

Sandhills Center

Outpatient Behavioral Health Services State IPRS and 1915(b)(c) Medicaid Waiver Reimbursement Rates by Specialty

Procedure Code	Description	Unit	Available to Benefit Plan		LCAS, LCSW,LPC	LPA	Licensed Psychologist	Nurse Specialist	Cert. Nurse Practitioner	Physicians Assistant	Physician
			State (IPRS)	Medicaid	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018
90785	Interactive Complexity Add On	Event	State	Medicaid	\$ 3.61	\$ 3.61	\$ 4.81	\$ 4.09	\$ 4.09	\$ 3.43	\$ 4.81
90791	Psychiatric Diagnostic Evaluation	Event	State	Medicaid	\$ 114.00	\$ 114.00	\$ 152.02	\$ 129.21	\$ 129.21	\$ 109.58	\$ 152.02
90792	Psychiatric Diagnostic Evaluation with Medical Services	Event	State	Medicaid					\$ 107.76	\$ 90.93	\$ 126.78
90832	Psychotherapy 30 minutes	Time-Limit	State	Medicaid	\$ 47.50	\$ 47.50	\$ 63.32	\$ 53.83	\$ 53.83	\$ 45.59	\$ 63.32
90833	Psychotherapy 30 minutes Add On	Time-Limit	State	Medicaid					\$ 35.97	\$ 30.35	\$ 42.32
90834	Psychotherapy 45 minutes	Time-Limit	State	Medicaid	\$ 61.70	\$ 61.70	\$ 82.26	\$ 69.92	\$ 69.92	\$ 59.02	\$ 82.26
90836	Psychotherapy 45 minutes Add On	Time-Limit	State	Medicaid					\$ 58.44	\$ 49.32	\$ 68.76
90837	Psychotherapy 60 minutes	Time-Limit	State	Medicaid	\$ 90.40	\$ 90.40	\$ 120.53	\$ 102.45	\$ 102.45	\$ 86.43	\$ 120.53
90838	Psychotherapy 60 minutes Add On	Time-Limit	State	Medicaid					\$ 94.38	\$ 79.41	\$ 111.03
90839	Crisis Psychotherapy first 60 minutes	Time-Limit	State	Medicaid	\$ 113.92	\$ 113.92	\$ 151.88	\$ 129.10	\$ 129.10	\$ 151.84	\$ 151.88
90840	Crisis Add For Each Additional 30 Minutes	Time-Limit	State	Medicaid	\$ 95.89	\$ 95.89	\$ 127.86	\$ 108.69	\$ 108.69	\$ 79.30	\$ 127.86
90845	Psychoanalysis	Event	N/A	Medicaid						\$ 84.02	\$ 84.02
90846	Family Therapy w/o patient	Event	State	Medicaid	\$ 65.67	\$ 65.67	\$ 87.57	\$ 74.44	\$ 74.44	\$ 89.36	\$ 89.36
90847	Family Therapy with patient	Event	State	Medicaid	\$ 81.57	\$ 81.57	\$ 108.75	\$ 92.42	\$ 92.42	\$ 110.96	\$ 110.96
90849	Group Ther (Multiple Family)	Event	State	Medicaid	\$ 24.46	\$ 24.46	\$ 32.61	\$ 27.73	\$ 27.73	\$ 33.28	\$ 33.28
90853	Group Ther (Non-mult family)	Event	State	Medicaid	\$ 23.26	\$ 23.26	\$ 31.00	\$ 26.35	\$ 26.35	\$ 31.63	\$ 31.63
Procedure Code	Testing Codes	Unit	Available to Benefit Plan		LPA	Licensed Psychologist	Cert. Nurse Practitioner	Physicians Assistant	Physician		
			State (IPRS)	Medicaid						EFFECTIVE 1/1/2019	EFFECTIVE 1/1/2019
96110	Developmental Testing Limited	Event	State	Medicaid	\$ 7.79	\$ 10.40		\$ 10.61	\$ 10.61	\$ 10.61	
96112	Developmental Test Administration	1st Hour	State	Medicaid	\$ 86.23	\$ 114.97		\$ 114.97	\$ 114.97	\$ 114.97	
96113	Dev Test Admin Addtl 30	30 Min	State	Medicaid	\$ 38.48	\$ 51.31		\$ 51.31	\$ 51.31	\$ 51.31	
96116	Neurobehavioral Status Exam	1st Hour	State	Medicaid	\$ 70.53	\$ 94.03				\$ 95.93	
96121	Neuro Exam Addtl hour	hour	State	Medicaid	\$ 52.52	\$ 70.02				\$ 70.02	
96130	Psych Test Eval 1st hour	1st Hour	State	Medicaid	\$ 74.97	\$ 99.96				\$ 99.96	
96131	Psych test Add on	Addtl Hour	State	Medicaid	\$ 57.08	\$ 76.11				\$ 76.11	
96132	Neuropsych Test Eval	1st Hour	State	Medicaid	\$ 83.90	\$ 111.87				\$ 111.87	
96133	Neuropsych Test add on	Addtl Hour	State	Medicaid	\$ 64.01	\$ 85.34				\$ 85.34	
96136	Psych or Neuro tests two or more	1st 30 min	State	Medicaid	\$ 29.50	\$ 37.36				\$ 39.33	
96137	Psych test two or more add on	Addtl 30 min	State	Medicaid	\$ 27.25	\$ 34.51				\$ 36.33	
96138	Psych test Tech two or more	1st 30 min	State	Medicaid	\$ 23.32	\$ 31.09		\$ 31.09	\$ 31.09	\$ 31.09	
96139	Psych test tech two or more addon	Addtl 30 min	State	Medicaid	\$ 23.32	\$ 31.09		\$ 31.09	\$ 31.09	\$ 31.09	
96146	Psych test Automated	Event	State	Medicaid		\$ 1.66		\$ 1.66	\$ 1.66	\$ 1.66	
96101	Psychological Testing F-T-F- END DATED 12/31/2018	Hour	State	Medicaid	\$ -	\$ -				\$ -	
96111	Developmental Testing Extended END DATED 12/31/2018	Event	State	Medicaid	\$ -	\$ -				\$ -	
96118	Neuropsychological Testing- END DATED 12/31/2018	Hour	State	Medicaid	\$ -	\$ -				\$ -	

