

**Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2019)**

| Code          | Description  | Unit of Service | Modifiers:<br>Psychiatrist= AF;<br>MD/DO= AM | Modifiers:<br>APRN= SA;<br>Licensed Clinical<br>Psychologist= AH | Modifiers:<br>Licensed Masters level-<br>(Supervisor):<br>LPP, CPsy w/Auto.<br>Funct.= UB; LCSW= AJ;<br>LPCC, LMFT, LPAT, LBA<br>LCADC= HO | Modifiers:<br>Associate (under<br>Supervision): LPA,<br>CPsy, CSW, LPCA,<br>MFTA, LPATA,<br>LABA, LCADCA= U4;<br>PA= U1 | Modifier:<br>CADC=<br>U6 | Modifiers: Other<br>Non-Bachelors level:<br>PSS= U7; Prevention<br>Specialists= HM;<br>CSA, RBT= UC |
|---------------|--|-----------------|--|--|--|---|--------------------------|---|
| <b>+90785</b> | <b>Interactive Complexity</b><br>Use in conjunction with codes for<br>diagnostic psychiatric evaluation [90791,<br>90792], psychotherapy [90832, 90834,<br>90837], psychotherapy when performed<br>with an E&M service [90833, 90836,<br>90838, 99203, 90204, 99205, 99213,<br>99214, 99215] | <b>Event</b>    | <b>\$11.05</b>                               | <b>\$9.39</b>  | <b>\$8.84</b>  | <b>\$7.73</b>   | <b>\$5.52</b>            | <b>-</b>  |
| 90791         | Psychiatric Diagnostic Evaluation  | Event           | \$102.08                                     | \$86.76  | \$81.66  | \$71.45   | -                        | -   |
| 90792         | Psychiatric Diagnostic Evaluation<br>with medical services   | Event           | \$114.23                                     | \$97.09  | -  | \$79.96   | -                        | -   |
| 90832         | Psychotherapy, 30 minutes with<br>patient and/or family member   | 30 Minutes      | \$49.97                                      | \$42.48  | \$39.98  | \$34.98   | \$24.99                  | -   |
| <b>+90833</b> | Psychotherapy, 30 minutes with<br>patient and/or family member when<br>performed with an evaluation and<br>management service Use in<br>conjunction with allowable E&M codes<br>[99203, 99205, 99213, 99215]   | 30 Minutes      | \$51.61                                      | \$43.87  | -  | \$36.13   | -                        | -   |
| 90834         | Psychotherapy, 45 minutes with<br>patient and/or family member   | 45 Minutes      | \$66.55                                      | \$56.57  | \$53.24  | \$46.58   | \$33.27                  | -   |

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|--------|---|-----------------|--|--|---|---|-----------------------|--|
| +90836 | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99203-99205, 99213-99215] | 45 Minutes      | \$65.26                                      | \$55.47  | \$52.21   | \$42.82   | -                     | -  |
| 90837  | Psychotherapy, 60 minutes with patient and/or family member   | 60 Minutes      | \$99.94                                      | \$84.95  | \$79.95   | \$69.96   | \$49.97               | -  |
| +99354 | Prolonged Services (First Hour)<br>Must be billed on the same date of service as 90837. Limited to 1 unit per client, per date of service   | 30-60 Minutes   | \$94.59                                      | \$80.40  | \$75.67   | \$66.21   | \$47.30               | -  |
| +99355 | Prolonged Services (After the first 60 minutes of prolonged services)<br>Must be billed on the same date of service as 90837 and 99354, limited to 2 units per client, per date of service  | 15-30 Minutes   | \$72.14                                      | \$61.32  | \$57.71   | \$50.50   | \$36.07               | -  |
| +90838 | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99203-99205, 99213-99215] | 60 Minutes      | \$86.18                                      | \$73.26  | \$68.95   | \$60.33   | -                     | -  |
| 90839  | Psychotherapy for Crisis, first 60 minutes  | 60 Minutes      | \$104.16                                     | \$88.54  | \$83.33   | \$72.91   | \$52.08               | -  |

