

Effective 2/1/2024, all outpatient services will be billed at the base rate. Continue to bill legacy rates if applicable.

Please Note: Legacy Sandhills and Eastpointe providers should continue to bill legacy rates as applicable.

Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90772					Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Medicaid B	001	Physician	Event	\$ 16.62	7/1/2013	12/31/2099	
90785					Interactive Complexity Add-on	Medicaid B	109	Licensed Psychologist	per time limit	\$ 14.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	109	Licensed Psychologist	per time limit	\$ 3.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	110	LCSW, LPC & LMFT	per time limit	\$ 2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 12.39	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	111	Certified Clinical Nurse	per time limit	\$ 3.37	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 12.39	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	112	Certified Nurse Practitioner	per time limit	\$ 3.37	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	001	Physician	per time limit	\$ 14.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	001	Physician	per time limit	\$ 4.36	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	128	Licensed Psychological	per time limit	\$ 2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	129	LCAS	per time limit	\$ 10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	129	LCAS	per time limit	\$ 2.97	1/1/2013	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	109	Licensed Psychologist	Event	\$ 205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	109	Licensed Psychologist	Event	\$ 125.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	110	LCSW, LPC & LMFT	Event	\$ 153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	110	LCSW, LPC & LMFT	Event	\$ 94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	111	Certified Clinical Nurse Specialist	Event	\$ 174.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	111	Certified Clinical Nurse	Event	\$ 106.58	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 174.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	112	Certified Nurse Practitioner	Event	\$ 106.58	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	001	Physician	Event	\$ 205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	001	Physician	Event	\$ 137.93	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	128	Licensed Psychological Associate	Event	\$ 153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	128	Licensed Psychological	Event	\$ 94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	129	LCAS	Event	\$ 153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	129	LCAS	Event	\$ 94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	130	Physician Assistant	Event	\$ 205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	130	Physician Assistant	Event	\$ 90.39	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	112	Certified Nurse Practitioner	Event	\$ 88.89	1/1/2013	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	001	Physician	Event	\$ 229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	001	Physician	Event	\$ 115.04	10/1/2013	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	130	Physician Assistant	Event	\$ 229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	130	Physician Assistant	Event	\$ 75.00	1/1/2013	12/31/2099	
90832					Psychotherapy, 16 - 37 mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 74.01	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	109	Licensed Psychologist	per time limit	\$ 52.24	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 62.91	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 44.40	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 62.91	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	112	Certified Nurse Practitioner	per time limit	\$ 44.40	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	001	Physician	per time limit	\$ 74.01	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	001	Physician	per time limit	\$ 57.46	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	128	Licensed Psychological Associate	per time limit	\$ 39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	129	LCAS	per time limit	\$ 55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	129	LCAS	per time limit	\$ 39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 57.57	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	\$ 29.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	001	Physician	per time limit	\$ 67.73	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	001	Physician	per time limit	\$ 38.40	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 97.83	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	109	Licensed Psychologist	per time limit	\$ 67.85	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 83.16	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 57.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90834					Psychotherapy, 38 - 52 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 83.16	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	112	Certified Nurse Practitioner	per time limit	\$ 57.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	001	Physician	per time limit	\$ 97.83	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	001	Physician	per time limit	\$ 74.64	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	128	Licensed Psychological Associate	per time limit	\$ 50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	129	LCAS	per time limit	\$ 73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	129	LCAS	per time limit	\$ 50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 72.99	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	\$ 48.21	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	001	Physician	per time limit	\$ 85.87	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	001	Physician	per time limit	\$ 62.39	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	130	Physician Assistant	per time limit	\$ 85.87	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	130	Physician Assistant	per time limit	\$ 39.46	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 144.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	109	Licensed Psychologist	per time limit	\$ 99.42	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 122.42	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	111	Certified Clinical Nurse Specialist	per time limit	\$ 84.51	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 122.42	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	112	Certified Nurse Practitioner	per time limit	\$ 84.51	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	001	Physician	per time limit	\$ 144.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	001	Physician	per time limit	\$ 109.36	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	128	Licensed Psychological Associate	per time limit	\$ 74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	129	LCAS	per time limit	\$ 108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	129	LCAS	per time limit	\$ 74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 96.53	1/1/2024	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	\$ 77.85	1/1/2013	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	001	Physician	per time limit	\$ 113.56	1/1/2024	12/31/2099	
90838					Psychotherapy, 53+ mins with E/M svc	State	001	Physician	per time limit	\$ 100.75	10/1/2013	12/31/2099	
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	109	Licensed Psychologist	per time limit	\$ 138.11	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	109	Licensed Psychologist	per time limit	\$ 125.28	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	110	LCSW, LPC & LMFT	per time limit	\$ 93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 117.74	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	111	Certified Clinical Nurse	per time limit	\$ 106.49	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 117.74	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	112	Certified Nurse Practitioner	per time limit	\$ 106.49	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	001	Physician	per time limit	\$ 138.11	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	001	Physician	per time limit	\$ 137.81	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	128	Licensed Psychological	per time limit	\$ 93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	129	LCAS	per time limit	\$ 103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	129	LCAS	per time limit	\$ 93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	109	Licensed Psychologist	per time limit	\$ 105.47	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	109	Licensed Psychologist	per time limit	\$ 105.47	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	110	LCSW, LPC & LMFT	per time limit	\$ 79.10	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	110	LCSW, LPC & LMFT	per time limit	\$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	\$ 89.65	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	111	Certified Clinical Nurse	per time limit	\$ 89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 89.65	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	112	Certified Nurse Practitioner	per time limit	\$ 89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	001	Physician	per time limit	\$ 105.47	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	001	Physician	per time limit	\$ 116.02	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	128	Licensed Psychological Associate	per time limit	\$ 79.10	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	128	Licensed Psychological Associate	per time limit	\$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	129	LCAS	per time limit	\$ 79.10	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	129	LCAS	per time limit	\$ 79.10	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90846					Family Therapy w/o Patient	Medicaid B	109	Licensed Psychologist	Event	\$ 94.08	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	109	Licensed Psychologist	Event	\$ 72.24	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	110	LCSW, LPC & LMFT	Event	\$ 70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	110	LCSW, LPC & LMFT	Event	\$ 54.17	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	\$ 79.97	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	111	Certified Clinical Nurse Specialist	Event	\$ 61.40	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 79.97	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	112	Certified Nurse Practitioner	Event	\$ 61.40	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	001	Physician	Event	\$ 94.08	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	001	Physician	Event	\$ 81.08	10/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	128	Licensed Psychological Associate	Event	\$ 70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	128	Licensed Psychological Associate	Event	\$ 54.17	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	129	LCAS	Event	\$ 70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	State	129	LCAS	Event	\$ 54.17	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	109	Licensed Psychologist	Event	\$ 100.68	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	109	Licensed Psychologist	Event	\$ 89.70	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	110	LCSW, LPC & LMFT	Event	\$ 75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	110	LCSW, LPC & LMFT	Event	\$ 67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	\$ 85.58	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	111	Certified Clinical Nurse Specialist	Event	\$ 76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 85.58	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	112	Certified Nurse Practitioner	Event	\$ 76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	001	Physician	Event	\$ 100.68	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	001	Physician	Event	\$ 100.68	10/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	128	Licensed Psychological Associate	Event	\$ 75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	128	Licensed Psychological Associate	Event	\$ 67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	129	LCAS	Event	\$ 75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	State	129	LCAS	Event	\$ 67.28	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	\$ 35.89	1/1/2024	12/31/2099	
90849					Group Therapy	State	109	Licensed Psychologist	Event	\$ 26.90	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	\$ 26.92	1/1/2024	12/31/2099	

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90849					Group Therapy	State	110	LCSW, LPC & LMFT	Event	\$ 20.18	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	\$ 30.51	1/1/2024	12/31/2099	
90849					Group Therapy	State	111	Certified Clinical Nurse	Event	\$ 22.87	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 30.51	1/1/2024	12/31/2099	
90849					Group Therapy	State	112	Certified Nurse Practitioner	Event	\$ 22.87	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	001	Physician	Event	\$ 35.89	1/1/2024	12/31/2099	
90849					Group Therapy	State	001	Physician	Event	\$ 30.20	10/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	\$ 26.90	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	\$ 26.92	1/1/2024	12/31/2099	
90849					Group Therapy	State	128	Licensed Psychological Associate	Event	\$ 20.18	4/1/2013	12/31/2099	
90849					Group Therapy	Medicaid B	129	LCAS	Event	\$ 26.92	1/1/2024	12/31/2099	
90849					Group Therapy	State	129	LCAS	Event	\$ 20.18	4/1/2013	12/31/2099	
90853					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	\$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	State	109	Licensed Psychologist	Event	\$ 25.57	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	\$ 21.53	1/1/2024	12/31/2099	
90853					Group Therapy	State	110	LCSW, LPC & LMFT	Event	\$ 19.18	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	\$ 24.40	1/1/2024	12/31/2099	
90853					Group Therapy	State	111	Certified Clinical Nurse Specialist	Event	\$ 21.74	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 24.40	1/1/2024	12/31/2099	
90853					Group Therapy	State	112	Certified Nurse Practitioner	Event	\$ 21.74	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	001	Physician	Event	\$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	State	001	Physician	Event	\$ 28.70	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	\$ 21.53	1/1/2024	12/31/2099	
90853					Group Therapy	State	128	Licensed Psychological Associate	Event	\$ 19.18	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	129	LCAS	Event	\$ 21.53	1/1/2024	12/31/2099	
90853					Group Therapy	State	129	LCAS	Event	\$ 19.18	1/1/2024	12/31/2099	
90865					narcosynthesis for psychiatric diagnostic and therapeutic	Medicaid B	001	Physician	Event	\$ 142.21	10/1/2013	12/31/2099	
90870					Electroconvulsive Therapy	Medicaid B	001	Physician	Event	\$ 166.08	1/1/2024	12/31/2099	
90870					Electroconvulsive Therapy	Medicaid B	130	Physician Assistant	Event	\$ 166.08	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	109	Licensed Psychologist	Event	\$ 11.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	001	Physician	Event	\$ 11.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	128	Licensed Psychological Associate	Event	\$ 8.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	130	Physician Assistant	Event	\$ 11.99	1/1/2024	12/31/2099	
96112					Developmental Test Administration	Medicaid B	109	Licensed Psychologist	hourly	\$ 147.53	1/1/2024	12/31/2099	

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96112					Developmental Test Administration	State	109	Licensed Psychologist	hourly	\$ 143.71	1/1/2019	12/31/2099	
96112					Developmental Test Administration	Medicaid B	001	Physician	hourly	\$ 147.53	1/1/2024	12/31/2099	
96112					Developmental Test Administration	State	001	Physician	hourly	\$ 114.97	1/1/2019	12/31/2099	
96112					Developmental Test Administration	Medicaid B	128	Licensed Psychological Associate	hourly	\$ 110.65	1/1/2024	12/31/2099	
96112					Developmental Test Administration	State	128	Licensed Psychological Associate	hourly	\$ 107.79	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	109	Licensed Psychologist	30 minutes	\$ 69.72	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	109	Licensed Psychologist	30 minutes	\$ 64.14	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	001	Physician	30 minutes	\$ 69.72	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	001	Physician	30 minutes	\$ 51.31	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	128	Licensed Psychological Associate	30 minutes	\$ 52.29	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	128	Licensed Psychological Associate	30 minutes	\$ 48.10	1/1/2019	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	109	Licensed Psychologist	hourly	\$ 108.59	1/1/2024	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	001	Physician	hourly	\$ 108.59	1/1/2024	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	128	Licensed Psychological Associate	hourly	\$ 81.44	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	109	Licensed Psychologist	hourly	\$ 89.22	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	109	Licensed Psychologist	hourly	\$ 87.53	1/1/2019	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	001	Physician	hourly	\$ 89.22	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	001	Physician	hourly	\$ 70.02	1/1/2019	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	128	Licensed Psychological Associate	hourly	\$ 66.92	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	128	Licensed Psychological Associate	hourly	\$ 65.65	1/1/2019	12/31/2099	
96125					standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid B	001	Physician	per time limit	\$ 119.57	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	\$ 140.66	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	109	Licensed Psychologist	hourly	\$ 124.95	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	001	Physician	hourly	\$ 140.66	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	001	Physician	hourly	\$ 99.96	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	\$ 105.50	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	128	Licensed Psychological Associate	hourly	\$ 93.71	1/1/2019	12/31/2099	

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96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	\$ 102.02	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	109	Licensed Psychologist	hourly	\$ 95.14	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	001	Physician	hourly	\$ 102.02	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	001	Physician	hourly	\$ 76.11	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	128	Psychological Associate	hourly	\$ 76.52	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	128	Licensed Psychological	hourly	\$ 71.35	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	\$ 151.60	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	109	Licensed Psychologist	hourly	\$ 139.84	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	001	Physician	hourly	\$ 151.60	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	001	Physician	hourly	\$ 111.87	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	128	Psychological Associate	hourly	\$ 113.70	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	128	Licensed Psychological	hourly	\$ 104.88	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	\$ 115.60	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	109	Licensed Psychologist	hourly	\$ 106.68	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	001	Physician	hourly	\$ 115.60	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	001	Physician	hourly	\$ 85.34	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	\$ 86.70	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	128	Licensed Psychological	hourly	\$ 80.01	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	109	Licensed Psychologist	30 minutes	\$ 48.98	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	001	Physician	30 minutes	\$ 48.98	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	001	Physician	30 minutes	\$ 39.33	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	109	Licensed Psychologist	30 minutes	\$ 49.16	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	128	Psychological Associate	30 minutes	\$ 36.74	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	128	Licensed Psychological	30 minutes	\$ 36.88	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	109	Licensed Psychologist	30 minutes	\$ 45.41	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	109	Licensed Psychologist	30 minutes	\$ 45.41	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	001	Physician	30 minutes	\$ 45.41	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	001	Physician	30 minutes	\$ 36.33	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	128	Licensed Psychological Associate	30 minutes	\$ 34.06	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	128	Licensed Psychological	30 minutes	\$ 34.06	1/1/2019	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	\$ 37.99	1/1/2024	12/31/2099	

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96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	109	Licensed Psychologist	30 minutes	\$ 31.09	1/1/2019	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	001	Physician	30 minutes	\$ 37.99	1/1/2024	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	001	Physician	30 minutes	\$ 31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	\$ 39.13	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	109	Licensed Psychologist	30 minutes	\$ 31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	001	Physician	30 minutes	\$ 39.13	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	001	Physician	30 minutes	\$ 31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	128	Licensed Psychological Associate	30 minutes	\$ 29.35	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	128	Licensed Psychological	30 minutes	\$ 23.32	1/1/2019	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	Medicaid B	109	Licensed Psychologist	Event	\$ 2.57	1/1/2024	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	State	109	Licensed Psychologist	Event	\$ 1.66	1/1/2019	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	Medicaid B	001	Physician	Event	\$ 2.57	1/1/2024	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	State	001	Physician	Event	\$ 1.66	1/1/2019	12/31/2099	
96150					h & b assess, 15 min face to face with pt, initial assessment	Medicaid B	001	Physician	per time limit	\$ 21.18	10/1/2013	12/31/2099	
96151					h & b assess, 15 min face to face with pt, reassessment	Medicaid B	001	Physician	per time limit	\$ 20.49	10/1/2013	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	001	Physician	Event	\$ 16.53	1/1/2024	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	001	Physician	Event	\$ 18.74	10/1/2013	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 14.05	1/1/2024	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	112	Certified Nurse Practitioner	Event	\$ 14.19	4/1/2013	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	Medicaid B	130	Physician Assistant	Event	\$ 16.53	1/1/2024	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	State	130	Physician Assistant	Event	\$ 17.04	1/1/2013	12/31/2099	
96373					injection (specify substance or drug) intra-arterial	Medicaid B	001	Physician	Event	\$ 16.09	10/1/2013	12/31/2099	
96373					injection (specify substance or drug) intra-arterial	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 12.44	4/1/2012	12/31/2099	
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	001	Physician	Event	\$ 47.97	10/1/2013	12/31/2099	
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 37.07	4/1/2012	12/31/2099	
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	Medicaid B	001	Physician	Event	\$ 20.80	10/1/2013	12/31/2099	
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service)	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 16.07	4/1/2012	12/31/2099	

