	Provider types/ enrollment requirements:		PT20 must have Specialty 52 or 53	PT20 and PT23, PT80	PT23 with PMH and PT24 each must have category of Service 1A	PT15	PT94 and PTCC	РТМС
Procedure Code	Service Description	Units	Psychiatrist	Psychiatrist, NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	Licensed Psychologist (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	ОМНС
	I/OFFICE PROFESSIONAL SERVICES		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
90791	Psychiatric diagnostic evaluation		\$228.80		\$163.13	\$186.30	\$163.13	\$262.07
90791-UA	C&A Psychiatric diagnostic evaluation		\$228.80		\$163.13	\$186.30	\$163.13	\$292.70
90792	Psychiatric diagnostic evaluation with medical services		\$228.80		\$163.13			\$262.07
90792-UA	C&A Psychiatric diagnostic evaluation with medical services		\$228.80		\$163.13			\$292.70
90832	Individual psychotherapy (30 min)-Outpatient		\$75.50		\$53.82	\$61.68	\$53.82	\$77.01
90832-UA	C&A Individual psychotherapy (30 min)-Outpatient		\$75.50		\$53.82	\$61.68	\$53.82	\$91.08
90833	30 min Psychotherapy add on		\$75.50		\$53.82			\$77.01
90833-UA	C&A 30 min Psychotherapy add on		\$75.50		\$53.82			\$91.08
90834	Individual psychotherapy (45 min)-Outpatient		\$137.19		\$98.13	\$111.77	\$98.13	\$139.94
90834-UA	C&A Individual psychotherapy (45 min)-Outpatient		\$137.19		\$98.13	\$111.77	\$98.13	\$161.87
90836	45 min Psychotherapy add on		\$137.19		\$98.13			\$139.94
90836-UA	C&A 45 min Psychotherapy add on		\$137.19		\$98.13			\$161.87
90837	Individual psychotherapy (60 min)							\$139.94
90837-UA	C&A Individual psychotherapy (60 min)							\$161.87
90838	60 min Psychotherapy add on							\$139.94
90838-UA	C&A 60 min Psychotherapy add on							\$161.87
90839	Psychotherapy for crisis, first 60 min							\$154.01
90839-UA	C&A Psychotherapy for crisis, first 60 min							\$182.13
90840	Psychotherapy for crisisadditional 30 min							\$83.32
90840-UA	C&A Psychotherapy for crisis additional 30 min							\$95.04
90846	Family psychotherapy without patient present		\$128.25		\$82.81	\$107.65	\$82.81	\$138.72
90846-UA	C&A Family psychotherapy without patient present		\$128.25		\$82.81	\$107.65	\$82.81	\$160.22
90847	Family psychotherapy with patient present (45-60 min)		\$142.85		\$101.01	\$117.57	\$101.01	\$145.74
90847-UA	C&A Fam psychoth with patient present (45-60 min)		\$142.85		\$101.01	\$117.57	\$101.01	\$165.60
90847-UA-52	C&A Family psychotherapy with patient presentAbbrev		\$88.48		\$63.34	\$72.05	\$63.34	\$90.24
90849	Multiple family group psychotherapy 45 - 60 minutes							\$61.28
90849-UA	C&A Multiple family group psychotherapy 45 - 60 minutes							\$64.59
90849-52	Multiple family group psychotherapyAbbrev							\$55.00
90849-UA-52	C&A Multiple family group psychotherapyAbbrev							\$59.30
H2027	Family psycho-education with consumer present							\$82.81
H1011	Family psycho-education without consumer present							\$82.81
90853	Group psychotherapy (not multi-family.) 45-60 minutes		\$37.35		\$38.11	\$38.11	\$38.11	\$59.61
90853-UA	C&A Group psychotherapy (not multi-family.) 45-60 minutes.		\$37.35		\$38.11	\$38.11	\$38.11	\$62.92
90853-21	Group psychotherapy prolonged (More than 75 minutes)							\$77.81
90853-UA-21	C&A Group psychotherapy prolonged (More than 75 minutes)							\$77.81

	Provider types/ enrollment requirements:		PT20 must have	PT20 and PT23, PT80	PT23 with PMH and PT24 each must have	PT15	PT94 and PTCC	PTMC
			Specialty 52 or 53	P180	P124 each must have category of Service 1A			
Procedure Code	Service Description	Units	Psychiatrist	Psychiatrist, NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	Licensed Psychologist (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	ОМНС
	T/OFFICE PROFESSIONAL SERVICES		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
99202	Evaluation and Management, including Rx -Straight forward, new patient		\$79.65	\$52.72	\$79.65			\$79.65
99202-UA	C&A Evaluation and Management, including Rx -Straight forward, new patient		\$79.65	\$52.72	\$79.65			\$79.65
99203	Evaluation and Management, including Rx -Low complexity, new patient		\$122.30	\$90.06	\$122.30			\$122.30
99203-UA	C&A Evaluation and Management, including Rx -Low complexity, new patient		\$122.30	\$90.06	\$122.30			\$122.30
