensive community support services, per 15 minutes	X		3.98	16 units per day utilization limit
H2016	Comprehensive community support services, per diem	X		102.84	1 per day utilization limit
H2017	Psychosocial rehab svc, per 15 min	X		8.00	16 units per day utilization limit
H2018	Psychosocial rehab service, per diem	X		50.00	1 per day utilization limit
H2021	Community based wrap around services, per 15 minutes	X		11.94	5 units per day utilization limit
H2022	Community based wrap around services, per diem	X		102.33	
H2027	Psychoeducational service, per 15 min	X		15.00	
H2030	Mental health clubhouse services, per 15 minutes	X		3.98	
H2031	Mental health clubhouse services, per diem	X		95.51	
J1630	Injection haloperidol, up to 5 mg	X		1.40	
J1631	Injection, haloperidol decanoate, per 50 mg	X		2.53	
J2315	Injection, naltrexone, depot form, 1 mg	X		2.19	
J2680	Injection, fluphenazine decanoate, up to 25 mg	X		5.69	
J2794	Injection, risperidone, long acting, 0.5 mg	X		4.55	
J3486	Injection, ziprasidone mesylate, 10 mg	X		5.63	
S0257	Counseling & discussion regarding adv directives & end of life care planning & decisions, w/pt & /or surrogate	X		49.46	
S5150	Unskilled respite care, not hospice, per 15 minutes	X		4.00	
S5151	Unskilled respite care, not hospice, per diem	X		65.00	
S9453	Smoking cessation class, non physician provider	X		30.00	
S9454	Stress mgt class, non physician provider, per session	X		12.22	
S9480	Intensive outpatient psychiatric services, per diem	X		50.00	
T1005	Respite care services, up to 15 min	X		4.00	
T1016	Case Management, each 15 minutes	X		15.00	4 units per day utilization limit