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97151					Behavior Identification Assessment	Medicaid B			15 Minutes	\$ 30.56	1/1/2024	12/31/2099	
97152					Observational behavioral assessment and follow up	Medicaid B			15 Minutes	\$ 61.73	1/1/2024	12/31/2099	
97153					Direct Intervention by a Paraprofessional	Medicaid B			15 Minutes	\$ 20.81	1/1/2024	12/31/2099	
97154					Group Adaptive Behavioral Protocol	Medicaid B			15 Minutes	\$ 11.37	1/1/2024	12/31/2099	
97155					Modifications to the protocol by BCBA-LP	Medicaid B			15 Minutes	\$ 32.22	1/1/2024	12/31/2099	
97156					Family Caregiver Training by a BCBA	Medicaid B			15 Minutes	\$ 23.70	1/1/2024	12/31/2099	
97157					Family Training Program (Multi-Family Groups)	Medicaid B			15 Minutes	\$ 11.51	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	001	Physician	per time limit	\$ 69.34	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	001	Physician	per time limit	\$ 63.29	10/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 91.38	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	112	Certified Nurse Practitioner	per time limit	\$ 48.91	1/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	130	Physician Assistant	per time limit	\$ 97.83	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	130	Physician Assistant	per time limit	\$ 57.54	1/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	001	Physician	per time limit	\$ 107.50	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	001	Physician	per time limit	\$ 91.70	10/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 91.38	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	112	Certified Nurse Practitioner	per time limit	\$ 70.86	1/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	\$ 97.83	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	130	Physician Assistant	per time limit	\$ 83.36	1/1/2013	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	\$ 142.20	10/1/2013	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	\$ 160.17	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	001	Physician	per time limit	\$ 142.20	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 136.14	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	112	Certified Nurse Practitioner	per time limit	\$ 109.88	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	130	Physician Assistant	per time limit	\$ 145.75	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	130	Physician Assistant	per time limit	\$ 129.27	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	\$ 211.53	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	001	Physician	per time limit	\$ 179.75	10/1/2013	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 179.80	1/1/2024	12/31/2099	

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99205					ov new pt, severe - phys time approx 60 min	State	112	Certified Nurse Practitioner	per time limit	\$ 138.90	1/1/2013	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	\$ 192.49	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	\$ 163.41	1/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	001	Physician	per time limit	\$ 22.06	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	001	Physician	per time limit	\$ 18.50	10/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 18.75	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	112	Certified Nurse Practitioner	per time limit	\$ 14.30	1/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	130	Physician Assistant	per time limit	\$ 20.07	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	130	Physician Assistant	per time limit	\$ 16.82	1/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	001	Physician	per time limit	\$ 54.13	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	001	Physician	per time limit	\$ 36.85	10/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 46.01	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	112	Certified Nurse Practitioner	per time limit	\$ 28.48	1/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	130	Physician Assistant	per time limit	\$ 49.26	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	130	Physician Assistant	per time limit	\$ 33.50	1/1/2013	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	001	Physician	per time limit	\$ 86.78	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	001	Physician	per time limit	\$ 61.53	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 73.76	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	112	Certified Nurse Practitioner	per time limit	\$ 47.55	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	\$ 78.97	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	130	Physician Assistant	per time limit	\$ 55.94	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	001	Physician	per time limit	\$ 122.93	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	001	Physician	per time limit	\$ 92.72	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 104.49	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	112	Certified Nurse Practitioner	per time limit	\$ 71.65	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	\$ 111.87	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	130	Physician Assistant	per time limit	\$ 84.29	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 172.48	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	001	Physician	per time limit	\$ 125.40	10/1/2013	12/31/2099	

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99215					ov estab pt, severe phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 146.61	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	\$ 96.90	1/1/2013	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	\$ 156.96	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	130	Physician Assistant	per time limit	\$ 114.00	1/1/2013	12/31/2099	
99217					observation care discharge day management	Medicaid B	001	Physician	Event	\$ 67.45	10/1/2013	12/31/2099	
99217					observation care discharge day management	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 52.12	1/1/2013	12/31/2099	
99218					initial observation care, per day, low complexity	Medicaid B	001	Physician	per diem	\$ 63.62	10/1/2013	12/31/2099	
99218					initial observation care, per day, low complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 49.16	1/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	001	Physician	per diem	\$ 105.36	10/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 81.41	1/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	130	Physician Assistant	per diem	\$ 95.78	1/1/2013	12/31/2099	
99220					initial observation care, per day, high complexity	Medicaid B	001	Physician	per diem	\$ 147.76	10/1/2013	12/31/2099	
99220					initial observation care, per day, high complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 114.18	1/1/2013	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	001	Physician	per diem	\$ 91.36	10/1/2013	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	001	Physician	per diem	\$ 91.36	1/1/2024	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 77.66	1/1/2024	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	130	Physician Assistant	per diem	\$ 83.14	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	001	Physician	per diem	\$ 125.99	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 107.09	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	130	Physician Assistant	per diem	\$ 114.65	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	001	Physician	per diem	\$ 183.58	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 156.04	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	130	Physician Assistant	per diem	\$ 167.06	1/1/2024	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	001	Physician	per diem	\$ 25.62	10/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	001	Physician	per diem	\$ 25.62	10/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 19.80	4/1/2012	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	112	Certified Nurse Practitioner	per diem	\$ 19.80	4/1/2012	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	130	Physician Assistant	per diem	\$ 23.29	1/1/2013	12/31/2099	

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99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	130	Physician Assistant	per diem	\$ 23.29	1/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	001	Physician	per diem	\$ 45.51	10/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	001	Physician	per diem	\$ 45.51	10/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 35.16	4/1/2012	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	112	Certified Nurse Practitioner	per diem	\$ 35.16	4/1/2012	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	130	Physician Assistant	per diem	\$ 41.37	1/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	130	Physician Assistant	per diem	\$ 41.37	1/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	001	Physician	per diem	\$ 68.05	10/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	001	Physician	per diem	\$ 68.05	10/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 52.58	4/1/2012	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	112	Certified Nurse Practitioner	per diem	\$ 52.58	4/1/2012	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	130	Physician Assistant	per diem	\$ 61.86	1/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	130	Physician Assistant	per diem	\$ 61.86	1/1/2013	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	001	Physician	per time limit	\$ 48.02	1/1/2024	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 40.82	1/1/2024	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	\$ 43.70	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	001	Physician	per time limit	\$ 76.69	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 65.19	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	\$ 69.79	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	001	Physician	per time limit	\$ 115.38	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 98.07	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	130	Physician Assistant	per time limit	\$ 105.00	1/1/2024	12/31/2099	
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	\$ 128.88	1/1/2024	12/31/2099	
99234					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 109.55	1/1/2024	12/31/2099	
99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	\$ 169.30	1/1/2024	12/31/2099	

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99235					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 154.53	1/1/2024	12/31/2099	
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	001	Physician	Event	\$ 238.33	1/1/2024	12/31/2099	
99236					observation or inpatient hospital care, for the evaluation and manage	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 202.58	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	\$ 78.10	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 66.39	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	\$ 71.07	1/1/2024	12/31/2099	
99239					hospital discharge day management; more than 30 min	Medicaid B	001	Physician	per time limit	\$ 110.74	1/1/2024	12/31/2099	
99239					hospital discharge day management; more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 94.13	1/1/2024	12/31/2099	
99241	U4				Psychiatric Consultation - approx 15 min	B3	001	Physician	per diem	\$ 55.00	7/1/2015	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	001	Physician	per time limit	\$ 43.98	10/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	001	Physician	per time limit	\$ 43.98	10/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 33.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	112	Certified Nurse Practitioner	per time limit	\$ 33.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	\$ 39.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	130	Physician Assistant	per time limit	\$ 39.98	1/1/2013	12/31/2099	
99242	U4				Psychiatric Consultation - approx 30 min	B3	001	Physician	per diem	\$ 90.00	7/1/2015	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	001	Physician	per time limit	\$ 88.12	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	001	Physician	per time limit	\$ 82.39	10/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 74.90	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	112	Certified Nurse Practitioner	per time limit	\$ 63.67	1/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	\$ 80.19	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	130	Physician Assistant	per time limit	\$ 74.90	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 113.30	10/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 113.30	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	001	Physician	per time limit	\$ 113.30	10/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 96.31	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	\$ 87.55	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	\$ 103.10	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	130	Physician Assistant	per time limit	\$ 103.00	1/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99244	U4				Psychiatric Consultation - approx 60 min	B3	001	Physician	per diem	\$ 168.00	7/1/2015	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	\$ 168.29	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	001	Physician	per time limit	\$ 168.29	10/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 143.05	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	112	Certified Nurse Practitioner	per time limit	\$ 130.04	1/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	\$ 153.14	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	\$ 152.99	1/1/2013	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	001	Physician	per time limit	\$ 206.83	1/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	State	001	Physician	per time limit	\$ 206.83	10/1/2013	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 175.81	1/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	State	112	Certified Nurse Practitioner	per time limit	\$ 159.83	1/1/2013	12/31/2099	
99251					initial inpt consult - phys time approx 20 min	Medicaid B	001	Physician	per time limit	\$ 44.90	10/1/2013	12/31/2099	
99251					initial inpt consult - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 34.70	1/1/2013	12/31/2099	
99252					initial inpt consult - phys time approx 40 min	Medicaid B	001	Physician	per time limit	\$ 81.98	1/1/2024	12/31/2099	
99252					initial inpt consult - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 69.68	1/1/2024	12/31/2099	
99253					initial inpt consult - phys time approx 55 min	Medicaid B	001	Physician	per time limit	\$ 114.33	1/1/2024	12/31/2099	
99253					initial inpt consult - phys time approx 55 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 97.18	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	001	Physician	per time limit	\$ 158.93	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 135.09	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	130	Physician Assistant	per time limit	\$ 144.63	1/1/2024	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	\$ 186.15	10/1/2013	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	\$ 213.61	1/1/2024	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 181.57	1/1/2024	12/31/2099	
99281					er visit, minor	Medicaid B	001	Physician	Event	\$ 18.73	10/1/2013	12/31/2099	
99282					er visit, low severity	Medicaid B	001	Physician	Event	\$ 36.44	10/1/2013	12/31/2099	
99282					er visit, low severity	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 32.14	1/1/2013	12/31/2099	
99283					er visit, moderate severity	Medicaid B	001	Physician	Event	\$ 56.49	10/1/2013	12/31/2099	
99284					er visit, high severity	Medicaid B	001	Physician	Event	\$ 105.75	10/1/2013	12/31/2099	
99284					er visit, high severity	Medicaid B	130	Physician Assistant	Event	\$ 96.14	4/1/2013	12/31/2099	

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99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	001	Physician	Event	\$ 157.22	10/1/2013	12/31/2099	
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	112	Certified Nurse Practitioner	Event	\$ 138.64	4/1/2012	12/31/2099	
99291					critical care, evaluation and management of the unstable critically ill	Medicaid B	001	Physician	Event	\$ 225.61	4/1/2012	12/31/2099	
99304					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	\$ 81.40	1/1/2024	12/31/2099	
99305					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	\$ 128.82	1/1/2024	12/31/2099	
99306					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	\$ 176.28	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	\$ 38.23	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 32.50	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	\$ 34.79	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	\$ 71.10	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 60.95	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	\$ 64.70	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	\$ 102.95	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 87.51	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	\$ 93.68	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	\$ 148.04	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 125.83	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	\$ 134.72	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	\$ 78.79	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 66.97	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	\$ 71.70	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	001	Physician	per time limit	\$ 126.94	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 107.90	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	130	Physician Assistant	per time limit	\$ 115.52	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	001	Physician	per time limit	\$ 85.16	10/1/2013	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 65.81	1/1/2013	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	130	Physician Assistant	per time limit	\$ 77.42	1/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	20 minutes	\$ 54.60	10/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	20 minutes	\$ 42.19	1/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	20 minutes	\$ 49.64	1/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	30 minutes	\$ 79.53	10/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	30 minutes	\$ 61.46	1/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	30 minutes	\$ 72.30	1/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	45 minutes	\$ 131.49	10/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	45 minutes	\$ 101.61	1/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	45 minutes	\$ 119.54	1/1/2013	12/31/2099	
99327					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	60 minutes	\$ 132.53	1/1/2013	12/31/2099	
99328					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	75 minutes	\$ 201.91	10/1/2013	12/31/2099	
99328					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	75 minutes	\$ 183.55	1/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	15 minutes	\$ 56.28	10/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	15 minutes	\$ 43.49	1/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	15 minutes	\$ 51.16	1/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	25 minutes	\$ 87.18	10/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	25 minutes	\$ 67.36	1/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	25 minutes	\$ 79.25	1/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	40 minutes	\$ 122.76	10/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	40 minutes	\$ 94.86	1/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	40 minutes	\$ 111.60	1/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	60 minutes	\$ 176.39	10/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	60 minutes	\$ 136.30	1/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	60 minutes	\$ 160.35	1/1/2013	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	15 minutes	\$ 55.84	1/1/2024	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	15 minutes	\$ 47.46	1/1/2024	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	15 minutes	\$ 50.81	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	30 minutes	\$ 89.21	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	\$ 75.83	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	30 minutes	\$ 50.81	1/1/2024	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	45 minutes	\$ 128.07	10/1/2013	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	45 minutes	\$ 98.97	1/1/2013	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	45 minutes	\$ 116.43	1/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	60 minutes	\$ 168.15	10/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	\$ 129.93	1/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	60 minutes	\$ 152.86	1/1/2013	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	75 minutes	\$ 230.45	1/1/2024	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	75 minutes	\$ 195.88	1/1/2024	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	75 minutes	\$ 209.71	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	15 minutes	\$ 51.11	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	15 minutes	\$ 43.44	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	15 minutes	\$ 46.51	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	30 minutes	\$ 86.93	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	\$ 73.89	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	30 minutes	\$ 79.11	1/1/2024	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	40 minutes	\$ 123.40	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	40 minutes	\$ 104.89	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	40 minutes	\$ 112.29	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	60 minutes	\$ 180.11	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	\$ 153.09	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	60 minutes	\$ 163.90	1/1/2024	12/31/2099	
99354					prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	\$ 93.03	10/1/2013	12/31/2099	
99354					prolonged physician service in office or outpatient setting	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 71.88	1/1/2013	12/31/2099	
99355					prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	\$ 92.09	10/1/2013	12/31/2099	
99355					prolonged physician service in office or outpatient setting	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 71.16	1/1/2013	12/31/2099	
99356					prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	\$ 84.95	10/1/2013	12/31/2099	
99356					prolonged physician service in inpatient setting, requiring	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 65.65	1/1/2013	12/31/2099	
99357					prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	\$ 85.54	10/1/2013	12/31/2099	
99357					prolonged physician service in inpatient setting, requiring	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 66.10	1/1/2013	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	001	Physician	per time limit	\$ 14.29	1/1/2024	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	112	Certified Nurse Practitioner	per time limit	\$ 12.15	1/1/2024	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	130	Physician Assistant	per time limit	\$ 13.00	1/1/2024	12/31/2099	
99407					EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B			per diem	\$ 26.75	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	001	Physician	per diem	\$ 34.21	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 33.71	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	130	Physician Assistant	per diem	\$ 33.71	1/1/2024	12/31/2099	
99409					outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	110	LCSW, LPC & LMFT	event	\$ 64.50	1/1/2024	12/31/2099	
H0010					Non-Hospital Medical Detoxification	Medicaid B			per diem	\$ 325.58	4/1/2013	12/31/2099	
H0012	HB				Non-Hospital Community Residential Treatment - Adult	Medicaid B			per diem	\$ 155.81	4/1/2013	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H0013					Medically Monitored Community Residential Treatment	Medicaid B			per diem	\$ 241.81	4/1/2013	12/31/2099	
H0014					Ambulatory Detoxification	Medicaid B			15 Minutes	\$ 21.25	10/1/2012	12/31/2099	
H0015					Substance Abuse Intensive Outpatient Program	Medicaid B			per diem	\$ 133.72	4/1/2022	12/31/2099	
H0015					Substance Abuse Intensive Outpatient Program	State			per diem	\$ 131.56	1/1/2024	12/31/2099	
H0018	U4				Crisis Respite	Medicaid B			per diem	\$ 160.00	4/1/2012	12/31/2099	
H0019	HK				Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)	Medicaid B			per diem	\$ 401.45	1/1/2024	12/31/2099	
H0019	HQ				Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	\$ 296.12	1/1/2024	12/31/2099	
H0019	TJ				Behavioral Health Long Term Residential (HRI Level III-5 beds or more)	Medicaid B			per diem	\$ 350.00	1/1/2024	12/31/2099	
H0019	UR				Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)	Medicaid B			per diem	\$ 401.45	1/1/2024	12/31/2099	
H0020					Alcohol and/or Drug Services; methadone administration	Medicaid B			per week	\$ 254.93	10/15/2023	12/31/2099	
H0020					Alcohol and/or Drug Services; methadone administration	State			per week	\$ 254.93	10/15/2023	12/31/2099	
H0031	59				Mental Health Assessment	Medicaid B			15 Minutes	\$ 11.72	4/1/2012	12/31/2099	
H0031	59				Mental Health Assessment	State			15 Minutes	\$ 11.72	4/1/2012	12/31/2099	
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	Medicaid B			per diem	\$ 171.01	1/1/2024	12/31/2099	
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	State			per diem	\$ 132.32	10/1/2012	12/31/2099	
H0038	HQ	U4			Peer Support Group	B3			15 Minutes	\$ 3.40	8/1/2016	12/31/2099	
H0038	U4				Peer Support	B3			15 Minutes	\$ 12.15	8/1/2016	12/31/2099	
H0038					Peer Support	Medicaid B			15 Minutes	\$ 15.50	1/1/2024	12/31/2099	
H0038					Peer Support	State			15 Minutes	\$ 13.26	1/1/2024	12/31/2099	
H0040	U1				Assertive Community Treatment Team (ACTT) - encounter claim code	Medicaid B			15 Minutes	\$ 0.01	9/1/2017	12/31/2099	*Any add'l per diem visits should be billed at .01 per unit
H0040	U1				Assertive Community Treatment Team (ACTT) - encounter claim code	State			15 Minutes	\$ 0.01	9/1/2017	12/31/2099	*Any add'l per diem visits should be billed at .01 per unit
H0040					Assertive Community Treatment Team (ACTT)	Medicaid B			monthly	\$2,154.20	1/1/2024	12/31/2099	*To be billed on the first per diem contact of the month
H0040					Assertive Community Treatment Team (ACTT)	State			monthly	\$1,595.70	1/1/2024	12/31/2099	*To be billed on the first per diem contact of the month
H0043	U4				Community Transition	1915i			1 Time	Invoice	9/15/2023	12/31/2099	DD Consumers only
H0043					Community Transition	B3			1 Time	Invoice	9/15/2023	12/31/2099	DD Consumers only
H0045	HQ	U4			Group Respite	1915i			15 Minutes	\$ 4.82	1/1/2024	12/31/2099	
H0045	HQ				Group Respite	B3			15 Minutes	\$ 4.82	1/1/2024	12/31/2099	
H0045	U4				Individual Respite	1915i			15 Minutes	\$ 7.92	1/1/2024	12/31/2099	
H0045					Individual Respite	B3			15 Minutes	\$ 7.92	1/1/2024	12/31/2099	
H0046					Mental Health Services, Not Otherwise Specified (HRI Level I-Foster Care)	Medicaid B			per diem	\$ 86.25	10/1/2022	12/31/2099	
H2011	U1	U4			Primary Crisis Response	B3			15 Minutes	\$ 6.00	1/1/2022	12/31/2099	
H2011	U1				Primary Crisis Response	Innovation			15 Minutes	\$ 6.00	1/1/2022	12/31/2099	
H2011					Mobile Crisis Management (MH/SA)	Medicaid B			15 Minutes	\$ 99.00	1/1/2024	12/31/2099	
H2011					Mobile Crisis Management (MH/SA)	State			15 Minutes	\$ 90.00	1/1/2024	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	\$ 32.13	4/1/2022	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	\$ 42.25	1/1/2024	12/31/2099	