99204	Evaluation and Management, including Rx -Moderately complex, new patient		\$181.53	\$145.50	\$181.53			\$181.53
99204-UA	C&A Evaluation and Management, including Rx - Moderately complex, new patient		\$181.53	\$145.50	\$181.53			\$181.53
99205	Evaluation and Management, including Rx -Highly complex, new patient		\$239.94	\$197.46	\$239.94			\$239.94
99205-UA	C&A Evaluation and Management, including Rx -Highly complex, new patient		\$239.94	\$197.46	\$239.94			\$239.94
99211	Evaluation and Management, including Rx -Minimal		\$25.44	\$9.51	\$25.44			\$25.44
99211-UA	C&A Evaluation and Management, including Rx -Minimal		\$25.44	\$9.51	\$25.44			\$25.44
99212	Evaluation and Management, including Rx -Straight forward		\$61.84	\$39.08	\$61.84			\$61.84
99212-UA	C&A Evaluation and Management, including Rx -Straight forward		\$61.84	\$39.08	\$61.84			\$61.84
99213	Evaluation and Management, including Rx -Low complexity		\$98.58	\$71.65	\$98.58			\$98.58
99213-UA	C&A Evaluation and Management, including Rx -Low complexity		\$98.58	\$71.65	\$98.58			\$98.58
99214	Evaluation and Management, including Rx -Moderately complex		\$138.61	\$104.86	\$138.61			\$138.61
99214-UA	C&A Evaluation and Management, including Rx - Moderately complex		\$138.61	\$104.86	\$138.61			\$138.61
99215	Evaluation and Management, including Rx -Highly complex		\$195.63	\$156.18	\$195.63			\$195.63
99215-UA	C&A Evaluation and Management, including Rx -Highly complex		\$195.63	\$156.18	\$195.63			\$195.63
90875	Indiv psychophysio therapy incl biofdbk (20-30 min)		\$75.50		\$53.82	\$61.68	\$53.82	\$77.01
90876	Indiv psychophysio therapy incl biofdbk (45-50 min)		\$137.19		\$98.13	\$111.77	\$98.13	\$139.94
90889	Outpatient Discharge (CMS 1500)							\$31.44
0929	Outpatient Discharge (UB)							\$31.44
96130	Psychological Testing Evaluation services by a Physician or other qualified professional. Treatment planning and Report and Interactive feed back to the patient, family members and caregiver's (first hour)					\$174.15		\$174.15
96131	Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)					\$132.34		\$132.34
96136	Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)					\$71.81		\$71.81
96137	Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)					\$66.95		\$66.95
96138	Psychological test administration and scoring by a Technician (first 30 minutes)					\$59.80		\$59.80
96139	Psychological test administration and scoring by a Technician (each additional 30 minutes)					\$59.80		\$59.80

	Provider types/ enrollment requirements:	PT20 must have	PT20 and PT23,	PT23 with PMH and	PT15	PT94 and PTCC	PTMC	
			Specialty 52 or 53	PT80	PT24 each must have category of Service 1A			
Procedure Code	Service Description	Units	Psychiatrist	Psychiatrist, NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	Licensed Psychologist (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	ОМНС
OUTPATIEN	T/OFFICE PROFESSIONAL SERVICES		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
99242	Office Consultation - also used for H&P for PHP (20 min)		\$94.39	\$72.01	\$94.39			
99243	Office Consultation - also used for H&P for PHP (30 min)		\$129.98	\$101.53	\$129.98			
99244	Office Consultation - also used for H&P for PHP (40 min)		\$193.14	\$162.03	\$193.14			
99245	Office Consultation - also used for H&P for PHP (55 min)		\$235.44	\$200.55	\$235.44			
99417	Prolonged outpatient evaluation and management service, with or without direct patient contact; each 15 minutes of total time	Each 15 minutes	\$34.21	\$33.08	\$34.21			\$34.21
INPATIENT	HOSPITAL SERVICES		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
99221	Initial hospital care (30 min) (MD only)			\$107.43				
99221-UA	C&A Initial hospital care (30 min) (MD only)			\$107.43				
99222	Initial hospital care (50 min) (MD only)			\$143.81				
99222-UA	C&A Initial hospital care (50 min) (MD only)			\$143.81				
99223	Initial hospital care (70 min) (MD only)			\$210.42				
99223-UA	C&A Initial hospital care (70 min) (MD only)			\$210.42				
99231	Subsequent IP or observation care (25 min) (MD only)			\$41.22				
99231-UA	C&A Subsequent IP or observation care (25 min) (MD only)			\$41.22				
99232	Subsequent IP or observation care (35 min) (MD only)			\$75.61				
99232-UA	C&A Subsequent IP or observation care (35 min) (MD only)			\$75.61				