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|--------|--|-----------------|--|--|---|---|-----------------------|--|
| +90840 | Each additional 30 minutes Use in conjunction with 90839           | 30 Minutes      | \$49.97                                      | \$42.48  | \$39.98   | \$34.98   | \$24.99               | -  |
| 90845  | Psychoanalysis   | Event           | \$70.90                                      | \$60.26  | \$56.72   | \$49.63   | -                     | -  |
| 90846  | Family psychotherapy   | Event           | \$80.42                                      | \$68.36  | \$64.34   | \$56.30   | \$40.21               | -  |
| 90847  | Family psychotherapy with patient present                          | Event           | \$83.60                                      | \$71.06  | \$66.88   | \$58.52   | \$41.80               | -  |
| 90849  | Multiple-family group psychotherapy                                | Event           | \$29.71                                      | \$25.25  | \$23.77   | \$20.80   | \$14.85               | -  |
| 90853  | Group psychotherapy (other than of a multiple-family group)        | Event           | \$19.96                                      | \$16.96  | \$15.97   | \$13.97   | \$9.98                | -  |
| 90865  | Narcosynthesis for psychiatric diagnostic and therapeutic purposes | Event           | \$122.96                                     | \$104.52   | \$98.37   | \$86.07   | -                     | -  |

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|-------|---|-----------------|--|--|---|---|-----------------------|--|
| 90870 | Electroconvulsive therapy (includes necessary monitoring)   | Event           | \$125.93                                     | -  | -   | -   | -                     | -  |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 30 minutes | 30 Minutes      | \$31.67                                      | \$26.92  | \$25.34   | \$22.17   | -                     | -  |
| 90876 | Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 45 minutes | 45 Minutes      | \$49.28                                      | \$41.89  | \$39.42   | \$34.50   | -                     | -  |
| 90887 | Collateral Therapy  | Event           | \$63.40                                      | \$53.89  | \$50.72   | \$44.38   | \$31.70               | -  |
| 90899 | Unlisted psychiatric service or procedure   | Event           | \$21.53                                      | \$18.30  | \$17.22   | \$15.07   | -                     | -  |
| 96105 | Assessment of aphasia, with interpretation and report, per hour   | Per Hour        | \$75.94                                      | \$64.55  | \$60.75   | \$53.16   | -                     | -  |
| 96110 | Developmental screening, with scoring and documentation, per standardized instrument                                      | Event           | \$32.19                                      | \$27.36  | \$25.75   | \$22.53   | -                     | -  |

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|----------|---|-----------------|--|--|--|---|-----------------------|--|
| 96112    | Developmental test administration, by physician or other qualified health care professional, with interpretation and report, first hour   | 60 Minutes      | \$99.17                                      | \$84.30  | \$79.34  | \$69.42   | -                     | -  |
| +96113   | Each additional 30 minutes Use in conjunction with 96112  | 30 Minutes      | \$44.32                                      | \$37.67  | \$35.45  | \$31.02   | -                     | -  |
| **96116  | Neurobehavioral status exam, per hour of the physician's or qualified health care professional's time, both face-to-face time with the patient and time interpreting test results and preparing the report                                  | 60 Minutes      | \$70.10                                      | \$59.59  | -  | -   | -                     | -  |
| **+96121 | Each additional hour Use in conjunction with 96116  | 60 Minutes      | \$48.89                                      | \$42.41  | -  | -   | -                     | -  |
| *96125   | Standardized cognitive performance testing, per hour of the physician's or qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report | 60 Minutes      | \$79.61                                      | \$67.67  | \$63.69  | \$55.73   | -                     | -  |
| 96127    | Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument  | Event           | \$3.56                                       | \$3.02   | \$2.84   | \$2.49  | -                     | -  |