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H2012	HA				Child and Adolescent Day Treatment	State			hourly	\$ 31.41	4/1/2012	12/31/2099	
H2015	HQ	U4			Community Networking - Group	B3			15 Minutes	\$ 3.96	1/1/2024	12/31/2099	
H2015	HQ				Community Networking - Group	Innovation			15 Minutes	\$ 3.96	7/1/2023	12/31/2099	
H2015	HT	HF			Community Support Team (MH/SA) Licensed Substance Abuse Professional	Medicaid B			15 Minutes	\$ 29.31	1/1/2024	12/31/2099	
H2015	HT	HN			Community Support Team (MH/SA) Qualified Professional	Medicaid B			15 Minutes	\$ 29.31	1/1/2024	12/31/2099	
H2015	HT	HM			Community Support Team (MH/SA) Paraprofessional	Medicaid B			15 Minutes	\$ 29.31	1/1/2024	12/31/2099	
H2015	HT	HO			Community Support Team (MH/SA) Licensed Team Lead	Medicaid B			15 Minutes	\$ 29.31	1/1/2024	12/31/2099	
H2015	HT	U1			Community Support Team (MH/SA) Peer Support Specialist	Medicaid B			15 Minutes	\$ 29.31	1/1/2024	12/31/2099	
H2015	U1	U4			Community Networking - Class/Conferences	B3			Invoice		1/1/2014	12/31/2099	
H2015	U1				Community Networking - Classes/conferences	Innovation s			Invoice		4/1/2012	12/31/2099	
H2015	U2	U4			Community Networking - Transportation	B3			Invoice		11/1/2016	12/31/2099	
H2015	U2				Community Networking Transportation	Innovation s			Invoice		11/1/2016	12/31/2099	
H2015	U4				Community Networking - Individual	B3			15 Minutes	\$ 7.28	1/1/2024	12/31/2099	
H2015					Community Networking - Individual	Innovation s			15 Minutes	\$ 7.28	7/1/2023	12/31/2099	
H2016	CG				Residential Supports Level 1 - AFL	Innovation s			per diem	\$ 153.72	7/1/2023	12/31/2099	
H2016	HI	CG			Residential Supports Level 4 - AFL	Innovation s			per diem	\$ 241.92	7/1/2023	12/31/2099	
H2016	HI	U4			Residential Supports Level 4	B3			per diem	\$ 218.21	1/1/2024	12/31/2099	
H2016	HI				Residential Supports Level 4	Innovation s			per diem	\$ 241.92	7/1/2023	12/31/2099	
H2016	U4				Residential Supports Level 1	B3			per diem	\$ 146.73	1/1/2024	12/31/2099	
H2016					Residential Supports Level 1	Innovation s			per diem	\$ 153.72	7/1/2023	12/31/2099	
H2017					DMH Psychosocial Rehabilitation (PSR)	Medicaid B			15 Minutes	\$ 3.48	1/1/2024	12/31/2099	
H2017					DMH Psychosocial Rehabilitation (PSR)	State			15 Minutes	\$ 2.69	1/1/2024	12/31/2099	
H2020				0902	Therapeutic Behavioral Services (HRI Level II-Group Homes)	Medicaid B			per diem	\$ 160.61	1/1/2024	12/31/2099	
H2020				0183	Therapeutic Behavioral Services Therapeutic Leave(HRI Level II-Group Homes)	Medicaid B			per diem	\$ 160.61	01/01/2024	12/31/2099	
H2022	HE				Child First	Medicaid B			#####		1/1/2024	12/31/2099	
H2022	U4				Transitional Living Skills	Medicaid B			per week	\$ 380.65	1/1/2020	12/31/2099	
H2022					Intensive In-Home Services	Medicaid B			per diem	\$ 298.15	1/1/2024	12/31/2099	
H2022					Intensive In-Home Services	State			per diem	\$ 239.66	4/1/2017	12/31/2099	
H2023	U2	U4			Initial Individual Supported Employment MH	B3			15 Minutes	\$ 26.40	10/1/2023	12/31/2099	MH/SA Consumers
H2023	U2	U6	U4		Initial Individual Supported Employment TCL	B3			15 Minutes	\$ 26.40	10/1/2023	12/31/2099	
H2023	U3	U4			Initial Individual Supported Employment I/DD	1915i			15 Minutes	\$ 9.74	1/1/2024	12/31/2099	DD Consumers only
H2023	U6	U4			Initial Supported Employment - TCL	B3			15 Minutes	\$ 26.40	10/1/2023	12/31/2099	TCL Initiative/Based on Meeting Fidelity
H2025	HQ	U4			Supported Employment - Group Setting	B3			15 Minutes	\$ 2.83	1/1/2024	12/31/2099	
H2025	HQ				Supported Employment Group Setting	Innovation c			15 Minutes	\$ 2.83	7/1/2023	12/31/2099	
H2025	TS	HQ			Support Employment - Long Term Follow-UP Group	Innovation c			15 Minutes	\$ 2.83	7/1/2023	12/31/2099	

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H2025	TS	U2			Supported Employment Long Term Follow Up-Transportation	Innovation c			Invoice		11/1/2016	12/31/2099	
H2025	TS	U4			Supported Employment Long Term Follow Up	B3			15 Minutes	\$ 7.75	1/1/2022	12/31/2099	
H2025	TS				Supported Employment - Long Term Follow-Up	Innovation c			15 Minutes	\$ 9.84	7/1/2023	12/31/2099	
H2025	U4				Supported Employment - Individual	B3			15 Minutes	\$ 9.84	1/1/2024	12/31/2099	
H2025					Supported Employment	Innovation c			15 Minutes	\$ 9.84	7/1/2023	12/31/2099	
H2026	HQ	U4			Group Supported Employment Maintenance IDD only	1915i			15 Minutes	\$ 2.83	1/1/2024	12/31/2099	
H2026	HQ				Group Supported Employment Maintenance IDD only	B3			15 Minutes	\$ 2.83	1/1/2024	12/31/2099	
H2026	U2	U4			MH Long Term Vocational Supports	B3			15 Minutes	\$ 17.73	1/1/2024	12/31/2099	MH/SA Consumers
H2026	U3	U4			I/DD Long Term Vocational Supports	1915i			15 Minutes	\$ 14.10	1/1/2024	12/31/2099	I/DD Consumers only
H2026					I/DD Long Term Vocational Supports	B3			15 Minutes	\$ 14.10	1/1/2024	12/31/2099	I/DD Consumers only
H2033					Multi-Systemic Therapy (MST)	Medicaid B			15 Minutes	\$ 47.26	1/1/2024	12/31/2099	
H2033					Multi-Systemic Therapy (MST)	State			15 Minutes	\$ 36.57	10/1/2012	12/31/2099	
H2034					SA Halfway House	State			per diem	\$ 58.21	4/1/2012	12/31/2099	
H2035					SA Comprehensive Outpatient Treatment Program	Medicaid B			hourly	\$ 46.07	4/1/2022	12/31/2099	
H2035					SA Comprehensive Outpatient Treatment Program	State			hourly	\$ 45.35	1/1/2024	12/31/2099	
Q3014	GT				telehealth originating site facility fee	State	001	Physician	per diem	\$ 23.38	10/1/2013	12/31/2099	
Q3014					telehealth originating site facility fee	Medicaid B	001	Physician	per diem	\$ 23.38	10/1/2013	12/31/2099	
Q3014	GT				telehealth originating site facility fee	Medicaid B	112	Certified Nurse Practitioner	per diem	\$ 20.83	4/1/2012	12/31/2099	
Q3014					telehealth originating site facility fee	State	112	Certified Nurse Practitioner	per diem	\$ 20.83	4/1/2012	12/31/2099	
S5110	U4				Natural Supports Education - Individual	B3			15 Minutes	\$ 8.36	1/1/2014	12/31/2099	
S5110					Natural Supports Education	Innovation c			15 Minutes	\$ 8.36	4/1/2013	12/31/2099	
S5111	U4				Natural Supports Education - Conference	B3			Invoice		1/1/2014	12/31/2099	
S5111					Natural Supports Education - Conference	Innovation c			Invoice		4/1/2012	12/31/2099	
S5125	U4				Personal Care	B3			15 Minutes	\$ 4.28	1/1/2022	12/31/2099	
S5145	HK				Intensive Alternative Family Services	Medicaid B			per diem	\$ 231.28	4/1/2013	12/31/2099	
S5145				0902	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	\$ 175.00	10/1/2022	12/31/2099	
S5145				0183	Foster Care, Therapeutic, Child Therapeutic Leave (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	\$ 175.00	10/1/2022	12/31/2099	
S5150	HQ	U4			Respite Care- Community Group	B3			15 Minutes	\$ 3.69	1/1/2024	12/31/2099	
S5150	HQ				Respite Care - Community Group	Innovation c			15 Minutes	\$ 3.69	7/1/2023	12/31/2099	
S5150	U4				Respite Care- Community Individual	B3			15 Minutes	\$ 5.38	1/1/2024	12/31/2099	
S5150	US	U4			Respite Care - Community Facility	B3			Event	\$ 156.54	7/1/2023	12/31/2099	
S5150	US				Respite Care - Community Facility	Innovation c			per diem	\$ 156.54	7/1/2023	12/31/2099	
S5150					Respite Care - Community Individual	Innovation c			15 Minutes	\$ 5.38	7/1/2023	12/31/2099	
S5151	U4				Respite Care- Community Facility	B3			per diem	\$ 264.74	1/1/2024	12/31/2099	
S5165	U4				Home	B3			Invoice		1/1/2014	12/31/2099	
S5165					Home Modifications	Innovation c			Invoice		11/1/2016	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Adults	State			hourly	\$ 30.00	7/1/2021	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Child & Adolescents	Medicaid B			hourly	\$ 37.32	1/1/2024	12/31/2099	
S9484					Crisis Intervention (Facility Based Crisis)	State			hourly	\$ 30.00	7/1/2021	12/31/2099	

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S9484					Crisis Intervention (Facility Based Crisis) Adults	Medicaid B			hourly	\$ 33.00	1/1/2024	12/31/2099	
T1005	TD				Respite Care Nursing - RN	Innovations			15 Minutes	\$ 11.16	7/1/2023	12/31/2099	
T1005	TE				Respite Care Nursing - LPN	Innovations			15 Minutes	\$ 11.16	7/1/2023	12/31/2099	
T1015	TD	U4			Intensive In Home Support	B3			15 Minutes	\$ 4.93	1/1/2022	12/31/2099	
T1015					Intensive In Home Support	Innovations			15 Minutes	\$ 4.93	1/1/2022	12/31/2099	
T1017	HE	HB			Case Management Crisis Response, Prevention, Stabilization Program	Medicaid B			15 Minutes	\$ 61.01	10/1/2019	12/31/2099	
T1019	U4				Individual Support	1915i			15 Minutes	\$ 20.59	9/15/2023	12/31/2099	
T1019					Individual Support	B3			15 Minutes	\$ 20.59	9/15/2023	12/31/2099	
T1019	TS				Individual Supports Community	B3			15 Minutes	\$ 15.06	1/1/2024	12/31/2099	
T1019	TS	U4			Individual Supports Community	1915i			15 Minutes	\$ 15.06	1/1/2024	12/31/2099	
T1023					Diagnostic Assessment (MH/SA)	Medicaid B			Event	\$ 298.93	1/1/2024	12/31/2099	
T1023					Diagnostic Assessment (MH/SA)	State			Event	\$ 231.30	4/1/2013	12/31/2099	
T1999	U4				Individual Goods and Services	B3			Invoice		1/1/2014	12/31/2099	
T1999					Individual Goods and Services	Innovations			Invoice		4/1/2012	12/31/2099	
T2012	HQ				Community Living and Supports-Community Group	Innovations			15 Minutes	\$ 4.59	7/1/2023	12/31/2099	
T2012					Community Living and Supports-Community	Innovations			15 Minutes	\$ 7.85	7/1/2023	12/31/2099	
T2013	HQ	U4			In Home Skill Building - Group	B3			15 Minutes	\$ 4.59	1/1/2024	12/31/2099	
T2013	TF	HQ	U4		Community Living and Supports Group	1915i			15 Minutes	\$ 4.59	1/1/2024	12/31/2099	
T2013	TF	HQ			Community Living and Supports Group	Innovations			15 Minutes	\$ 4.59	7/1/2023	12/31/2099	
T2013	TF	U4			Community Living and Supports	1915i			15 Minutes	\$ 7.85	1/1/2024	12/31/2099	
T2013	TF				Community Living and Supports	B3			15 Minutes	\$ 7.85	1/1/2024	12/31/2099	
T2013	TF				Community Living Supports - Individual	Innovations			15 Minutes	\$ 7.85	7/1/2023	12/31/2099	
T2013	U4				In Home Skill Building - Individual	B3			15 Minutes	\$ 7.85	1/1/2024	12/31/2099	
T2014	CG				Residential Supports Level 2 - AFL	Innovations			per diem	\$ 189.87	7/1/2023	12/31/2099	
T2014	U4				Residential Supports Level 2	B3			per diem	\$ 178.18	1/1/2024	12/31/2099	
T2014					Residential Supports Level 2	Innovations			per diem	\$ 189.87	7/1/2023	12/31/2099	
T2016	U5	U1			Community Living Facilities and Supports Level 1	Medicaid B			per diem	\$ 161.16	4/1/2023	12/31/2099	
T2016	U5	U2			Community Living Facilities and Supports Level 2	Medicaid B			per diem	\$ 202.03	4/1/2023	12/31/2099	
T2016	U5	U3			Community Living Facilities and Supports Level 3	Medicaid B			per diem	\$ 271.64	4/1/2023	12/31/2099	
T2016	U5	U4			Community Living Facilities and Supports Level 4	Medicaid B			per diem	\$ 268.03	4/1/2023	12/31/2099	
T2016	U5	U6			Community Living Facilities and Supports Level 5	Medicaid B			per diem	\$ 275.27	4/1/2023	12/31/2099	

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T2016	U5				Behavioral Health Crisis Assessment and Intervention	Medicaid B			per diem	\$ 475.00	1/1/2024	12/31/2099	
T2020	CG	U4			Residential Supports Level 3 AFL	B3			per diem	\$ 198.20	1/1/2024	12/31/2099	
T2020	U4				Residential Supports Level 3	B3			per diem	\$ 198.20	1/1/2024	12/31/2099	
T2020					Residential Supports Level 3	Innovations			per diem	\$ 215.91	7/1/2023	12/31/2099	
T2021	HQ	U4			Day Supports-Group	B3			hourly	\$ 19.20	1/1/2024	12/31/2099	
T2021	HQ				Day Supports - Group	Innovations			hourly	\$ 19.20	7/1/2023	12/31/2099	
T2021	U4				Day Supports-Individual	B3			hourly	\$ 32.40	1/1/2024	12/31/2099	
T2021					Day Supports - Individual	Innovations			hourly	\$ 32.40	7/1/2023	12/31/2099	
T2025	HO	U4			Specialized Consultative Services - BCBA	B3			15 Minutes	\$ 31.25	1/1/2022	12/31/2099	
T2025	HO				Specialized Consultative Services - BCBA	Innovations			15 Minutes	\$ 31.25	1/1/2022	12/31/2099	
T2025	U1	U4			Community Networking - Training	B3			event	\$ 90.95	1/1/2022	12/31/2099	
T2025	U1				Financial Supports	Innovations			monthly	\$ 175.00	1/1/2022	12/31/2099	
T2025	U2	U4			Employer Supplies Transportation	B3			Invoice		1/1/2014	12/31/2099	
T2025	U2				FM Supplies	Innovations			Invoice		4/1/2012	12/31/2099	
T2025	U3	U4			Crisis Consultation B3 IW Service	B3			15 Minutes	\$ 20.06	1/1/2022	12/31/2099	
T2025	U3				Crisis Behavioral Consultation	Innovations			15 Minutes	\$ 20.06	1/1/2022	12/31/2099	
T2025	U4				Specialized Consultative Services	B3			15 Minutes	\$ 31.25	1/1/2022	12/31/2099	
T2025					Specialized Consultative Services	Innovations			15 Minutes	\$ 31.25	1/1/2022	12/31/2099	
T2027					Day Supports - Developmental Day	Innovations			hourly	\$ 30.58	7/1/2023	12/31/2099	
T2028					Communication Device - Purchase	Innovations			Invoice		4/1/2012	12/31/2099	
T2029	U4				Assistive Technology - Equipment and Supplies	B3			Invoice		1/1/2014	12/31/2099	
T2029					Assistive Technology - Equipment and Supplies	Innovations			Invoice		11/1/2016	12/31/2099	
T2033	HI				Supported Living Level 2	Innovations			per diem	\$ 316.65	7/1/2023	12/31/2099	
T2033	TF				Supported Living Level 3	Innovations			per diem	\$ 375.49	7/1/2023	12/31/2099	
T2033	U1	U4			Supported Living - Periodic	B3			15 Minutes	\$ 7.63	1/1/2024	12/31/2099	
T2033	U1				Supported Living Periodic	Innovations			15 Minutes	\$ 7.63	7/1/2023	12/31/2099	
T2033	U2				Supported Living Transition	Innovations			15 Minutes	\$ 7.63	7/1/2023	12/31/2099	
T2033					Supported Living Level 1	Innovations			per diem	\$ 226.26	7/1/2023	12/31/2099	
T2034	U4				Out of Home Crisis	B3			per diem	\$ 251.45	1/1/2022	12/31/2099	
T2034					Out of Home Crisis	Innovations			per diem	\$ 251.45	1/1/2022	12/31/2099	
T2038	U4				Community Transition Supports	B3			1 time	Invoice	1/1/2014	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T2038					Community Transition Supports	Innovations			1 time	Invoice	11/1/2016	12/31/2099	
T2039	U4				Vehicle Adaptations	B3				Invoice	1/1/2014	12/31/2099	
T2039					Vehicle Adaptations	Innovations				Invoice	4/1/2012	12/31/2099	
T2041	U1	U4			Community Guide Training - Periodic	B3			15 Minutes	\$ 9.68	1/1/2022	12/31/2099	
T2041	U1				Community Navigator Training - Employer	Innovations			15 Minutes	\$ 9.68	1/1/2022	12/31/2099	
T2041	U4				Community Guide	B3			monthly	\$ 150.00	1/1/2022	12/31/2099	
T2041					Community Navigator	Innovations			monthly	\$ 150.00	1/1/2022	12/31/2099	
V5336					Communication Device - Repairs	Innovations				Invoice	4/1/2012	12/31/2099	
YA232					Room & Board - Level III (1-4 Beds) (Current DSS Rate)	State			per diem	\$21.50	4/1/2012	12/31/2099	
YA233					Room & Board - Level III (5+ Beds) (Current DSS Rate)	State			per diem	\$ 16.50	4/1/2012	12/31/2099	
YA234					Room & Board - Level II (Age 5 or less) (Current DSS Rate \$365/mo)	State			per diem	\$ 12.00	4/1/2012	12/31/2099	
YA235					Room & Board - Level II (Age 6-12 less) (Current DSS Rate \$415/mo)	State			per diem	\$ 13.64	4/1/2012	12/31/2099	
YA236					Room & Board - Level II (Age 13+) (Current DSS Rate \$465/mo)	State			per diem	\$ 13.64	4/1/2012	12/31/2099	
YA238					Room & Board - Level IV (5+ beds) (Current DSS Rate)	State			per diem	\$ 20.10	4/1/2012	12/31/2099	
YA326					Crisis Respite	State			per diem	\$ 20.00	4/1/2012	12/31/2099	
YA328					TBI Long Term Residential Rehab	State			per diem	\$ 193.54	6/1/2022	12/31/2099	
YA340					Wellness Education Group	State			per diem	\$ 150.00	4/1/2012	12/31/2099	
YA352					Assertive Engagement - QP (Licensed & Unlicensed)	State			15 Minutes	\$15.00	4/1/2023	12/31/2099	
YA353					Assertive Engagement - AP, CPSS & Paraprofessional	State			15 Minutes	\$15.00	4/1/2023	12/31/2099	
YA389					Long-Term Vocational Support - I/DD	State			15 Minutes	\$ 11.21	7/1/2013	12/31/2099	
YA390					Supported Employment - Individual - I/DD	State			15 Minutes	\$ 11.21	7/1/2013	12/31/2099	
YM050					Personal Care	State			15 Minutes	\$ 3.36	4/1/2012	12/31/2099	
YM100					Day Supports - Group	State			15 Minutes	\$ 3.57	7/1/2012	12/31/2099	
YM101					Day Supports - Individual	State			15 Minutes	\$ 6.01	7/1/2012	12/31/2099	
YM106					Residential Supports Lvl -1 ADIDD	State			per diem	\$ 84.78	7/1/2012	12/31/2099	
YM107					Residential Supports - Level 2	State			per diem	\$ 122.46	7/1/2012	12/31/2099	
YM108					Residential Supports - Level 3	State			per diem	\$ 141.31	7/1/2012	12/31/2099	
YM109					Residential Supports - Level 4	State			per diem	\$ 160.14	7/1/2012	12/31/2099	
YM110					Specialized Consultative Services	State			15 Minutes	\$ 17.40	7/1/2012	12/31/2099	
YM111					Supported Employment - Group ADIDD	State			15 Minutes	\$ 1.86	7/1/2012	12/31/2099	
YM112					Supported Employment - Individual	State			15 Minutes	\$ 7.24	7/1/2012	12/31/2099	