ABA Therapy Rates

New Code		Agency
		15 minute unit
97151	Behavior Identification Assessment	26.56
97152	Behavior Ident Supporting Assessment	53.65
97153	Adaptive Behavior Treatment by Tech	18.09
97154	Group Adap Bhv Tx by Tech	9.88
97155	Adapt Behavior Tx Phys/QHP	28.00
97156	Family Adapt Bhv Phys/QHP	10.60
97157	Multi Fam Adapt Bhv	10.00

Sandhills Center

Non-licensed substance abuse professionals as specified in NC DHHS,
Division of MH/DD/SA, Communication Bulletin #091, May 5, 2008.
This array of services is State Funded Only for Target Population consumers.

Proc. Code	Code Description	Billing Unit	Rate
YP830	Behavioral Health Assessment	15 min	\$ 13.87
YP831	Behavioral Health Counseling and Therapy	15 min	\$ 19.81
YP832	DMH Outpatient Treatment Group	15 min	\$ 7.30
YP833	DMH Outpatient Tx Family Therapy w/ Client	15 min	\$ 19.81
YP834	DMH Outpatient Tx Family Therapy w/o Client	15 min	\$ 19.81
YP835	Alcohol and/or Drug Services; Group Counseling by Clinician	15 min	\$ 5.12