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|----------|---|-----------------|--|--|--|---|-----------------------|---|
| *96130   | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient and family member(s) or caregiver(s), when performed; first hour   | 60 Minutes      | \$86.63                                      | \$73.64  | \$69.31  | \$60.54   | -                     | -   |
| *+96131  | Each additional hour Use in conjunction with 96130  | 60 Minutes      | \$65.95                                      | \$56.06  | \$52.76  | \$46.16   | -                     | -   |
| **96132  | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 60 Minutes      | \$96.40                                      | \$81.94  | -  | -   | -                     | -   |
| **+96133 | Each additional hour Use in conjunction with 96132  | 60 Minutes      | \$73.55                                      | \$62.52  | -  | -   | -                     | -   |

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|---------|--|-----------------|--|--|--|--|-----------------------|--|
| *96136  | Psychological or Neuropsychological testing administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | 30 Minutes      | \$33.37                                      | \$28.36  | \$26.69  | \$23.36  | -                     | -  |
| *+96137 | Each additional 30 minutes 96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days   | 30 Minutes      | \$30.71                                      | \$26.11  | \$24.57  | \$21.50  | -                     | -  |
| *96138  | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes   | 30 Minutes      | \$25.67                                      | \$21.82  | \$20.54  | \$17.97  | -                     | -  |
| *+96139 | Each additional 30 minutes 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days   | 30 Minutes      | \$25.67                                      | \$21.82  | \$20.54  | \$17.97  | -                     | -  |
| *96146  | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only                      | Event           | \$1.41                                       | \$1.20   | \$1.13   | \$0.99   | -                     | -  |
| 96150   | Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment  | 15 Minutes      | \$15.75                                      | \$13.39  | -  | \$11.03  | -                     | -  |

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|----------|---|-----------------|--|--|--|---|-----------------------|--|
| 96151    | Re-assessment   | 15 Minutes      | \$16.73                                      | \$14.22  | 0  | \$11.71   | 0                     | 0  |
| ***97151 | Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the practitioner's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing finding and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan | 15 Minutes      | \$21.53                                      | -  | \$17.22  | \$15.07   | -                     | -  |
| ***97152 | Behavior identification supporting assessment, administered by one technician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes  | 15 Minutes      | \$21.53                                      | -  | \$17.22  | \$15.07   | -                     | \$8.61   |
| ***97153 | Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes   | 15 minutes      | \$21.53                                      | -  | \$17.22  | \$15.07   | -                     | \$8.61   |



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|----------|--|-----------------|--|--|---|---|--------------------------|--|
| ***97154 | Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes                         | 15 Minutes      | \$21.53                                      | -  | \$17.22   | \$15.07   | -                        | \$8.61   |
| ***97155 | Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes     | 15 Minutes      | \$21.53                                      | -  | \$17.22   | \$15.07   | -                        | -  |
| ***97156 | Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes                     | 15 Minutes      | \$15.85                                      | -  | \$12.68   | \$11.09   | -                        | -  |
| ***97157 | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes | 15 Minutes      | \$6.11                                       | -  | \$4.89  | \$4.28  | -                        | -  |

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|----------|---|-----------------|--|--|---|---|-----------------------|--|
| ***97158 | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes  | 15 Minutes      | \$6.11                                       | -  | \$4.89  | \$4.28  | -                     | -  |
| 99203    | Office or other outpatient visit for the evaluation and management of a new patient, moderate severity (Requiring these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity)                        | Event           | \$76.92                                      | \$65.38  | -   | \$53.84   | -                     | -  |
| 99204    | Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity (Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity) | Event           | \$117.67                                     | \$100.02   | -   | \$82.37   | -                     | -  |
| 99205    | Office or other outpatient visit for the evaluation and management of a new patient, moderate to high severity (Requiring these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)     | Event           | \$148.27                                     | \$126.03   | -   | \$103.79  | -                     | -  |

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|-------|---|-----------------|--|--|--|---|-----------------------|--|
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, low to moderate severity (Requiring at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused evaluation; Medical decision making of low complexity) | Event           | \$52.74                                      | \$44.83  | -  | \$36.92   | -                     | -  |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity)                            | Event           | \$77.48                                      | \$65.86  | -  | \$54.24   | -                     | -  |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, moderate to high severity (Requiring at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity)                      | Event           | \$104.12                                     | \$88.50  | -  | \$72.88   | -                     | -  |
| 99406 | Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. and up to 10 mins.   | 3-10 Minutes    | \$10.73                                      | \$9.12   | \$8.59   | \$7.51  | \$5.37                | -  |