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Service Code	Mod 1	Mod 2	Mod 3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
YM113					Community Networking	State			15 Minutes	\$ 5.24	7/1/2012	12/31/2099	
YM114					Community Networking Group ADIDD	State			15 Minutes	\$ 2.92	7/1/2012	12/31/2099	
YM120					Tenancy Support Team	State			15 Minutes	\$ 13.40	1/1/2024	12/31/2099	For individuals of TCLI who receive a housing slot
YM580					Day Supports - Individual	State			per diem	\$ 112.23	7/1/2021	12/31/2099	
YM590					Day Supports - Group	State			15 Minutes	\$ 5.35	7/1/2023	12/31/2099	
YM686					Guardianship	State			per diem	\$ 208.18	7/1/2012	12/31/2099	
YM850					Residential Supports	State			per diem	\$ 189.79	4/1/2012	12/31/2099	
YM851					Community Living Supports - Individual	State			15 Minutes	\$ 8.23	2/1/2022	12/31/2099	
YM852					Community Living Supports - Group	State			15 Minutes	\$ 2.74	2/1/2022	12/31/2099	
YP012					Respite Adult Individual	State			15 Minutes	\$ 5.50	1/1/2024	12/31/2099	
YP013					Respite Adult Group	State			15 Minutes	\$ 1.67	1/1/2024	12/31/2099	
YP014					Respite Individual Child	State			15 Minutes	\$ 5.50	1/1/2024	12/31/2099	
YP015					Respite Group Child	State			15 Minutes	\$ 1.67	1/1/2024	12/31/2099	
YP610					Developmental Day Activities	State			15 Minutes	\$ 4.74	6/1/2012	12/31/2099	
YP620					ADVP - Adult Developmental and Vocational Program	State			15 Minutes	\$ 1.57	2/1/2024	12/31/2099	
YP630	U6				Individual Supported Employment - TCL	State			15 Minutes	\$ 26.40	10/1/2023	12/31/2099	
YP630					Supported Employment - Individual	State			15 Minutes	\$ 26.40	10/1/2023	12/31/2099	
YP640					Supported Employment - Group	State			15 Minutes	\$ 2.53	7/1/2013	12/31/2099	
YP650					Community Rehabilitation Program (Sheltered Workshop)	State			15 Minutes	\$ 3.71	7/1/2013	12/31/2099	
YP710					Supervised Living Low	State			per diem	\$ 28.92	4/1/2012	12/31/2099	
YP720					Supervised Living Moderate	State			per diem	\$ 53.92	10/1/2012	12/31/2099	
YP740					Family Living Low	State			per diem	\$ 56.50	4/1/2012	12/31/2099	
YP750					Family Living Moderate	State			per diem	\$ 46.83	4/1/2012	12/31/2099	
YP760					Group Living - Low	State			per diem	\$ 55.29	7/1/2009	12/31/2099	
YP770					Group Living - Moderate	State			per diem	\$ 58.21	4/1/2012	12/31/2099	
YP780					Group Living - High	State			per diem	\$ 141.51	4/1/2012	12/31/2099	
YP830					Alcohol and/or Drug Assessment	State			15 Minutes	\$ 13.78	4/1/2012	12/31/2099	
YP831					Behavioral Health Counseling	State			15 Minutes	\$ 19.67	4/1/2012	12/31/2099	
YP832					Behavioral Health Counseling - Group Therapy	State			15 Minutes	\$ 7.25	4/1/2012	12/31/2099	
YP834					Behavioral Health Counseling - Family Therapy w/o Client	State			15 Minutes	\$ 19.67	4/1/2012	12/31/2099	
YP835					Alcohol and/or Drug Group Counseling	State			15 Minutes	\$ 5.08	4/1/2012	12/31/2099	
YP851					Public Psychiatry - Administrative Functions	State			15 Minutes	\$ 25.00	7/1/2012	12/31/2099	
YP852					Public Psychiatry - Consultation/Service Functions	State			15 Minutes	\$ 35.00	7/1/2012	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90772					Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Medicaid B	001	Physician	Event	16.62	7/1/2013	12/31/2099	
90785					Interactive Complexity Add-on	Medicaid B	001	Physician	per time limit	14.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	109	Licensed Psychologist	per time limit	14.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	110	LCSW, LPC & LMFT	per time limit	10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	12.39	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	112	Certified Nurse Practitioner	per time limit	12.39	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	128	Licensed Psychological Associate	per time limit	10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	Medicaid B	129	LCAS	per time limit	10.94	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90791					Psychiatric Diagnostic Evaluation	Medicaid B	001	Physician	Event	205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	109	Licensed Psychologist	Event	205.16	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	110	LCSW, LPC & LMFT	Event	153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	111	Certified Clinical Nurse Specialist	Event	174.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	112	Certified Nurse Practitioner	Event	174.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	128	Licensed Psychological Associate	Event	153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	129	LCAS	Event	153.87	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	Medicaid B	130	Physician Assistant	Event	205.16	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	001	Physician	Event	229.63	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	112	Certified Nurse Practitioner	Event	229.63	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	Medicaid B	130	Physician Assistant	Event	229.63	1/1/2024	12/31/2099	
90832					Psychotherapy, 16 - 37 mins	Medicaid B	001	Physician	per time limit	74.01	1/1/2024	12/31/2099	
90832					Psychotherapy, 16 - 37 mins	Medicaid B	109	Licensed Psychologist	per time limit	74.01	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	62.91	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	62.91	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	Medicaid B	129	LCAS	per time limit	55.51	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	001	Physician	per time limit	67.73	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	57.57	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	001	Physician	per time limit	97.83	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	109	Licensed Psychologist	per time limit	97.83	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	83.16	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	83.16	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	Medicaid B	129	LCAS	per time limit	73.37	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	001	Physician	per time limit	85.87	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	72.99	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	Medicaid B	130	Physician Assistant	per time limit	85.87	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	001	Physician	per time limit	144.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	109	Licensed Psychologist	per time limit	144.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	122.42	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	122.42	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	128	Licensed Psychological Associate	per time limit	108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	Medicaid B	129	LCAS	per time limit	108.02	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	001	Physician	per time limit	113.56	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90838					Psychotherapy, 53+ mins with E/M svc	Medicaid B	112	Certified Nurse Practitioner	per time limit	96.53	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	001	Physician	per time limit	138.11	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	109	Licensed Psychologist	per time limit	138.11	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	110	LCSW, LPC & LMFT	per time limit	103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	117.74	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	112	Certified Nurse Practitioner	per time limit	117.74	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	128	Licensed Psychological Associate	per time limit	103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90839					Psychotherapy for Crisis, 30 - 74 mins	Medicaid B	129	LCAS	per time limit	103.58	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	001	Physician	per time limit	105.47	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	109	Licensed Psychologist	per time limit	105.47	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	110	LCSW, LPC & LMFT	per time limit	79.1	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	111	Certified Clinical Nurse Specialist	per time limit	89.65	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	112	Certified Nurse Practitioner	per time limit	89.65	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	128	Licensed Psychological Associate	per time limit	79.1	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	Medicaid B	129	LCAS	per time limit	79.1	1/1/2024	12/31/2099	Bill all corresponding modifiers at the base rate.
90846					Family Therapy w/o Patient	Medicaid B	001	Physician	Event	94.08	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	109	Licensed Psychologist	Event	94.08	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	110	LCSW, LPC & LMFT	Event	70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	79.97	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	112	Certified Nurse Practitioner	Event	79.97	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	128	Licensed Psychological Associate	Event	70.56	1/1/2024	12/31/2099	
90846					Family Therapy w/o Patient	Medicaid B	129	LCAS	Event	70.56	1/1/2024	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90847					Family Therapy w/ Patient	Medicaid B	001	Physician	Event	100.68	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	109	Licensed Psychologist	Event	100.68	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	110	LCSW, LPC & LMFT	Event	75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	111	Certified Clinical Nurse Specialist	Event	85.58	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	112	Certified Nurse Practitioner	Event	85.58	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	128	Licensed Psychological Associate	Event	75.51	1/1/2024	12/31/2099	
90847					Family Therapy w/ Patient	Medicaid B	129	LCAS	Event	75.51	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	001	Physician	Event	35.89	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	35.89	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	26.92	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	30.51	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	30.51	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	26.92	1/1/2024	12/31/2099	
90849					Group Therapy	Medicaid B	129	LCAS	Event	26.92	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	001	Physician	Event	28.7	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	109	Licensed Psychologist	Event	28.7	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	110	LCSW, LPC & LMFT	Event	21.53	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	111	Certified Clinical Nurse Specialist	Event	24.4	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
90853					Group Therapy	Medicaid B	112	Certified Nurse Practitioner	Event	24.4	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	128	Licensed Psychological Associate	Event	21.53	1/1/2024	12/31/2099	
90853					Group Therapy	Medicaid B	129	LCAS	Event	21.53	1/1/2024	12/31/2099	
90865					narcosynthesis for psychiatric diagnostic and therapeutic	Medicaid B	001	Physician	Event	142.21	10/1/2013	12/31/2099	
90870					Electroconvulsive Therapy	Medicaid B	001	Physician	Event	166.08	1/1/2024	12/31/2099	
90870					Electroconvulsive Therapy	Medicaid B	130	Physician Assistant	Event	166.08	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	001	Physician	Event	11.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	109	Licensed Psychologist	Event	11.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	128	Licensed Psychological Associate	Event	8.99	1/1/2024	12/31/2099	
96110					Development Testing (limited)	Medicaid B	130	Physician Assistant	Event	11.99	1/1/2024	12/31/2099	
96112					Developmental Test Administration	Medicaid B	001	Physician	hourly	147.53	1/1/2024	12/31/2099	
96112					Developmental Test Administration	Medicaid B	109	Licensed Psychologist	hourly	147.53	1/1/2024	12/31/2099	
96112					Developmental Test Administration	Medicaid B	128	Licensed Psychological Associate	hourly	110.65	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	001	Physician	30 minutes	69.72	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	109	Licensed Psychologist	30 minutes	69.72	1/1/2024	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	Medicaid B	128	Licensed Psychological Associate	30 minutes	52.29	1/1/2024	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	001	Physician	hourly	108.59	1/1/2024	12/31/2099	
96116					Neurobehavioral Status Exam	Medicaid B	109	Licensed Psychologist	hourly	108.59	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96116					Neurobehavioral Status Exam	Medicaid B	128	Licensed Psychological Associate	hourly	81.44	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	001	Physician	hourly	89.22	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	109	Licensed Psychologist	hourly	89.22	1/1/2024	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	Medicaid B	128	Licensed Psychological Associate	hourly	66.92	1/1/2024	12/31/2099	
96125					standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid B	001	Physician	per time limit	119.57	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	001	Physician	hourly	140.66	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	140.66	1/1/2024	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	105.5	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	001	Physician	hourly	102.02	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	102.02	1/1/2024	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	76.52	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	001	Physician	hourly	151.6	1/1/2024	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	151.6	1/1/2024	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96132					Neuropsychological Testing by QHP, first 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	113.7	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	001	Physician	hourly	115.6	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	109	Licensed Psychologist	hourly	115.6	1/1/2024	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	Medicaid B	128	Licensed Psychological Associate	hourly	86.7	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	001	Physician	30 minutes	48.98	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	109	Licensed Psychologist	30 minutes	48.98	1/1/2024	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	Medicaid B	128	Licensed Psychological Associate	30 minutes	36.74	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	001	Physician	30 minutes	45.41	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	109	Licensed Psychologist	30 minutes	45.41	1/1/2024	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	Medicaid B	128	Licensed Psychological Associate	30 minutes	34.06	1/1/2024	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	001	Physician	30 minutes	37.99	1/1/2024	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	37.99	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	001	Physician	30 minutes	39.13	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	109	Licensed Psychologist	30 minutes	39.13	1/1/2024	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	Medicaid B	128	Licensed Psychological Associate	30 minutes	29.35	1/1/2024	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	Medicaid B	001	Physician	Event	2.57	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
96146					Psychological or Neuropsychological Test Admin	Medicaid B	109	Licensed Psychologist	Event	2.57	1/1/2024	12/31/2099	
96150					h & b assess, 15 min face to face with pt, initial assessment	Medicaid B	001	Physician	per time limit	21.18	10/1/2013	12/31/2099	
96151					h & b assess, 15 min face to face with pt, reassessment	Medicaid B	001	Physician	per time limit	20.49	10/1/2013	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	001	Physician	Event	16.53	1/1/2024	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	Medicaid B	112	Certified Nurse Practitioner	Event	14.05	1/1/2024	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	Medicaid B	130	Physician Assistant	Event	16.53	1/1/2024	12/31/2099	
96373					injection (specify substance or drug) intra-arterial	Medicaid B	001	Physician	Event	16.09	10/1/2013	12/31/2099	
96373					injection (specify substance or drug) intra-arterial	Medicaid B	112	Certified Nurse Practitioner	Event	12.44	4/1/2012	12/31/2099	
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	001	Physician	Event	47.97	10/1/2013	12/31/2099	
96374					injection (specify substance or drug) intravenous push initial	Medicaid B	112	Certified Nurse Practitioner	Event	37.07	4/1/2012	12/31/2099	
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional	Medicaid B	001	Physician	Event	20.8	10/1/2013	12/31/2099	
96375					therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional	Medicaid B	112	Certified Nurse Practitioner	Event	16.07	4/1/2012	12/31/2099	
97151					Behavior Identification Assessment	Medicaid B			15 Minutes	30.56	1/1/2024	12/31/2099	
97152					Observational behavioral assessment and follow up	Medicaid B			15 Minutes	61.73	1/1/2024	12/31/2099	
97153					Direct Intervention by a Paraprofessional	Medicaid B			15 Minutes	20.81	1/1/2024	12/31/2099	
97154					Group Adaptive Behavioral Protocol	Medicaid B			15 Minutes	11.37	1/1/2024	12/31/2099	
97155					Modifications to the protocol by BCBA-LP	Medicaid B			15 Minutes	32.22	1/1/2024	12/31/2099	
97156					Family Caregiver Training by a BCBA	Medicaid B			15 Minutes	23.7	1/1/2024	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
97157					Family Training Program (Multi-Family Groups)	Medicaid B			15 Minutes	11.51	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	001	Physician	per time limit	69.34	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	91.38	1/1/2024	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	Medicaid B	130	Physician Assistant	per time limit	97.83	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	001	Physician	per time limit	107.5	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	91.38	1/1/2024	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	97.83	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	001	Physician	per time limit	160.17	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	136.14	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	Medicaid B	130	Physician Assistant	per time limit	145.75	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	211.53	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	179.8	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	192.49	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	001	Physician	per time limit	22.06	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	18.75	1/1/2024	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	Medicaid B	130	Physician Assistant	per time limit	20.07	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	001	Physician	per time limit	54.13	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	46.01	1/1/2024	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	Medicaid B	130	Physician Assistant	per time limit	49.26	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	001	Physician	per time limit	86.78	1/1/2024	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	73.76	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	78.97	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	001	Physician	per time limit	122.93	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	104.49	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	111.87	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	001	Physician	per time limit	172.48	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	146.61	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	156.96	1/1/2024	12/31/2099	
99217					observation care discharge day management	Medicaid B	001	Physician	Event	67.45	10/1/2013	12/31/2099	
99217					observation care discharge day management	Medicaid B	112	Certified Nurse Practitioner	Event	52.12	1/1/2013	12/31/2099	
99218					initial observation care, per day, low complexity	Medicaid B	001	Physician	per diem	63.62	10/1/2013	12/31/2099	
99218					initial observation care, per day, low complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	49.16	1/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	001	Physician	per diem	105.36	10/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	81.41	1/1/2013	12/31/2099	
99219					initial observation care, per day, moderate complexity	Medicaid B	130	Physician Assistant	per diem	95.78	1/1/2013	12/31/2099	
99220					initial observation care, per day, high complexity	Medicaid B	001	Physician	per diem	147.76	10/1/2013	12/31/2099	
99220					initial observation care, per day, high complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	114.18	1/1/2013	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	001	Physician	per diem	91.36	1/1/2024	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	77.66	1/1/2024	12/31/2099	
99221					Initial hospital care, minor, phys	Medicaid B	130	Physician Assistant	per diem	83.14	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99222					Initial hospital care, moderate, phys	Medicaid B	001	Physician	per diem	125.99	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	112	Certified Nurse Practitioner	per diem	107.09	1/1/2024	12/31/2099	
99222					Initial hospital care, moderate, phys	Medicaid B	130	Physician Assistant	per diem	114.65	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	001	Physician	per diem	183.58	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	112	Certified Nurse Practitioner	per diem	156.04	1/1/2024	12/31/2099	
99223					initial hosp care, severe - phys time approx 70 min	Medicaid B	130	Physician Assistant	per diem	167.06	1/1/2024	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	001	Physician	per diem	25.62	10/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	112	Certified Nurse Practitioner	per diem	19.8	4/1/2012	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	Medicaid B	130	Physician Assistant	per diem	23.29	1/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	001	Physician	per diem	45.51	10/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	35.16	4/1/2012	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	Medicaid B	130	Physician Assistant	per diem	41.37	1/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	001	Physician	per diem	68.05	10/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	112	Certified Nurse Practitioner	per diem	52.58	4/1/2012	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	Medicaid B	130	Physician Assistant	per diem	61.86	1/1/2013	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	001	Physician	per time limit	48.02	1/1/2024	12/31/2099	
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	40.82	1/1/2024	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99231					subsequent hosp care, stable - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	43.7	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	001	Physician	per time limit	76.69	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	65.19	1/1/2024	12/31/2099	
99232					subsequent hosp care, moderate - phys time approx 25 min	Medicaid B	130	Physician Assistant	per time limit	69.79	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	001	Physician	per time limit	115.38	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	98.07	1/1/2024	12/31/2099	
99233					subsequent hosp care, complex - phys time approx 35 min	Medicaid B	130	Physician Assistant	per time limit	105	1/1/2024	12/31/2099	
99234					observation or inpatient hospital care, for the evaluation and	Medicaid B	001	Physician	Event	128.88	1/1/2024	12/31/2099	
99234					observation or inpatient hospital care, for the evaluation and	Medicaid B	112	Certified Nurse Practitioner	Event	109.55	1/1/2024	12/31/2099	
99235					observation or inpatient hospital care, for the evaluation and	Medicaid B	001	Physician	Event	169.3	1/1/2024	12/31/2099	
99235					observation or inpatient hospital care, for the evaluation and	Medicaid B	112	Certified Nurse Practitioner	Event	154.53	1/1/2024	12/31/2099	
99236					observation or inpatient hospital care, for the evaluation and	Medicaid B	001	Physician	Event	238.33	1/1/2024	12/31/2099	
99236					observation or inpatient hospital care, for the evaluation and	Medicaid B	112	Certified Nurse Practitioner	Event	202.58	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	001	Physician	Event	78.1	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	66.39	1/1/2024	12/31/2099	
99238					hospital discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	71.07	1/1/2024	12/31/2099	
99239					hospital discharge day management; more than 30 min	Medicaid B	001	Physician	per time limit	110.74	1/1/2024	12/31/2099	
99239					hospital discharge day management; more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	94.13	1/1/2024	12/31/2099	
99241	U4				Psychiatric Consultation - approx 15 min	B3	001	Physician	per diem	55	7/1/2015	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	001	Physician	per time limit	43.98	10/1/2013	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	33.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	Medicaid B	130	Physician Assistant	per time limit	39.98	1/1/2013	12/31/2099	
99242	U4				Psychiatric Consultation - approx 30 min	B3	001	Physician	per diem	90	7/1/2015	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	001	Physician	per time limit	88.12	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	74.9	1/1/2024	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	Medicaid B	130	Physician Assistant	per time limit	80.19	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	001	Physician	per time limit	113.3	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	96.31	1/1/2024	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	Medicaid B	130	Physician Assistant	per time limit	103.1	1/1/2024	12/31/2099	
99244	U4				Psychiatric Consultation - approx 60 min	B3	001	Physician	per diem	168	7/1/2015	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	001	Physician	per time limit	168.29	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	143.05	1/1/2024	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	Medicaid B	130	Physician Assistant	per time limit	153.14	1/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	001	Physician	per time limit	206.83	1/1/2024	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	175.81	1/1/2024	12/31/2099	
99251					initial inpt consult - phys time approx 20 min	Medicaid B	001	Physician	per time limit	44.9	10/1/2013	12/31/2099	
99251					initial inpt consult - phys time approx 20 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	34.7	1/1/2013	12/31/2099	
99252					initial inpt consult - phys time approx 40 min	Medicaid B	001	Physician	per time limit	81.98	1/1/2024	12/31/2099	
99252					initial inpt consult - phys time approx 40 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	69.68	1/1/2024	12/31/2099	
99253					initial inpt consult - phys time approx 55 min	Medicaid B	001	Physician	per time limit	114.33	1/1/2024	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99253					initial inpt consult - phys time approx 55 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	97.18	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	001	Physician	per time limit	158.93	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	135.09	1/1/2024	12/31/2099	
99254					initial inpt consult - phys time approx 80 min	Medicaid B	130	Physician Assistant	per time limit	144.63	1/1/2024	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	001	Physician	per time limit	213.61	1/1/2024	12/31/2099	
99255					initial inpt consult - phys time approx 110 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	181.57	1/1/2024	12/31/2099	
99281					er visit, minor	Medicaid B	001	Physician	Event	18.73	10/1/2013	12/31/2099	
99282					er visit, low severity	Medicaid B	001	Physician	Event	36.44	10/1/2013	12/31/2099	
99282					er visit, low severity	Medicaid B	112	Certified Nurse Practitioner	Event	32.14	1/1/2013	12/31/2099	
99283					er visit, moderate severity	Medicaid B	001	Physician	Event	56.49	10/1/2013	12/31/2099	
99284					er visit, high severity	Medicaid B	001	Physician	Event	105.75	10/1/2013	12/31/2099	
99284					er visit, high severity	Medicaid B	130	Physician Assistant	Event	96.14	4/1/2013	12/31/2099	
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	001	Physician	Event	157.22	10/1/2013	12/31/2099	
99285					er visit for the evaluation and mgmt of a patient,	Medicaid B	112	Certified Nurse Practitioner	Event	138.64	4/1/2012	12/31/2099	
99291					critical care, evaluation and management of the unstable patient, ill	Medicaid B	001	Physician	Event	225.61	4/1/2012	12/31/2099	
99304					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	81.4	1/1/2024	12/31/2099	
99305					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	128.82	1/1/2024	12/31/2099	
99306					initial nursing facility care, per day, for evaluation & mgmt	Medicaid B	001	Physician	per diem	176.28	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	38.23	1/1/2024	12/31/2099	
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	32.5	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99307					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	34.79	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	71.1	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	60.44	1/1/2024	12/31/2099	
99308					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	64.7	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	102.95	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	87.51	1/1/2024	12/31/2099	
99309					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	93.68	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	001	Physician	per diem	148.04	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	112	Certified Nurse Practitioner	per diem	125.83	1/1/2024	12/31/2099	
99310					subsequent nursing facility care, per day, evaluation and mgmt	Medicaid B	130	Physician Assistant	per diem	134.72	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	001	Physician	per time limit	78.79	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	112	Certified Nurse Practitioner	per time limit	66.97	1/1/2024	12/31/2099	
99315					nursing facility discharge day management; 30 min or less	Medicaid B	130	Physician Assistant	per time limit	71.7	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	001	Physician	per time limit	126.94	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	112	Certified Nurse Practitioner	per time limit	107.9	1/1/2024	12/31/2099	
99316					nursing facility discharge 30 min or less more than 30 min	Medicaid B	130	Physician Assistant	per time limit	115.52	1/1/2024	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	001	Physician	per time limit	85.16	10/1/2013	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	112	Certified Nurse Practitioner	per time limit	65.81	1/1/2013	12/31/2099	
99318					evaluation and mgmt of a patient involving annual nursing facility	Medicaid B	130	Physician Assistant	per time limit	77.42	1/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	20 minutes	54.6	10/1/2013	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	20 minutes	42.19	1/1/2013	12/31/2099	
99324					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	20 minutes	49.64	1/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	30 minutes	79.53	10/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	30 minutes	61.46	1/1/2013	12/31/2099	
99325					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	30 minutes	72.3	1/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	45 minutes	131.49	10/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	45 minutes	101.61	1/1/2013	12/31/2099	
99326					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	45 minutes	119.54	1/1/2013	12/31/2099	
99327					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	60 minutes	132.53	1/1/2013	12/31/2099	
99328					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	75 minutes	201.91	10/1/2013	12/31/2099	
99328					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	75 minutes	183.55	1/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	15 Minutes	56.28	10/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	15 Minutes	43.49	1/1/2013	12/31/2099	
99334					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	15 Minutes	51.16	1/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	25 minutes	87.18	10/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	25 minutes	67.36	1/1/2013	12/31/2099	
99335					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	25 minutes	79.25	1/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	40 minutes	122.76	10/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	40 minutes	94.86	1/1/2013	12/31/2099	
99336					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	40 minutes	111.6	1/1/2013	12/31/2099	