Sandhills Center
Evaluation & Management Codes

Code	Description	Unit	Physicians Assistant End date 6/30/2018	Physicians Assistant Effective 7/1/2018	Cert. Nurse Practitioner-Specialty 112 End date 6/30/2018	Cert. Nurse Practitioner-Specialty 112 Effective 7/1/2018	Physician End date 6/30/2018	Physician Effective 7/1/2018
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes	Event	\$ 156.32	\$ 161.01		\$ -	\$ 156.32	\$ 161.01
95970	Electronic Analysis of Implanted Neurostimulator	Event	\$ 48.36	\$ 49.81		\$ -	\$ 48.36	\$ 49.81
95971	Electronic Analysis of Implanted Neurostimulator Simple Spinal Cord	Event	\$ 56.19	\$ 57.87		\$ -	\$ 56.19	\$ 57.87
95972	Electronic Analysis of Implanted Neurostimulator Complex Spinal Cord (1 hr)	Event	\$ 100.34	\$ 103.35		\$ -	\$ 100.34	\$ 103.35
95973	Electronic Analysis of Implanted Neurostimulator Complex Spinal Cord (30 min)	Event	\$ 55.19	\$ 56.85		\$ -	\$ 55.19	\$ 56.85
95974	Electronic Analysis of Implanted Neurostimulator Complex Cranial (1 hr)	Event	\$ 169.93	\$ 175.02		\$ -	\$ 169.93	\$ 175.02
95975	Electronic Analysis of Implanted Neurostimulator Complex Cranial (30 min)	Event	\$ 94.16	\$ 96.98		\$ -	\$ 94.16	\$ 96.98
95978	Electronic Analysis of Implanted Neurostimulator	Event	\$ 201.81	\$ 207.87		\$ -	\$ 201.81	\$ 207.87
95979	Electronic Analysis of Implanted Neurostimulator (30 min)	Event	\$ 90.59	\$ 93.30		\$ -	\$ 90.59	\$ 93.30
96125	Standardized Cognitive Performance Testing	Event	\$ 94.77	\$ 97.61		\$ -	\$ 94.77	\$ 97.61
96127	Brief Emotional/Behavioral Assessment	Event	\$ 2.25	\$ 2.38	\$ 2.25	\$ 2.38	\$ 2.25	\$ 2.38
96150	Physical Health and Behavior Assessment F-T-F (15 min)	15 min	\$ 23.27	\$ 23.97		\$ -	\$ 23.27	\$ 23.97
96151	Physical Health and Behavior Reassessment	15 min	\$ 22.52	\$ 23.20		\$ -	\$ 22.52	\$ 23.20
96372	Therapeutic, Prophylactic, or Diagnostic Injection Intra-Muscular	Event	\$ 20.61	\$ 21.23	\$ 16.70	\$ 17.20	\$ 20.61	\$ 21.23
96373	Therapeutic, Prophylactic, or Diagnostic Injection Intra-Arterial	Event	\$ 17.69	\$ 18.22		\$ -	\$ 17.69	\$ 18.22
96374	Therapeutic, Prophylactic, or Diagnostic Injection Intravenous Push	Event	\$ 52.73	\$ 54.31		\$ -	\$ 52.73	\$ 54.31
96375	Therapeutic, Prophylactic, or Diagnostic Injection Subsequent Intravenous Pus	Event	\$ 22.87	\$ 23.55		\$ -	\$ 22.87	\$ 23.55
99201	Outpatient E&M New Patient F-T-F (10 min)	Event	\$ 40.12	\$ 41.32	\$ 34.10	\$ 35.12	\$ 40.12	\$ 41.32
99202	Outpatient E&M New Patient F-T-F (20 min)	Event	\$ 69.57	\$ 71.66	\$ 59.14	\$ 60.91	\$ 69.57	\$ 71.66
99203	Outpatient E&M New Patient F-T-F (30 min)	Event	\$ 100.79	\$ 103.81	\$ 85.67	\$ 88.25	\$ 100.79	\$ 103.81
99204	Outpatient E&M New Patient F-T-F (45 min)	Event	\$ 156.30	\$ 160.99	\$ 132.85	\$ 136.85	\$ 156.30	\$ 160.99
99205	Outpatient E&M New Patient F-T-F (60 min)	Event	\$ 197.58	\$ 203.51	\$ 167.94	\$ 172.98	\$ 197.58	\$ 203.51
99211	E & M Estab Patient, w/mo MD (approx 5 min)	Event	\$ 20.34	\$ 20.95	\$ 17.29	\$ 17.81	\$ 20.34	\$ 20.95
99212	Outpatient Visit Estab. Minor (10 min)	Event	\$ 40.50	\$ 41.72	\$ 34.43	\$ 35.47	\$ 40.50	\$ 41.72
99213	Outpatient Visit Estab. Moderate (15 min)	Event	\$ 67.64	\$ 69.67	\$ 57.49	\$ 59.21	\$ 67.64	\$ 69.67
99214	Outpatient Visit Estab. Severe (25 min)	Event	\$ 101.92	\$ 104.98	\$ 86.63	\$ 89.23	\$ 101.92	\$ 104.98
99215	Outpatient Visit Estab. Severe (40 min)	Event	\$ 137.84	\$ 141.98	\$ 117.17	\$ 120.67	\$ 137.84	\$ 141.98
99217	Hospital Observation Care - Discharge	Event	\$ 74.14	\$ 76.36	\$ 63.02	\$ 64.91	\$ 74.14	\$ 76.36
99218	Hospital Initial Observation Care Low Complexity	Event	\$ 69.94	\$ 72.04	\$ 59.44	\$ 61.22	\$ 69.94	\$ 72.04
99219	Hospital Initial Observation Care Moderate Complexity	Event	\$ 115.81	\$ 119.28	\$ 98.43	\$ 101.38	\$ 115.81	\$ 119.28
99220	Hospital Initial Observation Care High Complexity	Event	\$ 162.42	\$ 167.29	\$ 138.05	\$ 142.20	\$ 162.42	\$ 167.29
