

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 1/1/2018

| DESCRIPTION | CPT® | | | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
|--|--------|----------------|--------------|-----------|--------------|----------|----------------|
| | CODE | Age or Setting | Modifier | | | LEVEL | SPECIALIST |
| Psychiatric Diagnostic Evaluation - no medical svcs* | 90791 | IP | w/ or w/o GT | \$106.45 | \$95.81 | \$71.85 | \$71.85 |
| Psychiatric Diagnostic Evaluation - no medical svcs* | 90791 | OP | w/ or w/o GT | \$110.04 | \$99.04 | \$74.28 | \$74.28 |
| Psychotherapy w/ patient, 30 min* | 90832 | IP | w/ or w/o GT | \$52.93 | \$47.64 | \$35.73 | \$35.73 |
| Psychotherapy w/ patient, 30 min* | 90832 | OP | w/ or w/o GT | \$53.53 | \$48.18 | \$36.13 | \$36.13 |
| Psychotherapy w/ patient, 45 min* | 90834 | IP | w/ or w/o GT | \$70.57 | \$63.51 | \$47.63 | \$47.63 |
| Psychotherapy w/ patient, 45 min* | 90834 | OP | w/ or w/o GT | \$71.17 | \$64.05 | \$48.04 | \$48.04 |
| Psychotherapy w/ patient, 60 min* | 90837 | IP | w/ or w/o GT | \$106.15 | \$95.54 | \$71.65 | \$71.65 |
| Psychotherapy w/ patient, 60 min* | 90837 | OP | w/ or w/o GT | \$106.75 | \$96.08 | \$72.06 | \$72.06 |
| Family/Couples Psychotherapy w/o patient present, 50 min* | 90846 | IP | w/ or w/o GT | \$85.52 | \$76.97 | \$57.73 | \$57.73 |
| Family/Couples Psychotherapy w/o patient present, 50 min* | 90846 | OP | w/ or w/o GT | \$86.12 | \$77.51 | \$58.13 | \$58.13 |
| Family/Couples Psychotherapy w/ patient present, 50 min* | 90847 | IP | w/ or w/o GT | \$88.81 | \$79.93 | \$59.95 | \$59.95 |
| Family/Couples Psychotherapy w/ patient present, 50 min* | 90847 | OP | w/ or w/o GT | \$89.41 | \$80.47 | \$60.35 | \$60.35 |
| Group Psychotherapy* | 90853 | IP | w/ or w/o GT | \$21.23 | \$19.11 | \$14.33 | \$14.33 |
| Group Psychotherapy* | 90853 | OP | w/ or w/o GT | \$21.53 | \$19.38 | \$14.53 | \$14.53 |
| Interactive Complexity Add-on | +90785 | | | \$11.66 | \$10.49 | \$7.87 | \$7.87 |
| Psychiatric Diagnostic Evaluation - w/ medical svcs* | 90792 | IP | w/ or w/o GT | \$119.91 | N/B | N/B | \$80.94 |
| Psychiatric Diagnostic Evaluation - w/ medical svcs* | 90792 | OP | w/ or w/o GT | \$123.50 | N/B | N/B | \$83.36 |
| Psychotherapy w/ patient, 30 min, w/ E&M svc* | +90833 | IP | w/ or w/o GT | \$55.02 | N/B | N/B | \$37.14 |
| Psychotherapy w/ patient, 30 min, w/ E&M svc* | +90833 | OP | w/ or w/o GT | \$55.62 | N/B | N/B | \$37.54 |
| Psychotherapy w/ patient, 45 min, w/ E&M svc* | +90836 | IP | w/ or w/o GT | \$69.67 | N/B | N/B | \$47.03 |
| Psychotherapy w/ patient, 45 min, w/ E&M svc* | +90836 | OP | w/ or w/o GT | \$70.27 | N/B | N/B | \$47.43 |
| Psychotherapy w/ patient, 60 min, w/ E&M svc* | +90838 | IP | w/ or w/o GT | \$92.10 | N/B | N/B | \$62.17 |
| Psychotherapy w/ patient, 60 min, w/ E&M svc* | +90838 | OP | w/ or w/o GT | \$92.70 | N/B | N/B | \$62.57 |
| Electroconvulsive Therapy (E.C.T.) | 90870 | IP | | \$93.30 | N/B | N/B | N/B |
| Electroconvulsive Therapy (E.C.T.) | 90870 | OP | | \$148.91 | N/B | N/B | N/B |
| IACCT Initial Assessment* | 90889 | | HK or HK, GT | \$250.00 | N/B | N/B | N/B |
| IACCT Follow-Up Assessment* | 90889 | | TS or TS, GT | \$120.00 | N/B | N/B | N/B |
| Office Outpatient Visit, New patient, minor* | 99201 | <21/IP | w/ or w/o GT | \$18.22 | N/B | N/B | \$12.30 |
| Office Outpatient Visit, New patient, minor* | 99201 | <21/OP | w/ or w/o GT | \$33.87 | N/B | N/B | \$22.86 |
| Office Outpatient Visit, New patient, minor* | 99201 | >20/IP | w/ or w/o GT | \$18.22 | N/B | N/B | \$12.30 |
| Office Outpatient Visit, New patient, minor* | 99201 | >20/OP | w/ or w/o GT | \$29.72 | N/B | N/B | \$20.06 |
| Office Outpatient Visit, New patient, low to moderate severity* | 99202 | <21/IP | w/ or w/o GT | \$34.28 | N/B | N/B | \$23.14 |
| Office Outpatient Visit, New patient, low to moderate severity* | 99202 | <21/OP | w/ or w/o GT | \$57.63 | N/B | N/B | \$38.90 |
| Office Outpatient Visit, New patient, low to moderate severity* | 99202 | >20/IP | w/ or w/o GT | \$34.28 | N/B | N/B | \$23.14 |
| Office Outpatient Visit, New patient, low to moderate severity* | 99202 | >20/OP | w/ or w/o GT | \$50.58 | N/B | N/B | \$34.14 |
| Office Outpatient Visit, New patient, moderate severity* | 99203 | <21/IP | w/ or w/o GT | \$52.02 | N/B | N/B | \$35.11 |
| Office Outpatient Visit, New patient, moderate severity* | 99203 | <21/OP | w/ or w/o GT | \$83.30 | N/B | N/B | \$56.23 |
| Office Outpatient Visit, New patient, moderate severity* | 99203 | >20/IP | w/ or w/o GT | \$52.02 | N/B | N/B | \$35.11 |
| Office Outpatient Visit, New patient, moderate severity* | 99203 | >20/OP | w/ or w/o GT | \$73.11 | N/B | N/B | \$49.35 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99204 | <21/IP | w/ or w/o GT | \$87.97 | N/B | N/B | \$59.38 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99204 | <21/OP | w/ or w/o GT | \$126.45 | N/B | N/B | \$85.35 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99204 | >20/IP | w/ or w/o GT | \$87.97 | N/B | N/B | \$59.38 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99204 | >20/OP | w/ or w/o GT | \$110.98 | N/B | N/B | \$74.91 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99205 | <21/IP | w/ or w/o GT | \$114.58 | N/B | N/B | \$77.34 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99205 | <21/OP | w/ or w/o GT | \$159.22 | N/B | N/B | \$107.47 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99205 | >20/IP | w/ or w/o GT | \$114.58 | N/B | N/B | \$77.34 |
| Office Outpatient Visit, New patient, moderate to high severity* | 99205 | >20/OP | w/ or w/o GT | \$139.75 | N/B | N/B | \$94.33 |
| Office Outpatient Visit, Established patient, minimal* | 99211 | <21/IP | w/ or w/o GT | \$6.23 | N/B | N/B | \$4.21 |
| Office Outpatient Visit, Established patient, minimal* | 99211 | <21/OP | w/ or w/o GT | \$15.57 | N/B | N/B | \$10.51 |
| Office Outpatient Visit, Established patient, minimal* | 99211 | >20/IP | w/ or w/o GT | \$6.23 | N/B | N/B | \$4.21 |
| Office Outpatient Visit, Established patient, minimal* | 99211 | >20/OP | w/ or w/o GT | \$13.66 | N/B | N/B | \$9.22 |
| Office Outpatient Visit, Established patient, minor* | 99212 | <21/IP | w/ or w/o GT | \$17.26 | N/B | N/B | \$11.65 |
| Office Outpatient Visit, Established patient, minor* | 99212 | <21/OP | w/ or w/o GT | \$33.59 | N/B | N/B | \$22.67 |
| Office Outpatient Visit, Established patient, minor* | 99212 | >20/IP | w/ or w/o GT | \$17.26 | N/B | N/B | \$11.65 |
| Office Outpatient Visit, Established patient, minor* | 99212 | >20/OP | w/ or w/o GT | \$29.48 | N/B | N/B | \$19.90 |
| Office Outpatient Visit, Estbl patient, low to moderate severity* | 99213 | <21/IP | w/ or w/o GT | \$34.52 | N/B | N/B | \$23.30 |
| Office Outpatient Visit, Estbl patient, low to moderate severity* | 99213 | <21/OP | w/ or w/o GT | \$56.26 | N/B | N/B | \$37.98 |
| Office Outpatient Visit, Estbl patient, low to moderate severity* | 99213 | >20/IP | w/ or w/o GT | \$34.52 | N/B | N/B | \$23.30 |
| Office Outpatient Visit, Estbl patient, low to moderate severity* | 99213 | >20/OP | w/ or w/o GT | \$49.38 | N/B | N/B | \$33.33 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214 | <21/IP | w/ or w/o GT | \$53.21 | N/B | N/B | \$35.92 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214 | <21/OP | w/ or w/o GT | \$82.75 | N/B | N/B | \$55.86 |