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|-------|---|--------------------|--|--|--|---|-----------------------|--|--|
| 99407 | Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.  | 10 Minutes or More | \$20.59                                      | \$17.50  | \$16.47  | \$14.41   | \$10.29               | -  |  |
| 99408 | Screening, Brief Intervention, & Referral to Treatment (SBIRT)  | 15-30 Minutes      | \$20.98                                      | \$17.83  | \$16.78  | \$14.69   | \$10.49               | -  |  |
| 99409 | Screening, Brief Intervention, & Referral to Treatment (SBIRT)  | 30 Minutes or More | \$53.20                                      | \$45.22  | \$42.56  | \$37.24   | \$19.95               | -  |  |
| H0001 | Alcohol and/or Drug Assessment  | Event              | \$86.12                                      | \$73.20  | \$68.88  | \$60.28   | \$32.30               | -  |  |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program   | Event              | \$86.12                                      | \$73.20  | \$68.88  | \$60.28   | -                     | -  |  |
| H0015 | Alcohol and/or Drug Services, Intensive Outpatient Program  | Per Diem           | \$125.00                                     |  |  |   |                       |  |  |
| H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior) | Event              | \$24.44                                      | \$20.77  | \$19.55  | \$17.11   | \$12.22               | \$8.61   |  |

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| Code   | Description   | Unit of Service | Modifiers:<br>Psychiatrist= AF;<br>MD/DO= AM | Modifiers:<br>APRN= SA;<br>Licensed Clinical<br>Psychologists= AH | Modifiers:<br>Licensed Masters level-<br>(Supervisor):<br>LPP, CPsy w/ Auto.<br>Funct.= U6; LCSW= AU;<br>LPCC, LMFT, LPAT, LBA<br>LCADC= HO | Modifiers:<br>Associate (under<br>Supervision): LPA,<br>CSW, LPCA, MFTA,<br>LPATA, LABA,<br>LCADCA= U4; PA=<br>U1 | Modifier:<br>CADC= U6 | Modifiers: Other<br>Non-Bachelors-level:<br>PSS= U7; Prevention<br>Specialist= HM;<br>CSA, RBT= UC |
|--------|---|-----------------|--|---|---|---|-----------------------|--|
| H0031  | Mental health assessment by non-physician                                 | Event           | -  | \$73.20   | \$68.88   | \$60.28   | -                     | -  |
| H0032  | Mental health service plan development by non-physician                   | Event           | -  | \$73.20   | \$68.88   | \$60.28   | -                     | -  |
| H0038  | Self-help/Peer Services, individual, per 15 minutes                       | 15 Minutes      | -  | -   | -   | -   | -                     | \$8.61   |
| H0040† | Assertive Community Treatment program, 4 professional team                | 1 Month         | -  | -   | \$750.00  | -   | -                     | -  |
| H0040† | Assertive Community Treatment program, 10 professional team               | 1 Month         | -  | -   | \$1,000.00  | -   | -                     | -  |
| H0049  | Alcohol and/or Drug Screening, & Brief Intervention, less than 15 minutes | 1-14 Minutes    | \$24.06                                      | \$20.45   | \$19.25   | \$18.05   | \$9.23                | -  |
| H2011  | Crisis Intervention Service, per 15 minutes                               | 15 Minutes      | \$21.53                                      | \$18.30   | \$17.22   | \$15.07   | \$10.77               | -  |

**Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2019)**

| Code               | Description   | Unit of Service | Modifiers:<br>Psychiatrist= AF;<br>MD/DO= AM | Modifiers:<br>APRN= SA;<br>Licensed Clinical<br>Psychologist= AH | Modifiers:<br>Licensed Masters level-<br>(Supervisor):<br>LPP, CPsy w/Auto.<br>Funct.= U8; LCSW= AJ;<br>LPCC, LMFT, LPAT, LBA<br>LCADC= HO | Modifiers:<br>Associate (under<br>Supervision): LPA,<br>CPsy, CSW, LPCA,<br>MFTA, LPATA,<br>LABA, LCADCA=<br>U4; PA= U1 | Modifier:<br>CADC= U6 | Modifiers: Other<br>Non-Bachelors-level:<br>PSS= U7; Prevention<br>Specialist= HM;<br>CSA, RBT= UC |
|--------------------|---|-----------------|--|--|--|---|-----------------------|--|
| H2012              | Behavioral Health Day Treatment,<br>per hour  | 60 Minutes      | -  | \$73.20  | \$68.88  | \$60.28   | \$43.05               | -  |
| H2015              | Comprehensive Community Support<br>services, per 15 minutes                                   | 15 minutes      | -  | \$18.30  | \$17.22  | \$15.07   | -                     | \$8.61   |
| H2020              | Therapeutic Behavioral Health<br>services, per diem   | Per Diem        | \$138.00                                     |  |  |   |                       |  |
| H2027              | Psychoeducational Service, per 15<br>minutes  | 15 Minutes      | \$15.85                                      | \$13.47  | \$12.68  | \$11.09   | \$7.93                | \$4.30   |
| S9480              | Intensive outpatient psychiatric<br>services  | Per Diem        | \$125.00                                     |  |  |   |                       |  |
| S9484 <sup>1</sup> | Mobile Crisis Service   | 60 Minutes      | \$86.21                                      | \$73.20  | \$68.88  | \$60.28   | \$43.11               |  |
| T1007              | Alcohol and/or substance abuse<br>services, treatment plan<br>development and/or modification | Event           | \$86.13                                      | \$73.20  | \$68.90  | \$60.28   | \$43.06               |  |

**Kentucky Medicaid Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2019)**

| Code  | Description   | Unit of Service | Modifiers:<br>Psychiatrist= AF;<br>MD/DO= AM | Modifiers:<br>APRN= SA;<br>Licensed Clinical<br>Psychologist= AH | Modifiers:<br>Licensed Masters level-<br>(Supervisor):<br>LPP, CPsy w/Auto.<br>Funct.= U8; LCSW= AJ;<br>LPC, LMFT, LPAT, LBA<br>LCADC= HO | Modifiers:<br>Associate (under<br>Supervision): LPA,<br>CPsy, CSW, LPCA,<br>MFTA, LPATA,<br>LBA, LCADCA=<br>U4; PA= U1 | Modifier:<br>CADC= U6 | Modifiers: Other<br>Non-Bachelors-level:<br>PSS= U7; Prevention<br>Specialist= HM;<br>CSA, RBT= UC |
|-------|---|-----------------|--|--|---|--|-----------------------|--|
| T2023 | Targeted Case Management for<br>Individuals with SED or SMI; Modifier<br>UA will designate SED population.<br>Modifier not required for SMI population.                             | 1 Month         |  |  |   |  |                       |  |
|       |   |                 |  |  | \$334.00  |  |                       |  |
| T2023 | Targeted Case Management for<br>Individuals with Co-Occurring Mental<br>Health or Substance Use Disorders<br>and Chronic or Complex Physical<br>Health Issues; Requires TG modifier | 1 Month         |  |  |   |  |                       |  |
|       |   |                 |  |  | \$541.00  |  |                       |  |
| T2023 | Targeted Case Management for<br>Individuals with Substance Use<br>Disorders; Requires HF modifier   | 1 Month         |  |  |   |  |                       |  |
|       |   |                 |  |  | \$334.00  |  |                       |  |

\* Limited to LP, LPP, CPsy w/Auto, Funct. LPA, or CPsy  
 \*\* Limited to MD/DO or LP  
 \*\*\* Limited to Physician, LBA, LABA, or Technician as listed.  
 1 Licensed Organization only; must be billed by provider type 03 (BHSO)  
 + indicates add-on codes