99221	Hospital Initial Care MD (30 mins)	Event	\$ 100.42	\$ 103.43	\$ 85.35	\$ 87.91	\$ 100.42	\$ 103.43
99222	Hospital Initial Care MD (50 mins)	Event	\$ 137.04	\$ 141.15	\$ 116.48	\$ 119.97	\$ 137.04	\$ 141.15
99223	Hospital Initial Care MD (70 mins)	Event	\$ 201.79	\$ 207.84	\$ 171.52	\$ 176.67	\$ 201.79	\$ 207.84
99224	SUBSEQUENT OBSERVATION CARE, TYPICALLY 1			\$ 29.00		\$ 24.66		\$ 29.00
99225	SUBSEQUENT OBSERVATION CARE, TYPICALLY 2			\$ 51.52		\$ 43.79		\$ 51.52
99226	SUBSEQUENT OBSERVATION CARE, TYPICALLY 3			\$ 77.03		\$ 65.48		\$ 77.03
99231	Hospital Subsequent Hospital Care MD Low Complexity (15 min)	Event	\$ 41.47	\$ 42.71	\$ 35.26	\$ 36.32	\$ 41.47	\$ 42.71
99232	Hospital Subsequent Hospital Care MD Moderate Complexity (25 min)	Event	\$ 74.73	\$ 76.97	\$ 63.53	\$ 65.44	\$ 74.73	\$ 76.97
99233	Hospital Subsequent Hospital Care MD High Complexity (35 min)	Event	\$ 107.04	\$ 110.25	\$ 90.98	\$ 93.71	\$ 107.04	\$ 110.25
99234	Hospital Observation/Inpatient Care Low Complexity	Event	\$ 141.66	\$ 145.91	\$ 120.42	\$ 124.02	\$ 141.66	\$ 145.91
99235	Hospital Observation/Inpatient Care Moderate Complexity	Event	\$ 186.09	\$ 191.67	\$ 158.18	\$ 162.92	\$ 186.09	\$ 191.67
99236	Observation/Inpatient Care High Complexity	Event	\$ 231.29	\$ 238.23	\$ 196.60	\$ 202.50	\$ 231.29	\$ 238.23
99238	Hospital Discharge Services (< 30 min)	Event	\$ 73.89	\$ 76.11	\$ 62.80	\$ 64.68	\$ 73.89	\$ 76.11
99239	Hospital Discharge Services (> 30 min)	Event	\$ 107.39	\$ 110.61	\$ 91.27	\$ 94.01	\$ 107.39	\$ 110.61
99241	Outpatient Consultation MD Minor (15 min)	Event	\$ 48.34	\$ 49.79	\$ 41.09	\$ 42.32	\$ 48.34	\$ 49.79
99242	Outpatient Consultation MD Moderate (30 min)	Event	\$ 90.56	\$ 93.28	\$ 76.99	\$ 79.29	\$ 90.56	\$ 93.28
99243	Outpatient Consultation MD Severe (40 min)	Event	\$ 124.54	\$ 128.28	\$ 105.86	\$ 109.04	\$ 124.54	\$ 128.28
99244	Outpatient Consultation MD Severe (60 min)	Event	\$ 184.98	\$ 190.53	\$ 157.24	\$ 161.95	\$ 184.98	\$ 190.53
99245	Outpatient Consultation MD Severe (80 min)	Event	\$ 227.34	\$ 234.17	\$ 193.25	\$ 199.05	\$ 227.34	\$ 234.17
99251	Inpatient Consultation MD Minor (20 min)	Event	\$ 49.36	\$ 50.84	\$ 41.95	\$ 43.22	\$ 49.36	\$ 50.84
99252	Inpatient Consultation MD Low Severity (40 min)	Event	\$ 76.47	\$ 78.77	\$ 65.00	\$ 66.95	\$ 76.47	\$ 78.77
99253	Inpatient Consultation MD Moderate (55 min)	Event	\$ 116.10	\$ 119.58	\$ 98.69	\$ 101.65	\$ 116.10	\$ 119.58
99254	Inpatient Consultation MD Moderate - High Severity (80 min)	Event	\$ 167.93	\$ 172.97	\$ 142.75	\$ 147.03	\$ 167.93	\$ 172.97
99255	Inpatient Consultation MD Moderate - High Severity (110 min)	Event	\$ 204.62	\$ 210.75	\$ 173.93	\$ 179.15	\$ 204.62	\$ 210.75
99281	ER Visit, Minor	Event	\$ 20.59	\$ 21.21	\$ 16.52	\$ 17.02	\$ 20.59	\$ 21.21
99282	ER Visit, Low Severity	Event	\$ 40.06	\$ 41.26	\$ 32.14	\$ 33.10	\$ 40.06	\$ 41.26
99283	ER Visit, Moderate Severity	Event	\$ 62.09	\$ 63.95	\$ 49.81	\$ 51.30	\$ 62.09	\$ 63.95
99284	ER Visit, High Severity	Event	\$ 116.24	\$ 119.73	\$ 93.26	\$ 96.06	\$ 116.24	\$ 119.73
99285	ER visit for the evaluation and management of a patient.	Event	\$ 172.82	\$ 178.00	\$ 138.64	\$ 142.80	\$ 172.82	\$ 178.00
99291	Critical Care-E&M of Critically Ill	Event					\$ 281.22	\$ 289.66
99304	Initial Nursing Facility Care E&M Low Complexity (25 min)	Event	\$ 89.47	\$ 92.15	\$ -	\$ -	\$ 89.47	\$ 92.15
99305	Initial Nursing Facility Care E&M Moderate Complexity (35 min)	Event	\$ 125.09	\$ 128.84	\$ -	\$ -	\$ 125.09	\$ 128.84
99306	Initial Nursing Facility Care E&M High Complexity (45 min)	Event	\$ 160.75	\$ 165.57	\$ -	\$ -	\$ 160.75	\$ 165.57
99307	Subsequent Nursing Facility Care E&M Review of Case (10 min)	Event	\$ 44.16	\$ 45.48	\$ 37.54	\$ 38.66	\$ 44.16	\$ 45.48