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|--|--------|----------------|--------------|--------------|----------------|---------------------------|
| | CODE | Age or Setting | | | | |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214 | >20/IP | w/ or w/o GT | \$53.21 | N/B | \$35.92 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214 | >20/OP | w/ or w/o GT | \$72.63 | N/B | \$49.03 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99215 | <21/IP | w/ or w/o GT | \$75.27 | N/B | \$50.81 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99215 | <21/OP | w/ or w/o GT | \$111.43 | N/B | \$75.22 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99215 | >20/IP | w/ or w/o GT | \$75.27 | N/B | \$50.81 |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99215 | >20/OP | w/ or w/o GT | \$97.80 | N/B | \$66.02 |
| Observation Care Discharge | 99217 | <21 | | \$56.26 | N/B | N/B |
| Observation Care Discharge | 99217 | >20 | | \$49.38 | N/B | N/B |
| Initial Observation Care; straightforward/low complexity | 99218 | <21 | | \$77.02 | N/B | N/B |
| Initial Observation Care; straightforward/low complexity | 99218 | >20 | | \$67.60 | N/B | N/B |
| Initial Observation Care; moderate complexity | 99219 | <21 | | \$104.88 | N/B | N/B |
| Initial Observation Care; moderate complexity | 99219 | >20 | | \$92.05 | N/B | N/B |
| Initial Observation Care; high complexity | 99220 | <21 | | \$143.38 | N/B | N/B |
| Initial Observation Care; high complexity | 99220 | >20 | | \$125.84 | N/B | N/B |
| Initial Hospital Care, low complexity* | 99221 | <21 | w/ or w/o GT | \$78.38 | N/B | N/B |
| Initial Hospital Care, low complexity* | 99221 | >20 | w/ or w/o GT | \$68.79 | N/B | N/B |
| Initial Hospital Care, moderate complexity* | 99222 | <21 | w/ or w/o GT | \$105.69 | N/B | N/B |
| Initial Hospital Care, moderate complexity* | 99222 | >20 | w/ or w/o GT | \$92.76 | N/B | N/B |
| Initial Hospital Care, high complexity* | 99223 | <21 | w/ or w/o GT | \$156.49 | N/B | N/B |
| Initial Hospital Care, high complexity* | 99223 | >20 | w/ or w/o GT | \$137.35 | N/B | N/B |
| Subsequent Hospital Care, low complexity* | 99231 | <21 | w/ or w/o GT | \$30.32 | N/B | \$20.47 |
| Subsequent Hospital Care, low complexity* | 99231 | >20 | w/ or w/o GT | \$26.61 | N/B | \$17.96 |
| Subsequent Hospital Care, moderate complexity* | 99232 | <21 | w/ or w/o GT | \$55.72 | N/B | \$37.61 |
| Subsequent Hospital Care, moderate complexity* | 99232 | >20 | w/ or w/o GT | \$48.90 | N/B | \$33.01 |
| Subsequent Hospital Care, high complexity* | 99233 | <21 | w/ or w/o GT | \$80.57 | N/B | \$54.38 |
| Subsequent Hospital Care, high complexity* | 99233 | >20 | w/ or w/o GT | \$70.71 | N/B | \$47.73 |
| Observation or Inpatient Care, low complexity | 99234 | <21 | | \$102.96 | N/B | N/B |
| Observation or Inpatient Care, low complexity | 99234 | >20 | | \$90.37 | N/B | N/B |
| Observation or Inpatient Care, moderate complexity | 99235 | <21 | | \$130.55 | N/B | N/B |
| Observation or Inpatient Care, moderate complexity | 99235 | >20 | | \$114.58 | N/B | N/B |
| Observation or Inpatient Care, high complexity | 99236 | <21 | | \$168.24 | N/B | N/B |
| Observation or Inpatient Care, high complexity | 99236 | >20 | | \$147.66 | N/B | N/B |
| Discharge Day management -30 min or less | 99238 | <21 | | \$55.99 | N/B | N/B |
| Discharge Day management -30 min or less | 99238 | >20 | | \$49.14 | N/B | N/B |
| Discharge Day management -more than 30 min | 99239 | <21 | | \$83.03 | N/B | N/B |
| Discharge Day management -more than 30 min | 99239 | >20 | | \$72.87 | N/B | N/B |
| ER Consultation, minor | 99281 | | | \$14.97 | \$13.47 | N/B |
| ER Consultation, low to moderate complexity | 99282 | | | \$29.18 | \$26.26 | N/B |
| ER Consultation, moderate complexity | 99283 | | | \$43.65 | \$39.29 | N/B |
| ER Consultation, high complexity | 99284 | | | \$82.81 | \$74.53 | N/B |
| ER Consultation, high complexity/life threatening | 99285 | | | \$122.22 | \$110.00 | N/B |
| Prolonged Service, in office or outpatient setting; 60 min | +99354 | <21/IP | | \$82.70 | \$74.43 | \$55.82 |
| Prolonged Service, in office or outpatient setting; 60 min | +99354 | <21/OP | | \$99.96 | \$89.96 | \$67.47 |
| Prolonged Service, in office or outpatient setting; 60 min | +99354 | >20/IP | | \$82.70 | \$74.43 | \$55.82 |
| Prolonged Service, in office or outpatient setting; 60 min | +99354 | >20/OP | | \$87.73 | \$78.96 | \$59.22 |
| Prolonged Service, in office or outpatient setting; addtl 30 min | +99355 | <21/IP | | \$61.36 | \$55.22 | \$41.42 |
| Prolonged Service, in office or outpatient setting; addtl 30 min | +99355 | <21/OP | | \$75.38 | \$67.84 | \$50.88 |
| Prolonged Service, in office or outpatient setting; addtl 30 min | +99355 | >20/IP | | \$61.36 | \$55.22 | \$41.42 |
| Prolonged Service, in office or outpatient setting; addtl 30 min | +99355 | >20/OP | | \$66.16 | \$59.54 | \$44.66 |
| Prolonged Service, in inpatient or observation setting; 60 min | +99356 | <21 | | \$71.01 | \$63.91 | \$47.93 |
| Prolonged Service, in inpatient or observation setting; 60 min | +99356 | >20 | | \$62.32 | \$56.09 | \$42.07 |
| Prolonged Service, in inpatient or observation setting; addtl 30 min | +99357 | <21 | | \$71.01 | \$63.91 | \$47.93 |
| Prolonged Service, in inpatient or observation setting; addtl 30 min | +99357 | >20 | | \$62.32 | \$56.09 | \$42.07 |
| Office Emergency Services | 99058 | | | \$30.57 | \$27.51 | \$20.63 |
| Smoking and tobacco cessation counseling; 3 to 10 min | 99406 | IP | HD | \$8.39 | \$7.55 | \$5.66 |
| Smoking and tobacco cessation counseling; 3 to 10 min | 99406 | OP | HD | \$9.83 | \$8.85 | \$6.64 |
| Smoking and tobacco cessation counseling; > 10 min | 99407 | IP | HD | \$17.50 | \$15.75 | \$11.81 |
| Smoking and tobacco cessation counseling; > 10 min | 99407 | OP | HD | \$18.94 | \$17.05 | \$12.78 |
| Alcohol/SA structured screening and brief intervention 15-30 min | 99408 | <21/IP | | \$22.53 | \$20.28 | \$15.21 |
| Alcohol/SA structured screening and brief intervention 15-30 min | 99408 | <21/OP | | \$25.82 | \$23.24 | \$17.43 |
| Alcohol/SA structured screening and brief intervention 15-30 min | 99408 | >20/IP | | \$22.53 | \$20.28 | \$15.21 |