99233	Subsequent IP or observation care (50 min) (MD only)			\$108.61				
99233-UA	C&A Subsequent IP or observation care (50 min) (MD only)			\$108.61				
99238	Hospital IP or observation discharge day mgmt (30 min or less) (MD only)			\$76.55				
99238-UA	C&A Hospital IP or observation discharge day mgmt (30 min or less) (MD only)			\$76.55				
99239	Hospital IP or observation discharge day mgmt (>30 min) (MD only)			\$111.73				
99239-UA	C&A Hospital IP or observation discharge day mgmt (>30 min) (MD only)			\$111.73				
99252	Initial inpatient or observation consultation (35 min) (MD only) - also used for H&P for Inpatient Non Psych Physician			\$78.08				
99253	Initial inpatient or observation consultation (45 min) (MD only) - also used for H&P for Inpatient Non Psych Physician			\$121.70				
99254	Initial inpatient or observation consultation (60 min) (MD only) - also used for H&P for Inpatient Non Psych Physician			\$175.05				
99255	Initial inpatient or observation consultation (80 min) (MD only) - also used for H&P for Inpatient Non Psych Physician			\$211.91				
99418	Prolonged inpatient evaluation and management service with or without direct patient contact; each 15 minutes of total time	Each 15 minutes		\$41.30				

PMH and PT15 nust have	PT94 and PTCC	PTMC
ry of e 1A		
P, APRN (sychiatric Health n (PMH) Licensed Psychologist (PHD or PsyD) (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	ОМНС
y Setting Community Setting	Community Setting	Community Setting
Setting Facility Setting	Facility Setting	N/A
Setting Facility Setting P, APRN Sychiatric Health n (PMH)	Facility Setting LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group	N/A OMHC
P, APRN Licensed Psychologist Sychiatric (PHD or PsyD) Health	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER	
P, APRN Sychiatric Health n (PMH)	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group	
P. APRN sychiatric Health n (PHH) Licensed Psychologist (PHD or PsyD) .13 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13	
CAPRN sychiatric Health n (PMH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .13 \$186.30 .13 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13	
Constraint Licensed Psychologist (PHD or PsyD) 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13	
Constraint Licensed Psychologist (PHD or PsyD) 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 52 \$59	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13	
Constraint Licensed Psychologist (PHD or PsyD) 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 1.13 \$186.30 62 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13	
APRN sychiatric Health n (PHH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .68 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13	
APRN sychiatric Health n (PHH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .68 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13 \$163.13	OMHC
APRN sychiatric Health n (PHB) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .14 \$186.30 .15 \$186.30 .16 \$186.30 .17 \$186.30 .18 \$186.30 .19 \$186.30 .10 \$186.30 .11 \$186.30 .12 \$180.30 .13	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13 \$163.13	OMHC
APRN sychiatric Health n (PHH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .13 \$186.30 .68 \$186.30	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13 \$163.13	OMHC
APRN sychiatric Health n (PMH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .14 \$186.30 .15 \$186.30 .16 \$186.30 .17 \$186.30 .18 \$186.30 .19 \$186.30 .10 \$186.30 .11 \$186.30 .12 \$186.30 .13	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13 \$163.13 Community Setting LCSW-C, LCPC, LCADC,	OMHC
APRN sychiatric Health n (PMH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .14 \$186.30 .15 \$186.30 .16 \$186.30 .17 \$186.30 .18 \$186.30 .19 \$186.30 .10 \$186.30 .11 \$186.30 .12 \$180.30 .13	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13 \$163.13 Community Setting LCSW-C, LCPC, LCADC,	OMHC OMHC OMHC
APRN sychiatric Health n (PMH) Licensed Psychologist (PHD or PsyD) .13 \$186.30 .14 \$186.30 .15 \$186.30 .16 \$186.30 .17 \$186.30 .18 \$186.30 .19 \$186.30 .10 \$186.30 .11 \$186.30 .12 \$180.30 .13	LCSW-C, LCPC, LCADC, LCMFT rendering under a Physician ER Group \$163.13 \$163.13 Community Setting LCSW-C, LCPC, LCADC,	OMHC