99308	Subsequent Nursing Facility Care E&M Low Complexity (15 min)	Event	\$ 67.51	\$ 69.53	\$ 57.38	\$ 59.10	\$ 67.51	\$ 69.53
99309	Subsequent Nursing Facility Care E&M Moderate Complexity (25 min)	Event	\$ 89.55	\$ 92.24	\$ 76.11	\$ 78.39	\$ 89.55	\$ 92.24
99310	Subsequent Nursing Facility Care E&M High Complexity (35 min)	Event	\$ 132.41	\$ 136.38	\$ 112.54	\$ 115.92	\$ 132.41	\$ 136.38
99315	Nursing Facility Discharge Management; (< 30 min)	Event	\$ 64.61	\$ 66.54	\$ 54.91	\$ 56.57	\$ 64.61	\$ 66.54
99316	Nursing Facility Discharge Management; (> 30 min)	Event	\$ 84.41	\$ 86.94	\$ 71.74	\$ 73.90	\$ 84.41	\$ 86.94
99318	Nursing Facility, E&M Low to Moderate Complexity (30 min)	Event	\$ 93.60	\$ 96.42	\$ 79.58	\$ 81.96	\$ 93.60	\$ 96.42
99324	New Patient Domiciliary/Rest Home E&M Low Severity (20 min)	Event	\$ 60.02	\$ 61.82	\$ 51.01	\$ 52.54	\$ 60.02	\$ 61.82
99325	New Patient Domiciliary/Rest Home E&M Low Complexity (30 min)	Event	\$ 87.42	\$ 90.04	\$ 74.31	\$ 76.54	\$ 87.42	\$ 90.04
99326	New Patient Domiciliary/Rest Home E&M Moderate Complexity (45 min)	Event	\$ 144.54	\$ 148.88	\$ 122.86	\$ 126.55	\$ 144.54	\$ 148.88
99327	New Patient Domiciliary/Rest Home E&M High Severity (60 min)	Event	\$ 188.52	\$ 194.18	\$ 160.24	\$ 165.05	\$ 188.52	\$ 194.18
99328	New Patient Domiciliary/Rest Home E&M High Complexity (75 min)	Event	\$ 221.93	\$ 228.59	\$ 188.64	\$ 194.30	\$ 221.93	\$ 228.59
99334	Estab. Patient Domiciliary/Rest Home E&M (15 min)	Event	\$ 61.86	\$ 62.72	\$ 52.58	\$ 54.16	\$ 61.86	\$ 62.72
99335	Estab. Patient Domiciliary/Rest Home E&M Low Complexity (25 min)	Event	\$ 95.82	\$ 98.69	\$ 81.45	\$ 83.89	\$ 95.82	\$ 98.69
99336	Estab. Patient Domiciliary/Rest Home E&M Moderate Complexity (40 min)	Event	\$ 134.94	\$ 138.99	\$ 114.69	\$ 118.14	\$ 134.94	\$ 138.99
99337	Estab. Patient Domiciliary/Rest Home E&M Moderate to High Severity (60 min)	Event	\$ 193.88	\$ 199.70	\$ 164.80	\$ 169.74	\$ 193.88	\$ 199.70
99341	New Patient Home Visit E&M Low Severity (20 min)	Event	\$ 60.02	\$ 61.82	\$ 51.01	\$ 52.54	\$ 60.02	\$ 61.82
99342	New Patient Home Visit E&M Low Complexity (30 min)	Event	\$ 87.42	\$ 90.04	\$ 74.31	\$ 76.54	\$ 87.42	\$ 90.04
99343	New Patient Home Visit E&M Moderate Complexity (45 min)	Event	\$ 140.78	\$ 145.00	\$ 119.67	\$ 123.25	\$ 140.78	\$ 145.00
99344	New Patient Home Visit E&M High Severity (60 min)	Event	\$ 184.82	\$ 190.36	\$ 157.10	\$ 161.81	\$ 184.82	\$ 190.36
99345	New Patient Home Visit E&M High Complexity (75 min)	Event	\$ 222.30	\$ 228.98	\$ 188.96	\$ 194.63	\$ 222.30	\$ 228.98
99347	Estab. Patient Home Visit E&M (15 min)	Event	\$ 58.57	\$ 60.33	\$ 49.78	\$ 51.27	\$ 58.57	\$ 60.33
99348	Estab. Patient Home Visit E&M Low Complexity (25 min)	Event	\$ 88.44	\$ 91.08	\$ 75.17	\$ 77.43	\$ 88.44	\$ 91.08
99349	Estab. Patient Home Visit E&M Moderate Complexity (40 min)	Event	\$ 128.79	\$ 132.64	\$ 109.46	\$ 112.74	\$ 128.79	\$ 132.64
99350	Estab. Patient Home Visit E&M High Complexity (60 min)	Event	\$ 179.54	\$ 184.93	\$ 152.61	\$ 157.19	\$ 179.54	\$ 184.93
99354	Prolonged MD Service w/F-T-F Patient Contact in Office (60 min)	Event	\$ 102.25	\$ 105.32	\$ 86.91	\$ 89.52	\$ 102.25	\$ 105.32
99355	Prolonged MD Service w/F-T-F Patient Contact in Office (30 min)	Event	\$ 101.22	\$ 104.27	\$ 86.04	\$ 88.62	\$ 101.22	\$ 104.27
99356	Prolonged MD Service w/F-T-F Patient Contact Inpatient (60 min)	Event	\$ 93.38	\$ 96.18	\$ 80.05	\$ 82.45	\$ 93.38	\$ 96.18
99357	Prolonged MD Service w/F-T-F Patient Contact Inpatient (30 min)	Event	\$ 94.02	\$ 96.84	\$ 79.92	\$ 82.32	\$ 94.02	\$ 96.84
99406	Smoking and Tobacco use Cessation	Event	\$ 14.42	\$ 14.85		\$ -	\$ 14.42	\$ 14.85
99407	Smoking and Tobacco use Cessation	Event	\$ 27.87	\$ 28.71	\$ 27.87	\$ 28.71	\$ 27.87	\$ 28.71
99408	Alcohol/Substance Abuse Structured Screening	Event	\$ 37.16	\$ 38.27	\$ 37.16	\$ 38.27	\$ 37.16	\$ 38.27