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|--|-------|----------------|----------------------|--------------|----------------|---------------------------|
| | CODE | Age or Setting | | | | |
| Alcohol/SA structured screening and brief intervention 15-30 min | 99408 | >20/OP | \$23.73 | \$21.36 | \$16.02 | \$16.02 |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | <21/IP | \$45.06 | \$40.55 | \$30.42 | \$30.42 |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | <21/OP | \$50.34 | \$45.31 | \$33.98 | \$33.98 |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | >20/IP | \$45.06 | \$40.55 | \$30.42 | \$30.42 |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | >20/OP | \$46.26 | \$41.63 | \$31.23 | \$31.23 |
| Therapeutic, prophylactic, or diagnostic injection | 96372 | | \$21.53 | N/B | N/B | \$14.53 |
| Therapeutic or Diagnostic Injection; Intravenous Push | 96374 | | \$48.44 | N/B | N/B | \$32.70 |
| Psychological Testing | 96101 | IP | \$66.68 | \$60.01 | N/B | N/B |
| Psychological Testing | 96101 | OP | \$67.28 | \$60.55 | N/B | N/B |
| Psychological Testing Admin by Technician | 96102 | IP | \$20.03 | \$18.03 | N/B | N/B |
| Psychological Testing Admin by Technician | 96102 | OP | \$52.33 | \$47.10 | N/B | N/B |
| Psychological Testing Admin by Computer | 96103 | IP | \$22.43 | \$20.19 | N/B | N/B |
| Psychological Testing Admin by Computer | 96103 | OP | \$23.32 | \$20.99 | N/B | N/B |
| Neurobehavioral Status Exam* | 96116 | IP | w/ or w/o GT \$72.96 | \$65.66 | N/B | N/B |
| Neurobehavioral Status Exam* | 96116 | OP | w/ or w/o GT \$77.75 | \$69.98 | N/B | N/B |
| Neuropsychological Testing | 96118 | IP | \$66.38 | \$59.74 | N/B | N/B |
| Neuropsychological Testing | 96118 | OP | \$82.23 | \$74.01 | N/B | N/B |
| Neuropsychological Testing Admin by Technician | 96119 | IP | \$20.03 | \$18.03 | N/B | N/B |
| Neuropsychological Testing Admin by Technician | 96119 | OP | \$66.98 | \$60.28 | N/B | N/B |
| Neuropsychological Testing Admin by Computer | 96120 | IP | \$22.13 | \$19.92 | N/B | N/B |
| Neuropsychological Testing Admin by Computer | 96120 | OP | \$40.67 | \$36.60 | N/B | N/B |
| Telehealth, originating site fee* | Q3014 | | GT \$20.00 | \$20.00 | \$20.00 | \$20.00 |