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Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	001	Physician	60 minutes	176.39	10/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	112	Certified Nurse Practitioner	60 minutes	136.3	1/1/2013	12/31/2099	
99337					domiciliary or rest home visit evaluation and mgmt of a new	Medicaid B	130	Physician Assistant	60 minutes	160.35	1/1/2013	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	15 Minutes	55.84	1/1/2024	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	15 Minutes	47.46	1/1/2024	12/31/2099	
99341					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	15 Minutes	50.81	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	30 minutes	89.21	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	75.83	1/1/2024	12/31/2099	
99342					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	30 minutes	50.81	1/1/2024	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	45 minutes	128.07	10/1/2013	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	45 minutes	98.97	1/1/2013	12/31/2099	
99343					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	45 minutes	116.43	1/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	60 minutes	168.15	10/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	129.93	1/1/2013	12/31/2099	
99344					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	60 minutes	152.86	1/1/2013	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	001	Physician	75 minutes	230.45	1/1/2024	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	112	Certified Nurse Practitioner	75 minutes	195.88	1/1/2024	12/31/2099	
99345					home visit for the evaluation and mgmt of a new patient	Medicaid B	130	Physician Assistant	75 minutes	209.71	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	15 minutes	51.11	1/1/2024	12/31/2099	
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	15 Minutes	43.44	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99347					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	15 Minutes	46.51	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	30 minutes	86.93	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	30 minutes	73.89	1/1/2024	12/31/2099	
99348					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	30 minutes	79.11	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	40 minutes	123.4	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	40 minutes	104.89	1/1/2024	12/31/2099	
99349					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	40 minutes	112.29	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	001	Physician	60 minutes	180.11	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	112	Certified Nurse Practitioner	60 minutes	153.09	1/1/2024	12/31/2099	
99350					home visit for the evaluation and mgmt of established patient	Medicaid B	130	Physician Assistant	60 minutes	163.9	1/1/2024	12/31/2099	
99354					prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	93.03	10/1/2013	12/31/2099	
99354					prolonged physician service in office or outpatient setting	Medicaid B	112	Certified Nurse Practitioner	per time limit	71.88	1/1/2013	12/31/2099	
99355					prolonged physician service in office or outpatient setting	Medicaid B	001	Physician	per time limit	92.09	10/1/2013	12/31/2099	
99355					prolonged physician service in office or outpatient setting	Medicaid B	112	Certified Nurse Practitioner	per time limit	71.16	1/1/2013	12/31/2099	
99356					prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	84.95	10/1/2013	12/31/2099	
99356					prolonged physician service in inpatient setting, requiring	Medicaid B	112	Certified Nurse Practitioner	per time limit	65.65	1/1/2013	12/31/2099	
99357					prolonged physician service in inpatient setting, requiring	Medicaid B	001	Physician	per time limit	85.54	10/1/2013	12/31/2099	
99357					prolonged physician service in inpatient setting, requiring Smoking and tobacco use cessation counseling visit;	Medicaid B	112	Certified Nurse Practitioner	per time limit	66.1	1/1/2013	12/31/2099	
99406					intermediate, greater than 3 minutes up to 10 minutes	Medicaid B	001	Physician	per time limit	14.29	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	112	Certified Nurse Practitioner	per time limit	12.15	1/1/2024	12/31/2099	
99406					Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	Medicaid B	130	Physician Assistant	per time limit	13	1/1/2024	12/31/2099	
99407					EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT	Medicaid B			per diem	26.75	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	001	Physician	per diem	34.21	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	112	Certified Nurse Practitioner	per diem	33.71	1/1/2024	12/31/2099	
99408					Alcohol and/or substance abuse structured screening and brief intervention (SBI) services; 15 to 30 minutes	Medicaid B	130	Physician Assistant	per diem	33.71	1/1/2024	12/31/2099	
99409					Outpatient treatment screening and eval by provisionally licensed staff	Medicaid B	110	LCSW, LPC & LMFT	Event	64.5	1/1/2024	12/31/2099	
H0010					Non-Hospital Medical Detoxification	Medicaid B			Event	325.58	4/1/2013	12/31/2099	
H0012	HB				Non-Hospital Community Residential Treatment - Adult	Medicaid B			Event	155.81	4/1/2013	12/31/2099	
H0013					Medically Monitored Community Residential Treatment	Medicaid B			per diem	241.81	4/1/2013	12/31/2099	
H0014					Ambulatory Detoxification	Medicaid B			15 Minutes	21.25	10/1/2012	12/31/2099	
H0015					Substance Abuse Intensive Outpatient Program	Medicaid B			per diem	133.72	4/1/2022	12/31/2099	
H0018	U4				Crisis Respite	Medicaid B			per diem	160	4/1/2012	12/31/2099	
H0019	HK				Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)	Medicaid B			per diem	401.45	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H0019	HQ				Behavioral Health Long Term Residential (HRI Level III-4 beds or less)	Medicaid B			per diem	296.12	1/1/2024	12/31/2099	
H0019	TJ				Behavioral Health Long Term Residential (HRI Level III-5 beds or more)	Medicaid B			per diem	350	1/1/2024	12/31/2099	
H0019	UR				Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)	Medicaid B			per diem	401.45	1/1/2024	12/31/2099	
H0020					Alcohol and/or Drug Services; methadone administration	Medicaid B			per week	254.93	10/15/2023	12/31/2099	
H0031	59				Mental Health Assessment	Medicaid B			15 Minutes	11.72	4/1/2012	12/31/2099	
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	Medicaid B			per diem	171.01	1/1/2024	12/31/2099	
H0038	HQ	U4			Peer Support Group	B3			15 Minutes	3.4	8/1/2016	12/31/2099	
H0038	U4				Peer Support	B3			15 Minutes	12.15	8/1/2016	12/31/2099	
H0038					Peer Support	Medicaid B			15 Minutes	15.5	1/1/2024	12/31/2099	
H0040	U1				Assertive Community Treatment Team (ACTT) - encounter claim code	Medicaid B			15 Minutes	0.01	9/1/2017	12/31/2099	
H0040					Assertive Community Treatment Team (ACTT)	Medicaid B			monthly	2154.2	1/1/2024	12/31/2099	*To be billed on the first per diem contact of the month
H0043	U4				Community Transition	1915i			1 Time	Invoice	9/15/2023	12/31/2099	DD Consumers only
H0043					Community Transition	B3			1 Time	Invoice	9/15/2023	12/31/2099	DD Consumers only
H0045	HQ	U4			Group Respite	1915i			15 Minutes	4.82	1/1/2024	12/31/2099	
H0045	HQ				Group Respite	B3			15 Minutes	4.82	1/1/2024	12/31/2099	
H0045	U4				Individual Respite	1915i			15 Minutes	7.92	1/1/2024	12/31/2099	
H0045					Individual Respite	B3			15 Minutes	7.92	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H0046					Mental Health Services, Not Otherwise Specified (HRI Level I- Foster Care)	Medicaid B			per diem	86.25	10/1/2022	12/31/2099	
H2011	U1	U4			Primary Crisis Response	B3			15 Minutes	6	1/1/2022	12/31/2099	
H2011	U1				Primary Crisis Response	Innovations			15 Minutes	6	1/1/2022	12/31/2099	
H2011					Mobile Crisis Management (MH/SA)	Medicaid B			15 Minutes	99	1/1/2024	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	32.13	4/1/2022	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	Medicaid B			hourly	42.25	1/1/2024	12/31/2099	
H2015	HQ	U4			Community Networking - Group	B3			15 Minutes	3.96	1/1/2024	12/31/2099	
H2015	HQ				Community Networking - Group	Innovations			15 Minutes	3.96	7/1/2023	12/31/2099	
H2015	HT	HF			Community Support Team (MH/SA) Licensed Substance Abuse Professional	Medicaid B			15 Minutes	29.31	1/1/2024	12/31/2099	
H2015	HT	HN			Community Support Team (MH/SA) Qualified Professional	Medicaid B			15 Minutes	29.31	1/1/2024	12/31/2099	
H2015	HT	HM			Community Support Team (MH/SA) Paraprofessional	Medicaid B			15 Minutes	29.31	1/1/2024	12/31/2099	
H2015	HT	HO			Community Support Team (MH/SA) Licensed Team Lead	Medicaid B			15 Minutes	29.31	1/1/2024	12/31/2099	
H2015	HT	U1			Community Support Team (MH/SA) Peer Support Specialist	Medicaid B			15 Minutes	29.31	1/1/2024	12/31/2099	
H2015	U1	U4			Community Networking - Class/Conferences	B3			Invoice		1/1/2014	12/31/2099	
H2015	U1				Community Networking - Classes/conferences	Innovations			Invoice		4/1/2012	12/31/2099	
H2015	U2	U4			Community Networking - Transportation	B3			Invoice		11/1/2016	12/31/2099	
H2015	U2				Community Networking Transportation	Innovations			Invoice		11/1/2016	12/31/2099	
H2015	U4				Community Networking - Individual	B3			15 Minutes	7.28	1/1/2024	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H2015					Community Networking - Individual	Innovations			15 Minutes	7.28	7/1/2023	12/31/2099	
H2016	CG				Residential Supports Level 1 - AFL	Innovations			per diem	153.72	7/1/2023	12/31/2099	
H2016	HI	CG			Residential Supports Level 4 - AFL	Innovations			per diem	241.92	7/1/2023	12/31/2099	
H2016	HI	U4			Residential Supports Level 4	B3			per diem	218.21	1/1/2024	12/31/2099	
H2016	HI				Residential Supports Level 4	Innovations			per diem	241.92	7/1/2023	12/31/2099	
H2016	U4				Residential Supports Level 1	B3			per diem	146.73	1/1/2024	12/31/2099	
H2016					Residential Supports Level 1	Innovations			per diem	153.72	7/1/2023	12/31/2099	
H2017					DMH Psychosocial Rehabilitation (PSR)	Medicaid B			15 Minutes	3.48	1/1/2024	12/31/2099	
H2020				902	Therapeutic Behavioral Services (HRI Level II-Group Homes)	Medicaid B			per diem	160.61	1/1/2024	12/31/2099	
H2020				183	Therapeutic Behavioral Services Therapeutic Leave(HRI Level II-Group Homes)	Medicaid B			per diem	160.61	1/1/2024	12/31/2099	
H2022	HE				Child First	Medicaid B				21450	1/1/2024	12/31/2099	
H2022	U4				Transitional Living Skills	Medicaid B			per week	380.65	1/1/2020	12/31/2099	
H2022					Intensive In-Home Services	Medicaid B			per diem	298.15	1/1/2024	12/31/2099	
H2023	U2	U4			Initial Individual Supported Employment MH	B3			15 Minutes	26.4	10/1/2023	12/31/2099	MH/SA Consumers
H2023	U2	U6	U4		Initial Individual Supported Employment TCL	B3			15 Minutes	26.4	10/1/2023	12/31/2099	
H2023	U3	U4			Initial Individual Supported Employment I/DD	1915i			15 Minutes	9.74	1/1/2024	12/31/2099	DD Consumers only
H2023	U6	U4			Initial Supported Employment - TCL	B3			15 Minutes	26.4	10/1/2023	12/31/2099	TCL Initiative/Based on Meeting Fidelity
H2025	HQ	U4			Supported Employment - Group Setting	B3			15 Minutes	2.83	1/1/2024	12/31/2099	
H2025	HQ				Supported Employment Group Setting	Innovations			15 Minutes	2.83	7/1/2023	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
H2025	TS	HQ			Support Employment - Long Term Follow-UP Group	Innovations			15 Minutes	2.83	7/1/2023	12/31/2099	
H2025	TS	U2			Supported Employment Long Term Follow Up-Transportation	Innovations			Invoice		11/1/2016	12/31/2099	
H2025	TS	U4			Supported Employment Long Term Follow Up	B3			15 Minutes	7.75	1/1/2022	12/31/2099	
H2025	TS				Supported Employment - Long Term Follow-Up	Innovations			15 Minutes	9.84	7/1/2023	12/31/2099	
H2025	U4				Supported Employment - Individual	B3			15 Minutes	9.84	1/1/2024	12/31/2099	
H2025					Supported Employment	Innovations			15 Minutes	9.84	7/1/2023	12/31/2099	
H2026	HQ	U4			Group Supported Employment Maintenance IDD only	1915i			15 Minutes	2.83	1/1/2024	12/31/2099	
H2026	HQ				Group Supported Employment Maintenance IDD only	B3			15 Minutes	2.83	1/1/2024	12/31/2099	
H2026	U2	U4			MH Long Term Vocational Supports	B3			15 Minutes	17.73	1/1/2024	12/31/2099	MH/SA Consumers
H2026	U3	U4			I/DD Long Term Vocational Supports	1915i			15 Minutes	14.1	1/1/2024	12/31/2099	I/DD Consumers only
H2026					I/DD Long Term Vocational Supports	B3			15 Minutes	14.1	1/1/2024	12/31/2099	I/DD Consumers only
H2033					Multi-Systemic Therapy (MST)	Medicaid B			15 Minutes	47.26	1/1/2024	12/31/2099	
H2035					SA Comprehensive Outpatient Treatment Program	Medicaid B			hourly	46.07	4/1/2022	12/31/2099	
Q3014					telehealth originating site facility fee	Medicaid B	001	Physician	per diem	23.38	10/1/2013	12/31/2099	
Q3014	GT				telehealth originating site facility fee	Medicaid B	112	Certified Nurse Practitioner	per diem	20.83	4/1/2012	12/31/2099	
S5110	U4				Natural Supports Education - Individual	B3			15 Minutes	8.36	1/1/2014	12/31/2099	
S5110					Natural Supports Education	Innovations			15 Minutes	8.36	4/1/2013	12/31/2099	
S5111	U4				Natural Supports Education - Conference	B3			Invoice		1/1/2014	12/31/2099	
S5111					Natural Supports Education - Conference	Innovations			Invoice		4/1/2012	12/31/2099	
S5125	U4				Personal Care	B3			15 Minutes	4.28	1/1/2022	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
S5145	HK				Intensive Alternative Family Services	Medicaid B			per diem	231.28	4/1/2013	12/31/2099	
S5145				902	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	175	10/1/2022	12/31/2099	
S5145				183	Foster Care, Therapeutic, Child Therapeutic Leave (HRI Level II - Therapeutic Foster Care)	Medicaid B			per diem	175	10/1/2022	12/31/2099	
S5150	HQ	U4			Respite Care- Community Group	B3			15 Minutes	3.69	1/1/2024	12/31/2099	
S5150	HQ				Respite Care - Community Group	Innovations			15 Minutes	3.69	7/1/2023	12/31/2099	
S5150	U4				Respite Care- Community Individual	B3			15 Minutes	5.38	1/1/2024	12/31/2099	
S5150	US	U4			Respite Care - Community Facility	B3			Event	156.54	7/1/2023	12/31/2099	
S5150	US				Respite Care - Community Facility	Innovations			per diem	156.54	7/1/2023	12/31/2099	
S5150					Respite Care - Community Individual	Innovations			15 Minutes	5.38	7/1/2023	12/31/2099	
S5151	U4				Respite Care- Community Facility	B3			per diem	264.74	1/1/2024	12/31/2099	
S5165	U4				Home	B3			Invoice		1/1/2014	12/31/2099	
S5165					Home Modifications	Innovations			Invoice		11/1/2016	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Child & Adolescents	Medicaid B			hourly	37.32	1/1/2024	12/31/2099	
S9484					Crisis Intervention (Facility Based Crisis) Adults	Medicaid B			hourly	33	1/1/2024	12/31/2099	
T1005	TD				Respite Care Nursing - RN	Innovations			15 Minutes	11.16	7/1/2023	12/31/2099	
T1005	TE				Respite Care Nursing - LPN	Innovations			15 Minutes	11.16	7/1/2023	12/31/2099	
T1015	TD	U4			Intensive In Home Support	B3			15 Minutes	4.93	1/1/2022	12/31/2099	
T1015					Intensive In Home Support	Innovations			15 Minutes	4.93	1/1/2022	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T1017	HE	HB			Case Management Crisis Response, Prevention, Stabilization Program	Medicaid B			per unit	61.01	10/1/2019	12/31/2099	
T1019	U4				Individual Support	1915i			15 Minutes	20.59	9/15/2023	12/31/2099	
T1019					Individual Support	B3			15 Minutes	20.59	9/15/2023	12/31/2099	
T1019	TS				Individual Supports Community	B3			15 Minutes	15.06	1/1/2024	12/31/2099	
T1019	TS	U4			Individual Supports Community	1915i			15 Minutes	15.06	1/1/2024	12/31/2099	
T1023					Diagnostic Assessment (MH/SA)	Medicaid B			Event	298.93	1/1/2024	12/31/2099	
T1999	U4				Individual Goods and Services	B3			Invoice		1/1/2014	12/31/2099	
T1999					Individual Goods and Services	Innovations			Invoice		4/1/2012	12/31/2099	
T2012	HQ				Community Living and Supports-Community Group	Innovations			15 Minutes	4.59	7/1/2023	12/31/2099	
T2012					Community Living and Supports-Community	Innovations			15 Minutes	7.85	7/1/2023	12/31/2099	
T2013	HQ	U4			In Home Skill Building - Group	B3			15 Minutes	4.59	1/1/2024	12/31/2099	
T2013	TF	HQ	U4		Community Living and Supports Group	1915i			15 Minutes	4.59	1/1/2024	12/31/2099	
T2013	TF	HQ			Community Living and Supports Group	Innovations			15 Minutes	4.59	7/1/2023	12/31/2099	
T2013	TF	U4			Community Living and Supports	1915i			15 Minutes	7.85	1/1/2024	12/31/2099	
T2013	TF				Community Living and Supports	B3			15 Minutes	7.85	1/1/2024	12/31/2099	
T2013	TF				Community Living Supports - Individual	Innovations			15 Minutes	7.85	7/1/2023	12/31/2099	
T2013	U4				In Home Skill Building - Individual	B3			15 Minutes	7.85	1/1/2024	12/31/2099	
T2014	CG				Residential Supports Level 2 - AFL	Innovations			per diem	189.87	7/1/2023	12/31/2099	
T2014	U4				Residential Supports Level 2	B3			per diem	178.18	1/1/2024	12/31/2099	