Code	Description	Unit	Physicians Assistant	Physicians Assistant	Cert. Nurse Practitioner-Specialty 112	Cert. Nurse Practitioner-Specialty 112	Physician	Physician
			End date 6/30/2018	Effective 7/1/2018	End date 6/30/2018	Effective 7/1/2018	End date 6/30/2018	Effective 7/1/2018
Q3014GT	TelePsync Site Facility Fee	Event	\$ 22.74	\$ 23.42	\$ 22.74	\$ 23.42	\$ 22.74	\$ 23.42

Sandhills Center

STATE FUNDED FEE SCHEDULE

Procedure Code	Description	Unit	Rate
H0038	State Funded Peer Support Indv- Effective 8/1/2019	15-min	\$ 12.00
H0038HQ	State Funded Peer Support Grp-Effective 8/1/2019	15-min	\$ 2.71
H2014	Developmental Therapy - Prof - Ind	15-min	\$ 8.23
H2014HM	Developmental Therapy - Para Prof - Ind	15-min	\$ 6.01
H2014HQ	Developmental Therapy - Prof - Group	15-min	\$ 2.78
H2014U1	Developmental Therapy - Para Prof - Group	15-min	\$ 2.01
H2034	SA Halfway House	day	**
YA125	Hourly Respite	15-min	\$ 5.00
YA213	Community Respite	event	\$ 150.00
YA230	Psychiatric Residential Treatment Facility	per diem	\$ 391.00
YA308	Peer Support Individual- End dated	15-min	\$ 8.14
YA309	Peer Support Group-End dated	15-min	\$ 2.71
YA343	Peer Support Hospital Discharge and Diversion -End dated	15-min	\$ 10.14
YA345	Jail Diversion	15 min	\$16.50
YA352	Assertive Engagement Qualified Prof	15 min	\$15.00
YA353	Assertive Engagement Assoc/Para Prof	15 min	\$6.00
YA382	CAET School to Work Transition Group	15 min	\$2.27
YA389	Long Term Vocational Support I/DD	15 min	\$11.21
YA390	Supported Employment Individual I/DD	15 min	\$11.21
YM645	Long Term Support	15 min	\$11.21
YM050	Personal Care	15-min	\$ 3.45
YM580	Day Supports		**
YM645	Long Term Support	15-min	\$ 11.21
YM686	Guardianship	month	\$ 262.50
YM700	Independent Living-MR/MI	per diem	**
YM755	Family Living - High	per diem	\$ 100.00
YM811	Supervised Living - 1 Residential	per diem	**
YM812	Supervised Living - 2 Residential	per diem	\$ 161.99
YM813	Supervised Living - 3 Residential	per diem	\$ 116.15
YM814	Supervised Living - 4 Residential	per diem	\$ 93.17
YM815	Supervised Living - 5 Residential	per diem	\$ 77.67
YM816	Supervised Living - 6 Residential	per diem	\$ 68.83
YP010	Hourly Respite - Individual	15-min	\$ 5.00
YP011	Hourly Respite - Group	15-min	\$ 1.67
YP020	Personal Assistance - Individual	15-min	\$ 4.46
YP021	Personal Assistance - Group	15-min	\$ 1.49
YP230	Assertive Outreach	15-min	\$ 22.66
YP450	Deaf Interpretation	15-min	\$ 15.00
YP485	Facility Based Crisis	per diem	\$ 313.32
YP610	Developmental Day	15-min	\$ 4.74
YP620	Adult Developmental Vocational Program (ADVP)	15-min	\$ 1.57
YP630	Supported Employment - Individual	15-min	\$ 20.88
YP630 NM	Supported Employment - Individual- No Fidelity	15-min	\$ 16.08
YP640	Supported Employment - Group	15-min	\$ 2.53
YP650	Community Rehab Prg (Shelter Work)	15-min	\$ 3.71
YP660	Day Activity	15-min	\$ 3.75
YP710	Supervised Living - Low	per diem	\$ 28.92
YP720	Supervised Living - Mod	per diem	\$ 55.11
YP730	Community Respite	per diem	\$ 214.38
YP740	Family Living - Low	per diem	\$ 50.00
YP750	Family Living - Mod	per diem	\$ 52.03
YP760	Group Living - Low	per diem	\$ 55.29
YP770	Group Living - Moderate	per diem	\$ 75.48
YP780	Group Living - High	per diem	\$ 141.51
YP790	Detox - Social Setting	per diem	\$ 118.42
YP820	Inpatient Hospital	per diem	**
YP821	3-Way Hospital Contract	per diem	\$ 750.00
YP851	Public Psychiatry - Administrative Functions	15-min	\$ 25.00
YP852	Public Psychiatry -Consultative Services	15-min	\$ 35.00

** Consumer specific contractual rate

Sandhills Center

Enhanced Mental Health and Substance Abuse Services State IPRS and 1915(b)(c) Medicaid Waiver

Procedure Code	Description	Unit	Rate Effective 7/01/12	New Rate Effective 2/1/2016	New Rates
H0010	Non-Hosp Medical Detox	per diem	\$ 325.58		
H0012HB	Comm Residential Tx-Adult	per diem	\$ 155.81		
H0013	Medical Comm Residential Tx	per diem	\$ 241.81		
H0014	Ambulatory Detox	15-min	\$ 21.25		
H0015	Alcohol and Drug Services Intensive Outpatient	per diem	\$ 131.56		
H0019UQ	Residential Level III 1-4 beds (Effective 5-3-15 State Only)	per diem	\$ 232.88	\$ 244.52	
H0019US	Residential Level III 5+ beds (Effective 5-3-15 State Only)	per diem	\$ 189.75	\$ 199.24	
H0019U5	Residential Level IV (Effective 5-3-15 State Only)	per diem	\$ 315.71	\$ 331.50	
H0019HQ	Residential Level III 1-4 beds (effective 5/3/2015) Medicaid Only	per diem	\$ 232.88	\$ 244.52	
H0019TJ	Residential Level III 5+ beds (effective 5/3/2015) Medicaid Only	per diem	\$ 189.75	\$ 199.24	
H0019HK	Residential Level IV 1-4 beds (effective 5/3/2015) Medicaid Only	per diem	\$ 315.71	\$ 331.50	
H0019UR	Residential Level IV 5+ beds (effective 5/3/-2015) Medicaid Only	per diem	\$ 315.71	\$ 331.50	
H0020	Methadone Administration	event	\$ 16.60	\$ 18.76	
H0032	MH/SA Targeted Case Management	per week	\$ 81.25		
H0035	Partial Hospital	event	\$ 132.32		
H0038	Medicaid Funded Peer Support Indv- Effective 7/1/2019	15-min			\$ 12.00
H0038HQ	Medicaid Funded Peer Support Grp-Effective 7/1/2019	15-min			\$ 2.71
H0040	Assertive Community Treatment Program (ACTT)	Event	\$ 339.62		
H0046	High Risk Intervention Level I	per diem	\$ 49.75	\$ 52.24	
H2011	Mobil Crisis Management	15-min	\$ 33.68		
H2012HA	Day Treatment - Child	per hour	\$ 31.41		
H2015HT	Community Support Team- end date 12/31/2019	15-min	\$ 14.50	\$ 16.68	25.91
H2015HTHO	CST Licensed Team Lead- Effective 1/1/2020				25.91
H2015HTHF	CST LCAS,CCS, CSAC- Effective 1/1/2020				25.91
H2015HTHN	CST QP/AP- Effective 1/1/2020				25.91
H2015HTU1	CST Peer Supp Spec- Effective 1/1/2020				25.91
H2015HTHM	CST Paraprofessional- Effective 1/1/2020				25.91
H2017	Psychosocial Rehabilitation	15-min	\$ 2.69	\$ 2.91	
H2020	Residential Level 2 Group Home-High Risk	per diem	\$ 126.31	\$ 132.63	
H2022	Intensive In-Home	per diem	\$ 258.20		
H2033	Multi-Systemic Therapy	15-min	\$ 43.88		
H2035	SA Comprehensive Outpatient Treatment	1-hr	\$ 45.35		
H2036	Medically Supervised Detox/Crisis Facility	per diem	**		
S5145	Child Foster Care, Therapeutic, Level II	per diem	\$ 88.58	\$ 93.01	
S9484	Crisis Intervention (Facility Based Crisis)	1-hr	\$ 15.93		
S9484HA	Facility Based Crisis Program-Children and Adolescents	per hour	\$ 15.93		
T1017HE	Targeted Case Management DD	per week	\$ 61.01		
T1023	Diagnostic Assessment	event	\$ 231.30		

** Contractual Rate

Sandhills Center								
Innovations Service Rates								
Proc. Code	Code Description	Billing Unit	5% Rate increase 11/01/2015	New Rate Effective 10/1/2016	New Waiver Rates 11/01/2016	Rate Increase 7/1/2017	3% Rate increase 7/1/2018	New Waiver Service 4/1/2019
H2011HI	Crisis Intervention and Stabilization Supports	15 min	\$ 8.55				\$ 8.80	
H2015	Community Networking	15 min	\$ 5.62				\$ 5.79	
H2015HQ	Community Networking Group	15m	\$ 2.98				\$ 3.07	
H2015U1	Community Networking - Class/Conf	15 min	Invoice				Invoice	
H2015U2	Community Networking-Transportation	Invoice	Invoice				Invoice	
H2016	Residential Supports Level 1	24 hr.	\$ 90.84		\$ 113.88		\$ 117.30	
H2016HI	Residential Supports Level 4	24 hr.	\$ 171.58		\$ 197.32		\$ 203.24	
H2025	Supported Employment - Individual	15 min	\$ 7.76				\$ 7.99	
H2025HQ	Supported Employment - Group	15 min	\$ 2.00				\$ 2.05	
H2025TS	Supported Employment-Long Term Follow-up	15 min			\$ 7.76		\$ 7.99	
H2025TSH	Supported Employment Long Term Follow-up Group	15 min			\$ 2.00		\$ 2.06	
H2025U2	Supported Employment-Transportation	Invoice					Invoice	
S5110	Natural Supports Education	15 min	\$ 8.96				\$ 9.23	
S5111	Natural Supports Educ - Conf	Invoice	Invoice				Invoice	
S5150	Respite Care- Community Individual	15 min	\$ 3.72				\$ 3.83	
S5150HQ	Respite Care- Community Group	15 min	\$ 2.82				\$ 2.91	
S5150US	Respite Care- Community Facility	24 hr.	\$ 118.65				\$ 122.21	
S5165	Home Modifications	Invoice	Invoice				Invoice	
T1005TD	Respite Care Nursing-RN	15 min	\$ 9.26				\$ 9.54	
T1005TE	Respite Care Nursing-LPN	15 min	\$ 9.26				\$ 9.54	
T1999	Individual Goods and Services	Invoice	Invoice				Invoice	
T2013TF	Community Living and Support Indv	15 min			\$ 4.71	\$ 5.18	\$ 5.34	
T2013TFH	Community Living and Support Group	15 min			\$ 3.10		\$ 3.19	
T2014	Residential Supports Level 2	24 hr.	\$ 131.21		\$ 156.31		\$ 161.00	
T2020	Residential Supports Level 3	24 hr.	\$ 151.40		\$ 174.11		\$ 179.33	
T2021	Day Supports-Individual	1 hr	\$ 6.44		\$ 25.76		\$ 26.53	
T2021HQ	Day Supports-Group	1hr	\$ 3.82		\$ 15.28		\$ 15.74	
T2025	Specialized Consultative Svc	15 min	\$ 26.25	\$ 31.25			\$ 32.19	
T2025ER	Specialized Consultative Svc- PhD level	15 min		\$ 37.50			\$ 38.63	
T2025U1	Financial Supports	Monthly	\$ 208.95				\$ 215.22	
T2025U2	FM Supplies	Invoice	Invoice				Invoice	
T2025U3	Crisis Behavioral Consultation	15 min	\$ 19.69	\$ 31.25			\$ 32.19	
T2025HO	Specialized Consultative Svc-BCBA			\$ 31.25			\$ 32.19	
T2027	Day Supports-Developmental Day	1 hr	\$ 6.44		\$ 25.76		\$ 26.53	
T2029	Assistive Technology: Equip Supplies	Invoice	Invoice				Invoice	
T2033	Supported Living-Level 1	24 hr.			\$ 153.01		\$ 157.60	
T2033HI	Supported Living-Level 2	24 hr.			\$ 186.80		\$ 192.40	
T2033TF	Supported Living-Level 3	24 hr.			\$ 220.05		\$ 226.65	
T2033U1	Supported Living Periodic	15 min						\$ 4.71
T2033U2	Supported Living Transition	15 min						\$ 4.71
T2034	Out of Home Crisis	24 hr.	\$ 246.75				\$ 254.15	
T2038	Community Transition Supports	Invoice	Invoice				Invoice	
T2039	Vehicle Adaptations	Invoice	Invoice				Invoice	
T2041	Community Guide/Navigator	Monthly	\$ 131.25			\$ 150.00	\$ 154.50	
T2041U1	Community Guide/Navigator Training - Employer	15 min	\$ 12.34				\$ 12.71	

Sandhills Center

B-3 Service Rates

Proc. Code	Code Description	Billing Unit	Effective 9-1-16	Effective 10-1-16	Effective 11-1-16	Rate Increase 7-1-17	3% rate increase 7/1/2018	New Waiver Service 4/1/2019	Effective 8/1/2019
H2022U4	Adolescent Transitional Living	Weekly							**
H2023U4	Supported Employment	15 min	\$ 11.21						
H2023U4HE	Supported Employment-MH	15 min	\$ 19.02						
H2023HQ4	Supported Employment Group	15 min	\$ 2.53						
H2026U4	Long Term Supported Employment	15 min	\$ 11.21						
H2026U4HE	Long Term Supported Employment--MH	15 min	\$ 19.02						
H0038U4	Peer Support	15 min	\$ 12.00						
H0038HQ4	Peer Support Group	15 min	\$ 2.71						
H0045HAU4	Individual Respite- Child	15 min	\$ 5.00						
H0045HB4	Individual Respite- Adult	15 min	\$ 5.00						
H0045HAHQ4	Group Respite-Child	15 min	\$ 3.00						
H0045HBHQ4	Group Respite-Adult	15 min	\$ 3.00						
T1012U4	Intensive Recovery Supports Indv	15 min							\$ 14.00
T1012HQ4	Intensive Recovery Supports Grp	15 min							\$ 5.00
T1019U4	Personal Care-Individual Support	15 min	\$ 12.00						
T2021U4	Day Supports-Individual	hourly			\$ 25.76		\$ 26.53		
T2021HQ4	Day Supports-Group	hourly			\$ 15.28		\$ 15.74		
99241U4	Psychiatric Consultation- approx 15 min	event	\$ 55.00				\$ 56.65		
99242U4	Psychiatric Consultation- approx 30 min	event	\$ 90.00				\$ 92.70		
99244U4	Psychiatric Consultation- approx 60 min	event	\$ 168.00				\$ 173.04		
T2029U4	Assistive Technology: Equip Supplies	Invoice	Invoice				Invoice		
T2041U4	Community Navigator	Monthly	\$ 131.25			150.00	\$ 154.50		
H2015U4	Community Networking	15 min	\$ 5.62				\$ 5.79		
H2015U1U4	Community Networking - Class/Conf	15 min	Invoice				Invoice		
T2038U4	Community Transition Supports	Invoice	Invoice				Invoice		
H2011HIU4	Crisis Intervention and Stabilization Supports	15 min	\$ 8.55				\$ 8.80		
T2034U4	Out of Home Crisis	24 hr.	\$ 246.75				\$ 254.15		
S5165U4	Home Modifications	Invoice	Invoice				Invoice		
T2013TFU4	Community Living and Support Indv	15 min			\$ 4.71	5.18	\$ 5.34		
T2013TFHQ4	Community Living and Support Group	15 min			\$ 3.10		\$ 3.19		
S5110U4	Natural Supports Education	15 min	\$ 8.96				\$ 9.23		
S5111U4	Natural Supports Educ - Conf	Invoice	Invoice				Invoice		
H2016U4	Residential Supports Level 1	24 hr.	\$ 90.84		\$ 113.88		\$ 117.30		
T2014U4	Residential Supports Level 2	24 hr.	\$ 131.21		\$ 156.31		\$ 161.00		
T2020U4	Residential Supports Level 3	24 hr.	\$ 151.40		\$ 174.11		\$ 179.33		
H2016HIU4	Residential Supports Level 4	24 hr.	\$ 171.58		\$ 197.32		\$ 203.24		
S5150U4	Respite Care- Community Individual	15 min	\$ 3.72				\$ 3.83		
S5150HQ4	Respite Care- Community Group	15 min	\$ 2.82				\$ 2.90		
S5150USU4	Respite Care- Community Facility	24 hr.	\$ 118.65				\$ 122.21		
T1005TEU4	Respite Care Nursing-LPN	15 min	\$ 9.26				\$ 9.54		
T1005TDU4	Respite Care Nursing-RN	15 min	\$ 9.26				\$ 9.54		
T2025U4	Specialized Consultative Svc	15 min	\$ 26.25	\$ 31.25			\$ 32.19		
H2025HQ4	Supported Employment - Group	15 min	\$ 2.00				\$ 2.06		
H2025U4	Supported Employment - Individual	15 min	7.76				\$ 7.99		
T2033U4	Supported Living-Level 1	24 hr.			\$ 153.01		\$ 157.60		
T2033HIU4	Supported Living-Level 2	24 hr.			\$ 186.80		\$ 192.40		
T2033TFU4	Supported Living-Level 3	24 hr.			\$ 220.05		\$ 226.65		
T2033U1	Supported Living Periodic	15 min						\$ 4.71	
T2033U2	Supported Living Transition	15 min						\$ 4.71	
T2039U4	Vehicle Adaptations	Invoice	Invoice				Invoice		

**Provider Specific