| DESCRIPTION | HCPCS CODE | Designation | MODIFIER | RATE |
|--|------------|-------------|--------------|----------|
| One on one Support in Residential - per hour | H2027 | | | \$25.61 |
| Cmnty-Based Residential Group Home, Level A - Per Diem | H2022 | <21 | HW (CSA) | \$109.66 |
| Cmnty-Based Residential Group Home, Level A - Per Diem | H2022 | <21 | HK (non-CSA) | \$109.66 |
| Cmnty-Based Residential Group Home, Level B - Per Diem | H2020 | <21 | HW (CSA) | \$146.22 |
| Cmnty-Based Residential Group Home, Level B - Per Diem | H2020 | <21 | HK (non-CSA) | \$146.22 |
| Crisis Stabilization, per hour | H2019 | Urban | | \$89.00 |
| Crisis Stabilization, per hour | H2019 | Rural | | \$81.00 |
| Crisis Intervention, MH - per 15 min* | H0036 | Urban | w/ or w/o GT | \$30.79 |
| Crisis Intervention, MH - per 15 min* | H0036 | Rural | w/ or w/o GT | \$18.61 |
| Crisis Intervention, MH (ECO) - per 15 min* | H0036 | Urban | 32 or GT, 32 | \$30.79 |
| Crisis Intervention, MH (ECO) - per 15 min* | H0036 | Rural | 32 or GT, 32 | \$18.61 |
| Assessment, Therapeutic Day Treatment for Children | H0032 | | U7 | \$36.53 |
| Assessment, Therapeutic Day Treatment for Adults* | H0032 | | U7 or U7, GT | \$36.53 |
| Therapeutic Day Treatment, Child - per unit | H0035 | <21 | HA | \$36.53 |
| 1 unit = 2 to 2.99 hours | | | | |
| 2 units = 3 to 4.99 hours | | | | |
| 3 units = 5 plus hours | | | | |
| Day Treatment, Adult - per unit | H0035 | >20 | HB | \$34.78 |
| 1 unit 2-3.99 hours | | | | |
| 2 units 4-6.99 hours | | | | |
| 3 units 7 or more hours | | | | |
| Intensive In-Home Assessment | H0031 | <21 | | \$60.00 |
| Intensive In-Home Services, per hour | H2012 | <21 | | \$60.00 |
| In-Home Behavioral Therapies for juveniles, per 15 min | H2033 | <21 | | \$15.00 |
| Initial Assessment, In-Home Behavioral Therapies for juveniles, per hour | H0032 | <21 | UA | \$60.00 |
| Assessment, Psychosocial Rehab* | H0032 | | U6 or U6, GT | \$24.23 |
| Straightforward SMI Assessment for Eligibility Determination Short Form* | H0032 | | UB or UB, GT | \$37.00 |
| Complex SMI Assessment for Eligibility Determination Long Form* | H0032 | | UC or UC, GT | \$75.00 |
| Psychosocial Rehabilitation svcs; per unit | H2017 | | | \$24.23 |
| 1 unit 2-3.99 hours | | | | |
| 2 units 4-6.99 hours | | | | |
| 3 units 7 or more hours | | | | |
| Assessment, Intensive Community Treatment* | H0032 | Urban | U9 or U9, GT | \$153.00 |
| Assessment, Intensive Community Treatment* | H0032 | Rural | U9 or U9, GT | \$139.00 |
| Intensive Community Treatment - per hour | H0039 | Urban | | \$153.00 |
| Intensive Community Treatment - per hour | H0039 | Rural | | \$139.00 |

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EFFECTIVE: 1/1/2018

| DESCRIPTION | HCPCS CODE | Designation | MODIFIER | RATE |
|--|------------|-------------|--------------|----------|
| Assessment, Mental Health Skill Building Services | H0032 | Urban | U8 | \$91.00 |
| Assessment, Mental Health Skill Building Services | H0032 | Rural | U8 | \$83.00 |
| Mental Health Skill Building Services | H0046 | Urban | | \$91.00 |
| 1 unit 1-2.99 hours | | | | |
| 2 units 3-4.99 hours | | | | |
| 3 units 5-6.99 hours | | | | |
| 4 units 7 or more hours | | | | |
| Mental Health Skill Building Services | H0046 | Rural | | \$83.00 |
| 1 unit 1-2.99 hours | | | | |
| 2 units 3-4.99 hours | | | | |
| 3 units 5-6.99 hours | | | | |
| 4 units 7 or more hours | | | | |
| Case Management, Foster Care - Per Month | T1016 | | | \$326.50 |
| Case Management, Mental Health, per month | H0023 | | | \$326.50 |
| MH Case Management Low intensity* | H0023 | | UB or UB, GT | \$195.90 |
| MH Case Management High intensity* | H0023 | | UC or UC, GT | \$220.80 |
| Peer Support Services - Individual (Mental Health) | H0024 | | | \$6.50 |
| Peer Support Services - Group (Mental Health) | H0025 | | | \$2.70 |

ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)

| Community Based Care | | |
|---|----------------------------|-----------|
| DESCRIPTION | HCPCS/Rev CODE | RATE |
| Substance Use Case Management (licensed by DBHDS) | H0006 | \$243.00^ |
| Peer Support Services - Individual (Substance Use Disorder) | T1012 | \$6.50 |
| Peer Support Services - Group (Substance Use Disorder) | S9445 | \$2.70 |
| Intensive Outpatient - ASAM level 2.1 | H0015 or rev 0906 w/ H0015 | \$250.00^ |
| Partial Hospitalization - ASAM level 2.5 | S0201 or rev 0913 w/ S0201 | \$500.00^ |

| Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT) | | | | | | |
|--|-----------|-----|-----------|--------------|----------|----------------|
| DESCRIPTION | CPT® CODE | Age | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
| | | | | | LEVEL | SPECIALIST |
| Office Outpatient Visit, Established patient, minimal | 99211 | <21 | \$15.57 | N/B | N/B | \$10.51 |
| Office Outpatient Visit, Established patient, minimal | 99211 | >20 | \$13.66 | N/B | N/B | \$9.22 |
| Office Outpatient Visit, Established patient, minor | 99212 | <21 | \$33.59 | N/B | N/B | \$22.67 |
| Office Outpatient Visit, Established patient, minor | 99212 | >20 | \$29.48 | N/B | N/B | \$19.90 |
| Office Outpatient Visit, Estbl patient, low to moderate severity | 99213 | <21 | \$56.26 | N/B | N/B | \$37.98 |
| Office Outpatient Visit, Estbl patient, low to moderate severity | 99213 | >20 | \$49.38 | N/B | N/B | \$33.33 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214 | <21 | \$82.75 | N/B | N/B | \$55.86 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214 | >20 | \$72.63 | N/B | N/B | \$49.03 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215 | <21 | \$111.43 | N/B | N/B | \$75.22 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215 | >20 | \$97.80 | N/B | N/B | \$66.02 |

| DESCRIPTION | CPT®/HCPCS | | RATE |
|--|------------|----------|-----------|
| | CODE | Modifier | |
| Medication Assisted Treatment (MAT) induction - Physician | H0014 | | \$140.00 |
| Substance Use Care Coordination | G9012 | | \$243.00^ |
| Medication Administration | H0020 | | \$8.00 |
| Opioid treatment services - Individual | H0004 | | \$24.00 |
| Opioid treatment services - Group | H0005 | | \$7.25 |
| Definitive drug classes - 1-7 drug classes | G0480 | | \$79.74 |
| Definitive drug classes - 8-14 drug classes | G0481 | | \$122.99 |
| Definitive drug classes - 15-21 drug classes | G0482 | | \$166.03 |
| Definitive drug classes - 22 or more drug classes | G0483 | | \$215.23 |
| Telehealth originating site facility fee* | Q3014 | GT | \$20.00 |
| Pregnancy Test | 81025 | | \$7.30 |
| Alcohol Breathalyzer | 82075 | | \$5.52 |
| Presumptive drug class screening, any drug class, direct optical observation only | 80305 | | \$14.96 |
| Presumptive drug class screening, any drug class, instrument assisted direct optical observation | 80306 | | \$19.95 |
| Presumptive drug class screening, any drug class, instrument chemistry analyzers | 80307 | | \$79.81 |
| TB Test | 86580 | | \$6.88 |
| Syphilis test, non-treponemal antibody; qualitative | 86592 | | \$4.18 |

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 1/1/2018

Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT) (cont'd)

| DESCRIPTION | CPT®/HCPCS | | RATE |
|--|------------|----------|---------|
| | CODE | Modifier | |
| Syphilis test, non-treponemal antibody; quantitative | 86593 | | \$4.82 |
| Treponema pallidum | 86780 | | \$16.02 |
| HIV-1 test | 86701 | | \$10.27 |
| HIV-2 test | 86702 | | \$9.20 |
| HIV-1 and HIV-2 test, single result | 86703 | | \$11.48 |
| Hepatitis B core antibody (HBcAb); total | 86704 | | \$13.93 |
| Hepatitis C antibody | 86803 | | \$16.49 |
| EKG with at least 12 leads, with interpretation and report | 93000 | | \$14.35 |
| EKG tracing only, without interpretation and report | 93005 | | \$7.18 |
| EKG, interpretation and report only | 93010 | | \$7.18 |
| Medication administration in clinic - ASAM Levels 2.1 to 3.7: | | | |
| Methadone oral 5 mg | S0109 | | \$0.26 |
| Buprenorphine, oral, 1 mg, per unit | J0571 | | \$1.00 |
| Buprenorphine/naloxone oral <=3 mg, per unit | J0572 | | \$4.34 |
| Buprenorphine/naloxone oral >=3 mg but <= 6 mg, per unit | J0573 | | \$7.76 |
| Buprenorphine/naloxone oral >=6 mg but <=10 mg, per unit | J0574 | | \$7.76 |
| Buprenorphine/naloxone oral >10 mg, per unit | J0575 | | \$15.52 |
| Naltrexone Injection, depot form, 1 mg, per unit | J2315 | | \$3.25 |

Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings

| DESCRIPTION | CPT® CODE | Age | Modifier | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
|---|--------------|-----|--------------|-----------|--------------|----------|----------------|
| | | | | | | LEVEL | SPECIALIST |
| Psychotherapy w/ patient, 30 min - ASAM level 1* | 90832 | | w/ or w/o GT | \$53.53 | \$48.18 | \$36.13 | \$36.13 |
| Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1* | +90833 | | w/ or w/o GT | \$55.62 | N/B | N/B | \$37.54 |
| Psychotherapy w/ patient, 45 min - ASAM level 1* | 90834 | | w/ or w/o GT | \$71.17 | \$64.05 | \$48.04 | \$48.04 |
| Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1* | +90836 | | w/ or w/o GT | \$70.27 | N/B | N/B | \$47.43 |
| Psychotherapy w/ patient, 60 min - ASAM level 1* | 90837 | | w/ or w/o GT | \$106.75 | \$96.08 | \$72.06 | \$72.06 |
| Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1* | +90838 | | w/ or w/o GT | \$92.70 | N/B | N/B | \$62.57 |
| Family Psychotherapy w/o patient, 50 min - ASAM level 1* | 90846 | | w/ or w/o GT | \$86.12 | \$77.51 | \$58.13 | \$58.13 |
| Family Psychotherapy w/ patient, 50 min - ASAM level 1* | 90847 | | w/ or w/o GT | \$89.41 | \$80.47 | \$60.35 | \$60.35 |
| Group Psychotherapy - ASAM level 1* | 90853 | | w/ or w/o GT | \$21.53 | \$19.38 | \$14.53 | \$14.53 |
| Office Outpatient Visit, New patient, minor | 99201 | <21 | | \$33.87 | N/B | N/B | \$22.86 |
| Office Outpatient Visit, New patient, minor | 99201 | >20 | | \$29.72 | N/B | N/B | \$20.06 |
| Office Outpatient Visit, New patient, low to moderate severity | 99202 | <21 | | \$57.63 | N/B | N/B | \$38.90 |
| Office Outpatient Visit, New patient, low to moderate severity | 99202 | >20 | | \$50.58 | N/B | N/B | \$34.14 |
| Office Outpatient Visit, New patient, moderate severity | 99203 | <21 | | \$83.30 | N/B | N/B | \$56.23 |
| Office Outpatient Visit, New patient, moderate severity | 99203 | >20 | | \$73.11 | N/B | N/B | \$49.35 |
| Office Outpatient Visit, New patient, moderate to high severity | 99204 | <21 | | \$126.45 | N/B | N/B | \$85.35 |
| Office Outpatient Visit, New patient, moderate to high severity | 99204 | >20 | | \$110.98 | N/B | N/B | \$74.91 |
| Office Outpatient Visit, New patient, moderate to high severity | 99205 | <21 | | \$159.22 | N/B | N/B | \$107.47 |
| Office Outpatient Visit, New patient, moderate to high severity | 99205 | >20 | | \$139.75 | N/B | N/B | \$94.33 |
| Office Outpatient Visit, Established patient, minimal | 99211 | <21 | | \$15.57 | N/B | N/B | \$10.51 |
| Office Outpatient Visit, Established patient, minimal | 99211 | >20 | | \$13.66 | N/B | N/B | \$9.22 |
| Office Outpatient Visit, Established patient, minor | 99212 | <21 | | \$33.59 | N/B | N/B | \$22.67 |
| Office Outpatient Visit, Established patient, minor | 99212 | >20 | | \$29.48 | N/B | N/B | \$19.90 |
| Office Outpatient Visit, Estbl patient, low to moderate severity | 99213 | <21 | | \$56.26 | N/B | N/B | \$37.98 |
| Office Outpatient Visit, Estbl patient, low to moderate severity | 99213 | >20 | | \$49.38 | N/B | N/B | \$33.33 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214 | <21 | | \$82.75 | N/B | N/B | \$55.86 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214 | >20 | | \$72.63 | N/B | N/B | \$49.03 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215 | <21 | | \$111.43 | N/B | N/B | \$75.22 |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215 | >20 | | \$97.80 | N/B | N/B | \$66.02 |

| DESCRIPTION | CPT®/HCPCS | | RATE |
|---|------------|----------|----------|
| | CODE | Modifier | |
| Definitive drug classes - 1-7 drug classes | G0480 | | \$79.74 |
| Definitive drug classes - 8-14 drug classes | G0481 | | \$122.99 |
| Definitive drug classes - 15-21 drug classes | G0482 | | \$166.03 |
| Definitive drug classes - 22 or more drug classes | G0483 | | \$215.23 |
| Telehealth originating site facility fee* | Q3014 | GT | \$20.00 |
| Pregnancy Test | 81025 | | \$7.30 |
| Alcohol Breathalyzer | 82075 | | \$5.52 |
| Presumptive drug class screening, any drug class, direct optical observation only | 80305 | | \$14.96 |

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 1/1/2018

Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings (cont'd)

CPT®/HCPCS

| DESCRIPTION | CODE | Modifier | RATE |
|--|-------|----------|---------|
| Presumptive drug class screening, any drug class, instrument assisted direct optical observation | 80306 | | \$19.95 |
| Presumptive drug class screening, any drug class, instrument chemistry analyzers | 80307 | | \$79.81 |
| TB Test | 86580 | | \$6.88 |
| Syphilis test, non-treponemal antibody; qualitative | 86592 | | \$4.18 |
| Syphilis test, non-treponemal antibody; quantitative | 86593 | | \$4.82 |
| Treponema pallidum | 86780 | | \$16.02 |
| HIV-1 test | 86701 | | \$10.27 |
| HIV-2 test | 86702 | | \$9.20 |
| HIV-1 and HIV-2 test, single result | 86703 | | \$11.48 |
| Hepatitis B core antibody (HBcAb); total | 86704 | | \$13.93 |
| Hepatitis C antibody | 86803 | | \$16.49 |
| EKG with at least 12 leads, with interpretation and report | 93000 | | \$14.35 |
| EKG tracing only, without interpretation and report | 93005 | | \$7.18 |
| EKG, interpretation and report only | 93010 | | \$7.18 |

Residential and Inpatient Treatment

| DESCRIPTION | HCPCS/Rev CODE | Modifier | RATE |
|---|----------------|----------|-----------------------------|
| Clinically managed low intensity residential services - ASAM level 3.1 | H2034 | | \$175.00 |
| Clinically managed population-specific high intensity residential services - ASAM level 3.3 | H0010 Rev 1002 | TG | \$393.50 (max) |
| Clinically managed high-intensity residential services (Adult) - ASMA level 3.5 | H0010 Rev 1002 | HB | \$393.50 (max) |
| Clinically managed medium-intensity residential services (Adolescent) - ASAM level 3.5 | H0010 Rev 1002 | HA | \$393.50 (max) |
| Medically monitored intensive inpatient services (Adult) - ASAM level 3.7 Psychiatric Units & Freestanding Psychiatric Hospitals | H2036 Rev 1002 | HB | Psychiatric per diem rate |
| Medically monitored intensive inpatient services (Adult) - ASAM level 3.7 Residential Treatment Services | H2036 Rev 1002 | HB | \$393.50 (max) |
| Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7 Psychiatric Units & Freestanding Psychiatric Hospitals | H2036 Rev 1002 | HA | Psychiatric per diem rate |
| Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7 Residential Treatment Services | H2036 Rev 1002 | HA | \$393.50 (max) |
| Medically managed intensive inpatient services - ASAM level 4.0 | H0011 Rev 1002 | | Psychiatric per diem or DRG |

Outpatient Treatment

| DESCRIPTION | CPT® CODE | Age | Modifier | PHYSICIAN | PSYCHOLOGIST | MASTER'S LEVEL | CLINICAL NURSE SPECIALIST |
|---|--------------|-----|--------------|-----------|--------------|-------------------|------------------------------|
| Psychiatric Diagnostic Evaluation - no medical svcs - ASAM level 1* | 90791 | | w/ or w/o GT | \$110.04 | \$99.04 | \$74.28 | \$74.28 |
| Psychotherapy w/ patient, 30 min - ASAM level 1* | 90832 | | w/ or w/o GT | \$53.53 | \$48.18 | \$36.13 | \$36.13 |
| Psychotherapy w/ patient, 45 min - ASAM level 1* | 90834 | | w/ or w/o GT | \$71.17 | \$64.05 | \$48.04 | \$48.04 |
| Psychotherapy w/ patient, 60 min - ASAM level 1* | 90837 | | w/ or w/o GT | \$106.75 | \$96.08 | \$72.06 | \$72.06 |
| Psychiatric Diagnostic Evaluation - w/ medical svcs - ASAM level 1* | 90792 | | w/ or w/o GT | \$123.50 | N/B | N/B | \$83.36 |
| Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1* | +90833 | | w/ or w/o GT | \$55.62 | N/B | N/B | \$37.54 |
| Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1* | +90836 | | w/ or w/o GT | \$70.27 | N/B | N/B | \$47.43 |
| Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1* | +90838 | | w/ or w/o GT | \$92.70 | N/B | N/B | \$62.57 |
| Family Psychotherapy w/o patient, 50 min - ASAM level 1* | 90846 | | w/ or w/o GT | \$86.12 | \$77.51 | \$58.13 | \$58.13 |
| Family Psychotherapy w/ patient, 50 min - ASAM level 1* | 90847 | | w/ or w/o GT | \$89.41 | \$80.47 | \$60.35 | \$60.35 |
| Group Psychotherapy - ASAM level 1* | 90853 | | w/ or w/o GT | \$21.53 | \$19.38 | \$14.53 | \$14.53 |
| Interactive Complexity Add-on - ASAM level 1* | +90785 | | w/ or w/o GT | \$11.66 | \$10.49 | \$7.87 | \$7.87 |
| Alcohol/SA structured screening and brief intervention 15-30 min - ASAM level 1 | 99408 | <21 | | \$25.82 | \$23.24 | \$17.43 | \$17.43 |
| Alcohol/SA structured screening and brief intervention 15-30 min - ASAM level 1 | 99408 | >20 | | \$23.73 | \$21.36 | \$16.02 | \$16.02 |
| Alcohol/SA structured screening and brief intervention > 30 min - ASAM level 1 | 99409 | <21 | | \$50.34 | \$45.31 | \$33.98 | \$33.98 |
| Alcohol/SA structured screening and brief intervention > 30 min - ASAM level 1 | 99409 | >20 | | \$46.26 | \$41.63 | \$31.23 | \$31.23 |

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 1/1/2018

INACTIVE/TERMED SERVICES (see corresponding termination end dates below)

Effective Through: 3/31/2017

| DESCRIPTION | HCPCS CODE | Designation | MODIFIER | RATE |
|--|------------|-------------|--------------|----------|
| Case Management Substance Abuse, per 15 min | H0006 | | HO or HN | \$16.50 |
| Day Treatment Substance Abuse-for Pregnant & Postpartum Women, per day | H0015 | Urban | HD | \$60.00 |
| Day Treatment Substance Abuse-for Pregnant & Postpartum Women, per day | H0015 | Rural | HD | \$54.00 |
| Residential Substance Abuse -Pregnant & Postpartum Women | H0018 | Urban | HD | \$120.00 |
| Residential Substance Abuse -Pregnant & Postpartum Women | H0018 | Rural | HD | \$108.00 |
| Opioid Treatment services | H0020 | | HO | \$4.80 |
| Opioid Treatment services | H0020 | | HN | \$3.60 |
| Opioid Treatment services | H0020 | | HM | \$2.70 |
| Day Treatment, Substance Abuse, per 15 min | H0047 | | HO | \$4.80 |
| Day Treatment, Substance Abuse, per 15 min | H0047 | | HN | \$3.60 |
| Day Treatment, Substance Abuse, per 15 min | H0047 | | HM | \$2.70 |
| Crisis Intervention Substance Abuse, per 15 min (One on One Monitoring)* | H0050 | | HQ or HQ, GT | \$5.00 |
| Crisis Intervention Substance Abuse, per 15 min (Crisis Counseling)* | H0050 | | HO or HO, GT | \$25.00 |
| Crisis Intervention Substance Abuse, per 15 min* | H0050 | | HN or HN, GT | \$5.00 |
| Crisis Intervention Substance Abuse, per 15 min* | H0050 | | HM or HM, GT | \$5.00 |
| Intensive Outpatient, Substance Abuse, per 15 min | H2016 | | HO | \$4.80 |
| Intensive Outpatient, Substance Abuse, per 15 min | H2016 | | HN | \$3.60 |
| Intensive Outpatient, Substance Abuse, per 15 min | H2016 | | HM | \$2.70 |
| Methadone, Oral, 5mg | S0109 | | | \$0.26 |

The HF (Substance Abuse Program) Modifier is no longer required to be billed with the following CPT codes Beginning: 4/1/2017

+90785, 90791, 90792, 90832, +90833, 90834, +90836, 90837, +90838, 90846, 90847, 90853, 96101, 96102, 96103, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239

| Modifier | Description | Modifier | Description |
|----------|---|----------|---|
| GT | Interactive telecommunication | HW | State MH Agency funded (CSA) |
| HA | Child/Adolescent program | TG | Complex/High Tech level of care |
| HB | Adult program, non-geriatric | U6 | Medicaid care level 6 state defined |
| HD | Pregnant/Parenting Women's Program | U7 | Medicaid care level 7 state defined |
| HF | Substance Abuse program (no longer required beginning 4/1/2017) | U8 | Medicaid care level 8 state defined |
| HK | Specialized MH programs for high-risk pop (non-CSA) | U9 | Medicaid care level 9 state defined |
| HM | Less than Bachelor degree level (Paraprofessional) | UA | Medicaid care level 10 state defined |
| HN | Bachelor degree level | UB | Medicaid care level 11 state defined |
| HO | Masters degree level | UC | Medicaid care level 12 state defined |
| HQ | Group setting | 32 | Mandated services - Emergency Custody Order (ECO) |

Notes:

- * Procedures with the asterisk are eligible for telehealth/telemedicine under DMAS guidelines and requirements. Use the GT modifier when performing these services via telehealth. The spoke site where the member is located may only bill the Q3014 code.
- ^ The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.
- 1. This reimbursement schedule represents the most frequently utilized Current Procedural Terminology (CPT) codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code.
- 2. N/B signifies that the service is non-billable for that provider type.
- 3. Magellan will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
- 4. Labs should only be billed if performed in-house. If patient or specimen is sent to a independent laboratory, the laboratory should bill.
- 5. Rates for all services are subject to the provisions and limitations of the Member's benefit plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
- 6. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.