Medicaid

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T2014					Residential Supports Level 2	Innovations			per diem	189.87	7/1/2023	12/31/2099	
T2016	U5	U1			Community Living Facilities and Supports Level 1	Medicaid B			per diem	161.16	4/1/2023	12/31/2099	
T2016	U5	U2			Community Living Facilities and Supports Level 2	Medicaid B			per diem	202.03	4/1/2023	12/31/2099	
T2016	U5	U3			Community Living Facilities and Supports Level 3	Medicaid B			per diem	271.64	4/1/2023	12/31/2099	
T2016	U5	U4			Community Living Facilities and Supports Level 4	Medicaid B			per diem	268.03	4/1/2023	12/31/2099	
T2016	U5	U6			Community Living Facilities and Supports Level 5	Medicaid B			per diem	275.27	4/1/2023	12/31/2099	
T2016	U5				Behavioral Health Crisis Assessment and Intervention	Medicaid B			per diem	475	1/1/2024	12/31/2099	
T2020	CG	U4			Residential Supports Level 3 AFL	B3			per diem	198.2	1/1/2024	12/31/2099	
T2020	CG				Residential Supports Level 3 - AFL	Innovations			per diem	215.91	7/1/2023	12/31/2099	
T2020	U4				Residential Supports Level 3	B3			per diem	198.2	1/1/2024	12/31/2099	
T2020					Residential Supports Level 3	Innovations			per diem	215.91	7/1/2023	12/31/2099	
T2021	HQ	U4			Day Supports-Group	B3			hourly	19.2	1/1/2024	12/31/2099	
T2021	HQ				Day Supports - Group	Innovations			hourly	19.2	7/1/2023	12/31/2099	
T2021	U4				Day Supports-Individual	B3			hourly	32.4	1/1/2024	12/31/2099	
T2021					Day Supports - Individual	Innovations			hourly	32.4	7/1/2023	12/31/2099	
T2025	HO	U4			Specialized Consultative Services - BCBA	B3			15 Minutes	31.25	1/1/2022	12/31/2099	
T2025	HO				Specialized Consultative Services - BCBA	Innovations			15 Minutes	31.25	1/1/2022	12/31/2099	
T2025	U1	U4			Community Networking - Training	B3			Event	90.95	1/1/2022	12/31/2099	
T2025	U1				Financial Supports	Innovations			monthly	175	1/1/2022	12/31/2099	
T2025	U2	U4			Employer Supplies Transportation	B3			Invoice		1/1/2014	12/31/2099	

Service Code	Mod1	Mod2	Mod3	RevCode	ServiceDescription	Funding	Specialty	Specialty Name	Rate Unit	Unit Rate	Effective Date	End Date	Notes
T2025	U2				FM Supplies	Innovations				Invoice	4/1/2012	12/31/2099	
T2025	U3	U4			Crisis Consultation B3 IW Service	B3			15 Minutes	20.06	1/1/2022	12/31/2099	
T2025	U3				Crisis Behavioral Consultation	Innovations			15 Minutes	20.06	1/1/2022	12/31/2099	
T2025	U4				Specialized Consultative Services	B3			15 Minutes	31.25	1/1/2022	12/31/2099	
T2025					Specialized Consultative Services	Innovations			15 Minutes	31.25	1/1/2022	12/31/2099	
T2027	U4				Day Supports - Developmental Day	B3			15 Minutes	30.58	1/1/2024	12/31/2099	
T2027					Day Supports - Developmental Day	Innovations			hourly	30.58	7/1/2023	12/31/2099	
T2028					Communication Device - Purchase	Innovations				Invoice	4/1/2012	12/31/2099	
T2029	U4				Assistive Technology - Equipment and Supplies	B3				Invoice	1/1/2014	12/31/2099	
T2029					Assistive Technology - Equipment and Supplies	Innovations				Invoice	11/1/2016	12/31/2099	
T2033	HI				Supported Living Level 2	Innovations			per diem	316.65	7/1/2023	12/31/2099	
T2033	TF				Supported Living Level 3	Innovations			per diem	375.49	7/1/2023	12/31/2099	
T2033	U1	U4			Supported Living - Periodic	B3			15 Minutes	7.63	1/1/2024	12/31/2099	
T2033	U1				Supported Living Periodic	Innovations			15 Minutes	7.63	7/1/2023	12/31/2099	
T2033	U2				Supported Living Transition	Innovations			15 Minutes	7.63	7/1/2023	12/31/2099	
T2033					Supported Living Level 1	Innovations			per diem	226.26	7/1/2023	12/31/2099	
T2034	U4				Out of Home Crisis	B3			per diem	251.45	1/1/2022	12/31/2099	
T2034					Out of Home Crisis	Innovations			per diem	251.45	1/1/2022	12/31/2099	
T2038	U4				Community Transition Supports	B3			1 time	Invoice	1/1/2014	12/31/2099	
T2038					Community Transition Supports	Innovations			1 time	Invoice	11/1/2016	12/31/2099	
T2039	U4				Vehicle Adaptations	B3				Invoice	1/1/2014	12/31/2099	
T2039					Vehicle Adaptations	Innovations				Invoice	4/1/2012	12/31/2099	

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T2041	U1	U4			Community Guide Training - Periodic	B3			15 Minutes	9.68	1/1/2022	12/31/2099	
T2041	U1				Community Navigator Training - Employer	Innovations			15 Minutes	9.68	1/1/2022	12/31/2099	
T2041	U4				Community Guide	B3			monthly	150	1/1/2022	12/31/2099	
T2041					Community Navigator	Innovations			monthly	150	1/1/2022	12/31/2099	
V5336					Communication Device - Repairs	Innovations				Invoice	4/1/2012		

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YP780					Group Living - High	State			per diem	141.51	4/1/2012	12/30/2099	
90785					Interactive Complexity Add-on	State	001	Physician	per time limit	4.36	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	109	Licensed Psychologist	per time limit	3.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	110	LCSW, LPC & LMFT	per time limit	2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	111	Certified Clinical Nurse Specialist	per time limit	3.37	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	112	Certified Nurse Practitioner	per time limit	3.37	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	128	Licensed Psychological Associate	per time limit	2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90785					Interactive Complexity Add-on	State	129	LCAS	per time limit	2.97	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90791					Psychiatric Diagnostic Evaluation	State	001	Physician	Event	137.93	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	109	Licensed Psychologist	Event	125.39	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	110	LCSW, LPC & LMFT	Event	94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	111	Certified Clinical Nurse Specialist	Event	106.58	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	112	Certified Nurse Practitioner	Event	106.58	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	128	Licensed Psychological Associate	Event	94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	129	LCAS	Event	94.04	1/1/2024	12/31/2099	
90791					Psychiatric Diagnostic Evaluation	State	130	Physician Assistant	Event	90.39	1/1/2024	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	001	Physician	Event	115.04	10/1/2013	12/31/2099	

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90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	112	Certified Nurse Practitioner	Event	88.89	1/1/2013	12/31/2099	
90792					Psychiatric Diagnostic Evaluation w/ medical svc	State	130	Physician Assistant	Event	75	1/1/2013	12/31/2099	
90832					Psychotherapy, 16 - 37 mins	State	001	Physician	per time limit	57.46	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	109	Licensed Psychologist	per time limit	52.24	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	110	LCSW, LPC & LMFT	per time limit	39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	111	Certified Clinical Nurse Specialist	per time limit	44.4	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	112	Certified Nurse Practitioner	per time limit	44.4	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	128	Licensed Psychological Associate	per time limit	39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90832					Psychotherapy, 16 - 37 mins	State	129	LCAS	per time limit	39.18	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	001	Physician	per time limit	38.4	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90833					Psychotherapy, 16 - 37 mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	29.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	001	Physician	per time limit	74.64	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	109	Licensed Psychologist	per time limit	67.85	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	110	LCSW, LPC & LMFT	per time limit	50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	111	Certified Clinical Nurse Specialist	per time limit	57.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	112	Certified Nurse Practitioner	per time limit	57.67	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.

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90834					Psychotherapy, 38 - 52 mins	State	128	Licensed Psychological Associate	per time limit	50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90834					Psychotherapy, 38 - 52 mins	State	129	LCAS	per time limit	50.89	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	001	Physician	per time limit	62.39	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	48.21	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90836					Psychotherapy, 38 - 52 mins with E/M svc	State	130	Physician Assistant	per time limit	39.46	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	001	Physician	per time limit	109.36	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	109	Licensed Psychologist	per time limit	99.42	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	110	LCSW, LPC & LMFT	per time limit	74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	111	Certified Clinical Nurse Specialist	per time limit	84.51	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	112	Certified Nurse Practitioner	per time limit	84.51	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	128	Licensed Psychological Associate	per time limit	74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90837					Psychotherapy, 53+ mins	State	129	LCAS	per time limit	74.57	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90838					Psychotherapy, 53+ mins with E/M svc	State	001	Physician	per time limit	100.75	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90838					Psychotherapy, 53+ mins with E/M svc	State	112	Certified Nurse Practitioner	per time limit	77.85	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	001	Physician	per time limit	137.81	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	109	Licensed Psychologist	per time limit	125.28	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.

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90839					Psychotherapy for Crisis, 30 - 74 mins	State	110	LCSW, LPC & LMFT	per time limit	93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	111	Certified Clinical Nurse Specialist	per time limit	106.49	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	112	Certified Nurse Practitioner	per time limit	106.49	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	128	Licensed Psychological Associate	per time limit	93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90839					Psychotherapy for Crisis, 30 - 74 mins	State	129	LCAS	per time limit	93.96	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	001	Physician	per time limit	116.02	10/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	109	Licensed Psychologist	per time limit	105.47	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	110	LCSW, LPC & LMFT	per time limit	79.1	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	111	Certified Clinical Nurse Specialist	per time limit	89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	112	Certified Nurse Practitioner	per time limit	89.65	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	128	Licensed Psychological Associate	per time limit	79.1	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90840					Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons	State	129	LCAS	per time limit	79.1	1/1/2013	12/31/2099	Bill all corresponding modifiers at the base rate.
90846					Family Therapy w/o Patient	State	001	Physician	Event	81.08	10/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	State	109	Licensed Psychologist	Event	72.24	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	State	110	LCSW, LPC & LMFT	Event	54.17	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	State	111	Certified Clinical Nurse Specialist	Event	61.4	4/1/2013	12/31/2099	

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90846					Family Therapy w/o Patient	State	112	Certified Nurse Practitioner	Event	61.4	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	State	128	Licensed Psychological Associate	Event	54.17	4/1/2013	12/31/2099	
90846					Family Therapy w/o Patient	State	129	LCAS	Event	54.17	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	001	Physician	Event	100.68	10/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	109	Licensed Psychologist	Event	89.7	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	110	LCSW, LPC & LMFT	Event	67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	111	Certified Clinical Nurse Specialist	Event	76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	112	Certified Nurse Practitioner	Event	76.24	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	128	Licensed Psychological Associate	Event	67.28	4/1/2013	12/31/2099	
90847					Family Therapy w/ Patient	State	129	LCAS	Event	67.28	4/1/2013	12/31/2099	
90849					Group Therapy	State	001	Physician	Event	30.2	10/1/2013	12/31/2099	
90849					Group Therapy	State	109	Licensed Psychologist	Event	26.9	4/1/2013	12/31/2099	
90849					Group Therapy	State	110	LCSW, LPC & LMFT	Event	20.18	4/1/2013	12/31/2099	
90849					Group Therapy	State	111	Certified Clinical Nurse Specialist	Event	22.87	4/1/2013	12/31/2099	
90849					Group Therapy	State	112	Certified Nurse Practitioner	Event	22.87	4/1/2013	12/31/2099	
90849					Group Therapy	State	128	Licensed Psychological Associate	Event	20.18	4/1/2013	12/31/2099	

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90849					Group Therapy	State	129	LCAS	Event	20.18	4/1/2013	12/31/2099	
90853					Group Therapy	State	001	Physician	Event	28.7	1/1/2024	12/31/2099	
90853					Group Therapy	State	109	Licensed Psychologist	Event	25.57	1/1/2024	12/31/2099	
90853					Group Therapy	State	110	LCSW, LPC & LMFT	Event	19.18	1/1/2024	12/31/2099	
90853					Group Therapy	State	111	Certified Clinical Nurse Specialist	Event	21.74	1/1/2024	12/31/2099	
90853					Group Therapy	State	112	Certified Nurse Practitioner	Event	21.74	1/1/2024	12/31/2099	
90853					Group Therapy	State	128	Licensed Psychological Associate	Event	19.18	1/1/2024	12/31/2099	
90853					Group Therapy	State	129	LCAS	Event	19.18	1/1/2024	12/31/2099	
96112					Developmental Test Administration	State	001	Physician	per hour	114.97	1/1/2019	12/31/2099	
96112					Developmental Test Administration	State	109	Licensed Psychologist	per hour	143.71	1/1/2019	12/31/2099	
96112					Developmental Test Administration	State	128	Licensed Psychological Associate	per hour	107.79	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	001	Physician	30 minutes	51.31	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	109	Licensed Psychologist	30 minutes	64.14	1/1/2019	12/31/2099	
96113					Developmental Test Administration (additional 30 minutes)	State	128	Licensed Psychological Associate	30 minutes	48.1	1/1/2019	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	001	Physician	hourly	70.02	1/1/2019	12/31/2099	
96121					Neurobehavioral Status Examination (additional 60 minutes)	State	109	Licensed Psychologist	hourly	87.53	1/1/2019	12/31/2099	

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96121					Neurobehavioral Status Examination (additional 60 minutes)	State	128	Licensed Psychological Associate	hourly	65.65	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	001	Physician	hourly	99.96	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	109	Licensed Psychologist	hourly	124.95	1/1/2019	12/31/2099	
96130					Psychological Testing by QHP, First 60 minutes	State	128	Licensed Psychological Associate	hourly	93.71	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	001	Physician	hourly	76.11	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	109	Licensed Psychologist	hourly	95.14	1/1/2019	12/31/2099	
96131					Psychological Testing by QHP, Additional 60 minutes	State	128	Licensed Psychological Associate	hourly	71.35	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	001	Physician	hourly	111.87	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	109	Licensed Psychologist	hourly	139.84	1/1/2019	12/31/2099	
96132					Neuropsychological Testing by QHP, first 60 minutes	State	128	Licensed Psychological Associate	hourly	104.88	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	001	Physician	hourly	85.34	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	109	Licensed Psychologist	hourly	106.68	1/1/2019	12/31/2099	
96133					Neuropsychological Testing by QHP, additional 60 minutes	State	128	Licensed Psychological Associate	hourly	80.01	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	001	Physician	30 minutes	39.33	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	109	Licensed Psychologist	30 minutes	49.16	1/1/2019	12/31/2099	
96136					Psychological or Neuropsych Test Adm; first 30 minutes	State	128	Licensed Psychological Associate	30 minutes	36.88	1/1/2019	12/31/2099	

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96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	001	Physician	30 minutes	36.33	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	109	Licensed Psychologist	30 minutes	45.41	1/1/2019	12/31/2099	
96137					Psychological or Neuropsych Test Adm; each additional 30 minutes	State	128	Licensed Psychological Associate	30 minutes	34.06	1/1/2019	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	001	Physician	30 minutes	31.09	1/1/2019	12/31/2099	
96138					Psychological or Neuropsychological Test by Tech, first 30 min	State	109	Licensed Psychologist	30 minutes	31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	001	Physician	30 minutes	31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	109	Licensed Psychologist	30 minutes	31.09	1/1/2019	12/31/2099	
96139					Psychological or Neuropsychological Test by Tech, additional 30 min	State	128	Licensed Psychological Associate	30 minutes	23.32	1/1/2019	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	State	001	Physician	Event	1.66	1/1/2019	12/31/2099	
96146					Psychological or Neuropsychological Test Admin	State	109	Licensed Psychologist	Event	1.66	1/1/2019	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	001	Physician	Event	18.74	10/1/2013	12/31/2099	
96372					injection (specify substance or drug) subcutaneous or intramuscular	State	112	Certified Nurse Practitioner	Event	14.19	4/1/2013	12/31/2099	
96372					Therapeutic, prophylactic or diagnostic injection	State	130	Physician Assistant	Event	17.04	1/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	001	Physician	per time limit	63.29	10/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	112	Certified Nurse Practitioner	per time limit	48.91	1/1/2013	12/31/2099	
99202					ov new pt, moderate - phys time approx 20 min	State	130	Physician Assistant	per time limit	57.54	1/1/2013	12/31/2099	

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99203					ov new pt, moderate -phys time approx 30 min	State	001	Physician	per time limit	91.7	10/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	112	Certified Nurse Practitioner	per time limit	70.86	1/1/2013	12/31/2099	
99203					ov new pt, moderate -phys time approx 30 min	State	130	Physician Assistant	per time limit	83.36	1/1/2013	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	001	Physician	per time limit	142.2	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	112	Certified Nurse Practitioner	per time limit	109.88	1/1/2024	12/31/2099	
99204					ov new pt, complex - phys time approx 45 min	State	130	Physician Assistant	per time limit	129.27	1/1/2024	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	001	Physician	per time limit	179.75	10/1/2013	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	112	Certified Nurse Practitioner	per time limit	138.9	1/1/2013	12/31/2099	
99205					ov new pt, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	163.41	1/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	001	Physician	per time limit	18.5	10/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	112	Certified Nurse Practitioner	per time limit	14.3	1/1/2013	12/31/2099	
99211					ov estab pt, minimal w/wo phys, time approx 5 min	State	130	Physician Assistant	per time limit	16.82	1/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	001	Physician	per time limit	36.85	10/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	112	Certified Nurse Practitioner	per time limit	28.48	1/1/2013	12/31/2099	
99212					ov estab pt, minor - phys time approx 10 min	State	130	Physician Assistant	per time limit	33.5	1/1/2013	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	001	Physician	per time limit	61.53	1/1/2024	12/31/2099	

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99213					ov estab pt, moderate - phys time approx 15 min	State	112	Certified Nurse Practitioner	per time limit	47.55	1/1/2024	12/31/2099	
99213					ov estab pt, moderate - phys time approx 15 min	State	130	Physician Assistant	per time limit	55.94	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	001	Physician	per time limit	92.72	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	112	Certified Nurse Practitioner	per time limit	71.65	1/1/2024	12/31/2099	
99214					ov estab pt, severe - phys time approx 25 min	State	130	Physician Assistant	per time limit	84.29	1/1/2024	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	001	Physician	per time limit	125.4	10/1/2013	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	96.9	1/1/2013	12/31/2099	
99215					ov estab pt, severe phys time approx 40 min	State	130	Physician Assistant	per time limit	114	1/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	001	Physician	per diem	25.62	10/1/2013	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	112	Certified Nurse Practitioner	per diem	19.8	4/1/2012	12/31/2099	
99224					Subsequent Observation Care, Per Day, for the Evaluation and	State	130	Physician Assistant	per diem	23.29	1/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	001	Physician	per diem	45.51	10/1/2013	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	112	Certified Nurse Practitioner	per diem	35.16	4/1/2012	12/31/2099	
99225					Subsequent observation care, per day, for the evaluation and management moderate complexity	State	130	Physician Assistant	per diem	41.37	1/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	001	Physician	per diem	68.05	10/1/2013	12/31/2099	
99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	112	Certified Nurse Practitioner	per diem	52.58	4/1/2012	12/31/2099	

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99226					Subsequent observation care, per day, for the evaluation and management high complexity	State	130	Physician Assistant	per diem	61.86	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	001	Physician	per time limit	43.98	10/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	112	Certified Nurse Practitioner	per time limit	33.98	1/1/2013	12/31/2099	
99241					outpt. consult, minor - phys time approx 15 min	State	130	Physician Assistant	per time limit	39.98	1/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	001	Physician	per time limit	82.39	10/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	112	Certified Nurse Practitioner	per time limit	63.67	1/1/2013	12/31/2099	
99242					outpt. consult, moderate - phys time approx 30 min	State	130	Physician Assistant	per time limit	74.9	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	001	Physician	per time limit	113.3	10/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	112	Certified Nurse Practitioner	per time limit	87.55	1/1/2013	12/31/2099	
99243					outpt. consult, severe - phys time approx 40 min	State	130	Physician Assistant	per time limit	103	1/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	001	Physician	per time limit	168.29	10/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	112	Certified Nurse Practitioner	per time limit	130.04	1/1/2013	12/31/2099	
99244					outpt. consult, severe - phys time approx 60 min	State	130	Physician Assistant	per time limit	152.99	1/1/2013	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	State	001	Physician	per time limit	206.83	10/1/2013	12/31/2099	
99245					outpt. consult, severe - phys time approx 80 min	State	112	Certified Nurse Practitioner	per time limit	159.83	1/1/2013	12/31/2099	
H0015					Substance Abuse Intensive Outpatient Program	State			per diem	131.56	1/1/2024	12/31/2099	

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H0020					Alcohol and/or Drug Services; methadone administration	State			per week	254.93	#####	12/31/2099	
H0031	59				Mental Health Assessment	State			15 Minutes	11.72	4/1/2012	12/31/2099	
H0035					DMH Partial Hospitalization Per Diem - Child/Adults	State			per diem	132.32	10/1/2012	12/31/2099	
H0038					Peer Support	State			15 Minutes	13.26	1/1/2024	12/31/2099	
H0040	U1				Assertive Community Treatment Team (ACTT) - encounter claim code	State			15 Minutes	0.01	9/1/2017	12/31/2099	*Any add'l per diem visits should be billed at .01 per unit
H0040					Assertive Community Treatment Team (ACTT)	State			monthly	1595.7	1/1/2024	12/31/2099	*To be billed on the first per diem contact of the month
H2011					Mobile Crisis Management (MH/SA)	State			15 Minutes	90	1/1/2024	12/31/2099	
H2012	HA				Child and Adolescent Day Treatment	State			hourly	31.41	4/1/2012	12/31/2099	
H2017					DMH Psychosocial Rehabilitation (PSR)	State			15 Minutes	2.69	1/1/2024	12/31/2099	
H2022					Intensive In-Home Services	State			per diem	239.66	4/1/2017	12/31/2099	
H2033					Multi-Systemic Therapy (MST)	State			15 Minutes	36.57	10/1/2012	12/31/2099	
H2034					SA Halfway House	State			per diem	58.21	4/1/2012	12/31/2099	
H2035					SA Comprehensive Outpatient Treatment Program	State			hourly	45.35	1/1/2024	12/31/2099	
Q3014	GT				telehealth originating site facility fee	State	001	Physician	per diem	23.38	10/1/2013	12/31/2099	
Q3014					telehealth originating site facility fee	State	112	Certified Nurse Practitioner	per diem	20.83	4/1/2012	12/31/2099	
S9484	HA				Crisis Intervention (Facility Based Crisis) Adults	State			hourly	30	7/1/2021	12/31/2099	

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S9484					Crisis Intervention (Facility Based Crisis)	State			hourly	30	7/1/2021	12/31/2099	
T1023					Diagnostic Assessment (MH/SA)	State			Event	231.3	4/1/2013	12/31/2099	
YA232					Room & Board - Level III (1-4 Beds) (Current DSS Rate)	State			per diem	21.5	4/1/2012	12/31/2099	
YA233					Room & Board - Level III (5+ Beds) (Current DSS Rate)	State			per diem	16.5	4/1/2012	12/31/2099	
YA234					Room & Board - Level II (Age 5 or less) (Current DSS Rate \$365/mo)	State			per diem	12	4/1/2012	12/31/2099	
YA235					Room & Board - Level II (Age 6-12 less) (Current DSS Rate \$415/mo)	State			per diem	13.64	4/1/2012	12/31/2099	
YA236					Room & Board - Level II (Age 13+) (Current DSS Rate \$465/mo)	State			per diem	13.64	4/1/2012	12/31/2099	
YA238					Room & Board - Level IV (5+ beds) (Current DSS Rate)	State			per diem	20.1	4/1/2012	12/31/2099	
YA326					Crisis Respite	State			per diem	20	4/1/2012	12/31/2099	
YA328					TBI Long Term Residential Rehab	State			per diem	193.54	6/1/2022	12/31/2099	
YA340					Wellness Education Group	State			per diem	150	4/1/2012	12/31/2099	
YA352					Assertive Engagement - QP (Licensed & Unlicensed)	State			15 Minutes	15	4/1/2023	12/31/2099	
YA353					Assertive Engagement - AP, CPSS & Paraprofessional	State			15 Minutes	15	4/1/2023	12/31/2099	
YA389					Long-Term Vocational Support - I/DD	State			15 Minutes	11.21	7/1/2013	12/31/2099	
YA390					Supported Employment - Individual - I/DD	State			15 Minutes	11.21	7/1/2013	12/31/2099	
YM050					Personal Care	State			15 Minutes	3.36	4/1/2012	12/31/2099	
YM100					Day Supports - Group	State			15 Minutes	3.57	7/1/2012	12/31/2099	
YM101					Day Supports - Individual	State			15 Minutes	6.01	7/1/2012	12/31/2099	
YM106					Residential Supports Lvl -1 ADIDD	State			per diem	84.78	7/1/2012	12/31/2099	
YM107					Residential Supports - Level 2	State			per diem	122.46	7/1/2012	12/31/2099	

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YM108					Residential Supports - Level 3	State			per diem	141.31	7/1/2012	12/31/2099	
YM109					Residential Supports - Level 4	State			per diem	160.14	7/1/2012	12/31/2099	
YM110					Specialized Consultative Services	State			15 Minutes	17.4	7/1/2012	12/31/2099	
YM111					Supported Employment - Group ADIDD	State			15 Minutes	1.86	7/1/2012	12/31/2099	
YM112					Supported Employment - Individual	State			15 Minutes	7.24	7/1/2012	12/31/2099	
YM113					Community Networking	State			15 Minutes	5.24	7/1/2012	12/31/2099	
YM114					Community Networking Group ADIDD	State			15 Minutes	2.92	7/1/2012	12/31/2099	
YM120					Tenancy Support Team	State			15 Minutes	13.4	1/1/2024	12/31/2099	For individuals of ICL who receive a housing plot
YM580					Day Supports - Individual	State			per diem	112.23	7/1/2021	12/31/2099	
YM590					Day Supports - Group	State			15 Minutes	5.35	7/1/2023	12/31/2099	
YM686					Guardianship	State			per diem	208.18	7/1/2012	12/31/2099	
YM850					Residential Supports	State			per diem	189.79	4/1/2012	12/31/2099	
YM851					Community Living Supports - Individual	State			15 Minutes	8.23	2/1/2022	12/31/2099	
YM852					Community Living Supports - Group	State			15 Minutes	2.74	2/1/2022	12/31/2099	
YP012					Respite Adult Individual	State			15 Minutes	5.5	1/1/2024	12/31/2099	
YP013					Respite Adult Group	State			15 Minutes	1.67	1/1/2024	12/31/2099	
YP014					Respite Individual Child	State			15 Minutes	5.5	1/1/2024	12/31/2099	
YP015					Respite Group Child	State			15 Minutes	1.67	1/1/2024	12/31/2099	
YP610					Developmental Day Activities	State			15 Minutes	4.74	6/1/2012	12/31/2099	

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YP620					ADVP (Adult Developmental and Vocational Program)	State			15 minutes	1.57	2/1/2024	12/31/2099	
YP630	U6				Individual Supported Employment - TCL	State			15 Minutes	26.4	10/1/2023	12/31/2099	TCL Initiative/Based on Meeting Fidelity
YP630					Supported Employment - Individual	State			15 Minutes	26.4	10/1/2023	12/31/2099	
YP640					Supported Employment - Group	State			15 Minutes	2.53	7/1/2013	12/31/2099	
YP650					Community Rehabilitation Program (Sheltered Workshop)	State			15 Minutes	3.71	7/1/2013	12/31/2099	
YP710					Supervised Living Low	State			per diem	28.92	4/1/2012	12/31/2099	
YP720					Supervised Living Moderate	State			per diem	53.92	10/1/2012	12/31/2099	
YP740					Family Living Low	State			per diem	56.5	4/1/2012	12/31/2099	
YP750					Family Living Moderate	State			per diem	46.83	4/1/2012	12/31/2099	
YP760					Group Living - Low	State			per diem	55.29	7/1/2009	12/31/2099	
YP770					Group Living - Moderate	State			per diem	58.21	4/1/2012	12/31/2099	
YP830					Alcohol and/or Drug Assessment	State			15 Minutes	13.78	4/1/2012	12/31/2099	
YP831					Behavioral Health Counseling	State			15 Minutes	19.67	4/1/2012	12/31/2099	
YP832					Behavioral Health Counseling - Group Therapy	State			15 Minutes	7.25	4/1/2012	12/31/2099	
YP834					Behavioral Health Counseling - Family Therapy w/o Client	State			15 Minutes	19.67	4/1/2012	12/31/2099	
YP835					Alcohol and/or Drug Group Counseling	State			15 Minutes	5.08	4/1/2012	12/31/2099	
YP851					Public Psychiatry - Administrative Functions	State			15 Minutes	25	7/1/2012	12/31/2099	
YP852					Public Psychiatry - Consultation/Service Functions	State			15 Minutes	35	7/1/2012	12/31/2099	