syc Hea n (chiatric (PHD or PsyD) alth PMH)	chiatric (PHD or PsyD) LCPC, LCADC, alth PMH)

	Provider types/ enrollment requirements:		PT20 must have Specialty 52 or 53	PT20 and PT23, PT80	PT23 with PMH and PT24 each must have category of Service 1A	PT15	PT94 and PTCC	РТМС
Procedure Code	Service Description	Units	Psychiatrist	Psychiatrist, NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	Licensed Psychologist (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	ОМНС
SPECIAL SE	RVICES		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
S9480	Intensive OP psych svcs, per diem (clinic model)							\$199.56
S9480-UA	C&A Intensive OP psych svcs, per diem (clinic model)							\$237.24
H0032	Interdisciplinary team tx planning w/patient present							\$127.52
H0046	Therapeutic Nursery							\$64.94
GAMDC	Gambling Discharge, effective 1/1/2022: The State will pay for gambling discharge only if the gambling treatment was state funded. In order to be reimbursed, at least one treatment session beyond assessment must have occurred, and the provider must have submitted the gambling data form.		\$114.49		\$114.49	\$114.49	\$114.49	\$114.49
OCCUPATIO REQUIRES A	NAL THERAPY (MA COVERS UNDER 21 ONLY, STATE		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
97150	Therapeutic procedure(s) group (2 or more)						\$26.16	
97530	Therapeutic activities, direct patient contact, per 15 min	Each 15 minutes					\$16.93	
97535	Self-care/home mgmt trng, per 15 min.	Each15 minutes					\$16.93	
97537	Community/work reintegration trng, direct contact, per 15 min	Each 15 minutes					\$16.93	
THERAPEUT	TIC BEHAVIORAL SERVICES		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
96156	Health Behavior Assessment or Re-Assessment Non Timed		\$162.40					
96158	Health Behavior Intervention, Individual, Face to Face,		\$35.20					
	Initial 30 Minutes							
96159	Initial 30 Minutes Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes	Each additional 15 minutes, Max 40	\$17.59					
	Health Behavior Intervention, Individual, Face to Face,	15 minutes,	\$17.59 Community Setting	Facility Setting POS 22	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAM 90867	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes NIAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial	15 minutes,			Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes VIAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session)	15 minutes,	Community Setting \$223.48 \$204.97	POS 22 \$223.48 \$204.97	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868 90869	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes NIAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81	POS 22 \$223.48 \$204.97 \$559.81	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes NIAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re	15 minutes,	Community Setting \$223.48 \$204.97	POS 22 \$223.48 \$204.97	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868 90869 99202-25 99203-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes VAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30	POS 22 \$ \$223.48 \$ \$204.97 \$ \$559.81 \$ \$79.65 \$ \$122.30 \$	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868 90869 99202-25 99203-25 99204-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes NIAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient Evaluation and Management, including Rx -Moderately complex, new patient	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53	POS 22 223.48 \$223.48 \$204.97 \$5559.81 \$79.65 \$122.30 \$181.53	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868 90869 99202-25 99203-25 99204-25 99205-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes VAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient Evaluation and Management, including Rx -Moderately complex, new patient Evaluation and Management, including Rx -Highly complex, new patient	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94	POS 22 \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAM 90867 90868 90869 99202-25 99203-25 99204-25 99205-25 99211-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes VAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient Evaluation and Management, including Rx -Moderately complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Highly complex, new patient	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44	POS 22 \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAM 90867 90868 90869 99202-25 99203-25 99204-25 99205-25 99211-25 99212-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes NAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient Evaluation and Management, including Rx -Moderately complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44 \$61.84	POS 22 \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44 \$61.84	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAM 90867 90868 90869 99202-25 99203-25 99204-25 99205-25 99212-25 99212-25 99213-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes NAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Moderately complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward Evaluation and Management, including Rx -Low complexity	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44 \$61.84 \$98.58	POS 22 \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44 \$61.84 \$98.58	Community Setting	Community Setting	Community Setting	Community Setting
TRANSCRAN 90867 90868 90869 99202-25 99203-25 99204-25 99205-25 99211-25 99212-25	Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes VAL MAGNETIC STIMULATION (TMS) Therapeutic repetitive TMS Treatment, Initial Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session) Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complex, new patient Evaluation and Management, including Rx -Moderately complex, new patient Evaluation and Management, including Rx -Highly complex, new patient Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward Evaluation and Management, including Rx -Straight Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward	15 minutes,	Community Setting \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44 \$61.84	POS 22 \$223.48 \$204.97 \$559.81 \$79.65 \$122.30 \$181.53 \$239.94 \$25.44 \$61.84	Community Setting	Community Setting	Community Setting	Community Setting

	Provider types/ enrollment requirements:		PT20 must have Specialty 52 or 53	PT20 and PT23, PT80	PT23 with PMH and PT24 each must have category of Service 1A	PT15	PT94 and PTCC	РТМС
Procedure Code	Service Description	Units	Psychiatrist	Psychiatrist, NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	Licensed Psychologist (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	ОМНС
	DFESSIONAL SERVICES FOR Mental Health IOP, Mental and Crisis Residential Services		Community Setting	Facility Setting	Community Setting	Community Setting	Community Setting	Community Setting
90791	Psychiatric diagnostic evaluation		\$228.80		\$163.13	\$186.30	\$163.13	\$262.07
90791-UA	C&A Psychiatric diagnostic evaluation		\$228.80		\$163.13	\$186.30	\$163.13	\$292.70
90792	Psychiatric diagnostic evaluation with medical services		\$228.80		\$163.13			\$262.07
90792-UA	C&A Psychiatric diagnostic evaluation with medical services		\$228.80		\$163.13			\$292.70
99202	Evaluation and Management, including Rx -Straight forward, new patient		\$79.65	\$52.72	\$79.65			\$79.65
99203	Evaluation and Management, including Rx -Low complexity, new patient		\$122.30	\$90.06	\$122.30			\$122.30
99204	Evaluation and Management, including Rx -Moderately complex, new patient		\$181.53	\$145.50	\$181.53			\$181.53
99205	Evaluation and Management, including Rx -Highly complex, new patient		\$239.94	\$197.46	\$239.94			\$239.94
99211	Evaluation and Management, including Rx -Minimal		\$25.44	\$9.51	\$25.44			\$25.44
99212	Evaluation and Management, including Rx -Straight forward		\$61.84	\$39.08	\$61.84			\$61.84
99213	Evaluation and Management, including Rx -Low complexity		\$98.58	\$71.65	\$98.58			\$98.58
99214	Evaluation and Management, including Rx -Moderately complex		\$138.61	\$104.86	\$138.61			\$138.61
99215	Evaluation and Management, including Rx -Highly complex		\$195.63	\$156.18	\$195.63			\$195.63
90832	Individual psychotherapy (30 min) MD Only		\$66.04		\$66.04			\$67.36
90834	Individual psychotherapy (45 min) MD Only		\$124.17		\$124.17			\$126.65
* Reimbursable	e using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed							