

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
90791	HE				PSYCH EVAL	N	G1 - Gen Fee	\$176.03	1	01/01/2024	12/31/9999
90791	HW	U1			PSYCH EVAL	N	G1 - Gen Fee	\$176.03	1	01/01/2024	12/31/9999
90791	HW	U2			PSYCH EVAL	N	G1 - Gen Fee	\$176.03	1	01/01/2024	12/31/9999
90791	HW	U5			PSYCH EVAL	N	G1 - Gen Fee	\$176.03	1	01/01/2024	12/31/9999
90791	HW	U6			PSYCH EVAL	N	G1 - Gen Fee	\$176.03	1	01/01/2024	12/31/9999
90791	HW	U7			PSYCH EVAL	N	G1 - Gen Fee	\$176.03	1	01/01/2024	12/31/9999
90792	HE				PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$197.76	1	01/01/2024	12/31/9999
90792	HW	U1			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$197.76	1	01/01/2024	12/31/9999
90792	HW	U2			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$197.76	1	01/01/2024	12/31/9999
90792	HW	U5			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$197.76	1	01/01/2024	12/31/9999
90792	HW	U6			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$197.76	1	01/01/2024	12/31/9999
90792	HW	U7			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$197.76	1	01/01/2024	12/31/9999
90832	HE				Psytx w pt 30 minutes	N	G1 - Gen Fee	\$76.04	1	01/01/2024	12/31/9999
90832	HW	U1			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$76.04	1	01/01/2024	12/31/9999
90832	HW	U2			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$76.04	1	01/01/2024	12/31/9999
90832	HW	U5			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$76.04	1	01/01/2024	12/31/9999
90832	HW	U6			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$76.04	1	01/01/2024	12/31/9999
90832	HW	U7			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$76.04	1	01/01/2024	12/31/9999
90833	HE				Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$69.88	999	01/01/2024	12/31/9999
90833	HW	U1			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$69.88	999	01/01/2024	12/31/9999
90833	HW	U2			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$69.88	999	01/01/2024	12/31/9999
90833	HW	U5			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$69.88	999	01/01/2024	12/31/9999
90833	HW	U6			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$69.88	999	01/01/2024	12/31/9999
90833	HW	U7			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$69.88	999	01/01/2024	12/31/9999
90834	HE				Psytx w pt 45 minutes	N	G1 - Gen Fee	\$100.57	999	01/01/2024	12/31/9999
90834	HW	U1			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$100.57	1	01/01/2024	12/31/9999
90834	HW	U2			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$100.57	1	01/01/2024	12/31/9999
90834	HW	U5			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$100.57	1	01/01/2024	12/31/9999
90834	HW	U6			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$100.57	1	01/01/2024	12/31/9999
90834	HW	U7			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$100.57	1	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
90836	HE				Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$88.61	999	01/01/2024	12/31/9999
90836	HW	U1			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$88.61	999	01/01/2024	12/31/9999
90836	HW	U2			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$88.61	999	01/01/2024	12/31/9999
90836	HW	U5			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$88.61	999	01/01/2024	12/31/9999
90836	HW	U6			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$88.61	999	01/01/2024	12/31/9999
90836	HW	U7			Psytx w pt w e/m 45 min	N	G1 - Gen Fee	\$88.61	999	01/01/2024	12/31/9999
90837	HE				Psytx w pt 60 minutes	N	G1 - Gen Fee	\$147.98	1	01/01/2024	12/31/9999
90837	HW	U1			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$147.98	1	01/01/2024	12/31/9999
90837	HW	U2			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$147.98	1	01/01/2024	12/31/9999
90837	HW	U5			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$147.98	1	01/01/2024	12/31/9999
90837	HW	U6			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$147.98	1	01/01/2024	12/31/9999
90837	HW	U7			Psytx w pt 60 minutes	N	G1 - Gen Fee	\$147.98	1	01/01/2024	12/31/9999
90838	HE				Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$117.24	999	01/01/2024	12/31/9999
90838	HW	U1			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$117.24	999	01/01/2024	12/31/9999
90838	HW	U2			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$117.24	999	01/01/2024	12/31/9999
90838	HW	U5			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$117.24	999	01/01/2024	12/31/9999
90838	HW	U6			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$117.24	999	01/01/2024	12/31/9999
90838	HW	U7			Psytx w pt w e/m 60 min	N	G1 - Gen Fee	\$117.24	999	01/01/2024	12/31/9999
90839	HE				Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HE	U9			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U1			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U1	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U2			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U2	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U5			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U5	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U6			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U6	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U7			Psytx crisis initial 60 min	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999
90839	HW	U7	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$142.14	4	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
90840	HE				PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HE	U9			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U1			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U1	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$89.19	2	07/01/2021	12/31/9999
90840	HW	U2			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U2	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$89.19	2	07/01/2021	12/31/9999
90840	HW	U5			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U5	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$89.19	2	07/01/2021	12/31/9999
90840	HW	U6			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U6	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$89.19	2	07/01/2021	12/31/9999
90840	HW	U7			PSYCHOTHERAPY CRISIS 30 M	N	G1 - Gen Fee	\$89.19	2	01/01/2021	12/31/9999
90840	HW	U7	U9		Psychotherapy for Crisis	N	G1 - Gen Fee	\$89.19	2	07/01/2021	12/31/9999
90846	HE				Family psytx w/o pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90846	HW	U1			Family psytx w/o pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90846	HW	U2			Family psytx w/o pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90846	HW	U5			Family psytx w/o pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90846	HW	U6			Family psytx w/o pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90846	HW	U7			Family psytx w/o pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90847	HE				Family psytx w/pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90847	HW	U1			Family psytx w/pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90847	HW	U2			Family psytx w/pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90847	HW	U5			Family psytx w/pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90847	HW	U6			Family psytx w/pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90847	HW	U7			Family psytx w/pt 50 min	N	G1 - Gen Fee	\$119.79	999	01/01/2024	12/31/9999
90853	HE				GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$26.93	999	01/01/2024	12/31/9999
90853	HW	U1			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$26.93	999	01/01/2024	12/31/9999
90853	HW	U2			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$26.93	999	01/01/2024	12/31/9999
90853	HW	U5			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$26.93	999	01/01/2024	12/31/9999
90853	HW	U6			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$26.93	999	01/01/2024	12/31/9999
90853	HW	U7			GRP .PSYCHOTHERAPY	N	G1 - Gen Fee	\$26.93	999	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
90889	HE				PREPARATION OF REPORT	N	G1 - Gen Fee	\$11.19	1	07/01/2023	12/31/9999
90889	HW	U1			PREPARATION OF REPORT	N	G1 - Gen Fee	\$11.19	1	07/01/2023	12/31/9999
90889	HW	U2			PREPARATION OF REPORT	N	G1 - Gen Fee	\$11.19	1	07/01/2023	12/31/9999
90889	HW	U5			PREPARATION OF REPORT	N	G1 - Gen Fee	\$11.19	1	07/01/2023	12/31/9999
90889	HW	U6			PREPARATION OF REPORT	N	G1 - Gen Fee	\$11.19	1	07/01/2023	12/31/9999
90889	HW	U7			PREPARATION OF REPORT	N	G1 - Gen Fee	\$11.19	1	07/01/2023	12/31/9999
96116	HE				Nubhvl xm phys/qhp 1st hr	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96116	HW	U1			Nubhvl xm phys/qhp 1st hr	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96116	HW	U2			Nubhvl xm phys/qhp 1st hr	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96116	HW	U5			Nubhvl xm phys/qhp 1st hr	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96116	HW	U6			Nubhvl xm phys/qhp 1st hr	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96116	HW	U7			Nubhvl xm phys/qhp 1st hr	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96121	HE				Nubhvl xm phy/qhp ea addl hr	N	G1 - Gen Fee	\$147.22	5	01/01/2021	12/31/9999
96121	HW	U1			Nubhvl xm phy/qhp ea addl hr	N	G1 - Gen Fee	\$147.22	5	01/01/2021	12/31/9999
96121	HW	U2			Nubhvl xm phy/qhp ea addl hr	N	G1 - Gen Fee	\$147.22	5	01/01/2021	12/31/9999
96121	HW	U5			Nubhvl xm phy/qhp ea addl hr	N	G1 - Gen Fee	\$147.22	5	01/01/2021	12/31/9999
96121	HW	U6			Nubhvl xm phy/qhp ea addl hr	N	G1 - Gen Fee	\$147.22	5	01/01/2021	12/31/9999
96121	HW	U7			Nubhvl xm phy/qhp ea addl hr	N	G1 - Gen Fee	\$147.22	5	01/01/2021	12/31/9999
96130	HE				Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	07/01/2022	12/31/9999
96130	HW	U1			Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	07/01/2022	12/31/9999
96130	HW	U2			Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	07/01/2022	12/31/9999
96130	HW	U5			Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	07/01/2022	12/31/9999
96130	HW	U6			Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	07/01/2022	12/31/9999
96130	HW	U7			Psycl tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	07/01/2022	12/31/9999
96131	HE				Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96131	HW	U1			Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96131	HW	U2			Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96131	HW	U5			Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96131	HW	U6			Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96131	HW	U7			Psycl tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
96132	HE				Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96132	HW	U1			Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96132	HW	U2			Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96132	HW	U5			Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96132	HW	U6			Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96132	HW	U7			Nrpsyc tst eval phys/qhp 1st	N	G1 - Gen Fee	\$147.22	1	01/01/2021	12/31/9999
96133	HE				Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96133	HW	U1			Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96133	HW	U2			Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96133	HW	U5			Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96133	HW	U6			Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96133	HW	U7			Nrpsyc tst eval phys/qhp ea	N	G1 - Gen Fee	\$147.22	7	07/01/2022	12/31/9999
96136	HE				Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96136	HW	U1			Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96136	HW	U2			Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96136	HW	U5			Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96136	HW	U6			Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96136	HW	U7			Psycl/nrpsyc tst phy/qhp 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96137	HE				Psycl/nrpsyc tst phy/qhp ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96137	HW	U1			Psycl/nrpsyc tst phy/qhp ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96137	HW	U2			Psycl/nrpsyc tst phy/qhp ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96137	HW	U5			Psycl/nrpsyc tst phy/qhp ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96137	HW	U6			Psycl/nrpsyc tst phy/qhp ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96137	HW	U7			Psycl/nrpsyc tst phy/qhp ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96138	HE				Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96138	HW	U1			Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96138	HW	U2			Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96138	HW	U5			Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96138	HW	U6			Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999
96138	HW	U7			Psycl/nrpsyc tech 1st	N	G1 - Gen Fee	\$73.61	1	07/01/2022	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
96139	HE				Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96139	HW	U1			Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96139	HW	U2			Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96139	HW	U5			Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96139	HW	U6			Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96139	HW	U7			Psycl/nrpsyc tst tech ea	N	G1 - Gen Fee	\$73.61	11	07/01/2022	12/31/9999
96146	HE				Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	6	01/01/2021	12/31/9999
96146	HW	U1			Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	6	01/01/2021	12/31/9999
96146	HW	U2			Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	6	01/01/2021	12/31/9999
96146	HW	U5			Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	6	01/01/2021	12/31/9999
96146	HW	U6			Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	6	01/01/2021	12/31/9999
96146	HW	U7			Psycl/nrpsyc tst auto result	N	G1 - Gen Fee	\$147.22	6	01/01/2021	12/31/9999
96372	HE				Ther/proph/diag inj sc/im	N	G1 - Gen Fee	\$11.66	12	07/01/2023	12/31/9999
96372	HW	U1			Ther/proph/diag inj sc/im	N	G1 - Gen Fee	\$11.66	12	07/01/2023	12/31/9999
96372	HW	U2			Ther/proph/diag inj sc/im	N	G1 - Gen Fee	\$11.66	12	07/01/2023	12/31/9999
96372	HW	U5			Ther/proph/diag inj sc/im	N	G1 - Gen Fee	\$11.66	12	07/01/2023	12/31/9999
96372	HW	U6			Ther/proph/diag inj sc/im	N	G1 - Gen Fee	\$11.66	12	07/01/2023	12/31/9999
96372	HW	U7			Ther/proph/diag inj sc/im	N	G1 - Gen Fee	\$11.66	12	07/01/2023	12/31/9999
99202	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$74.00	1	07/01/2023	12/31/9999
99202	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$74.00	1	07/01/2023	12/31/9999
99202	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$74.00	1	07/01/2023	12/31/9999
99202	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$74.00	1	07/01/2023	12/31/9999
99202	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$74.00	1	07/01/2023	12/31/9999
99202	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$74.00	1	07/01/2023	12/31/9999
99203	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$109.37	1	07/01/2023	12/31/9999
99203	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$109.37	1	07/01/2023	12/31/9999
99203	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$109.37	1	07/01/2023	12/31/9999
99203	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$109.37	1	07/01/2023	12/31/9999
99203	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$109.37	1	07/01/2023	12/31/9999
99203	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$109.37	1	07/01/2023	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

**Line of Business: MED - NHMEDICAID
 Department of Health and Human Services
 2024 Community Mental Health Fee Schedule***



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99204	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$166.45	1	07/01/2023	12/31/9999
99204	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$166.45	1	07/01/2023	12/31/9999
99204	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$166.45	1	07/01/2023	12/31/9999
99204	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$166.45	1	07/01/2023	12/31/9999
99204	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$166.45	1	07/01/2023	12/31/9999
99204	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$166.45	1	07/01/2023	12/31/9999
99205	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$208.85	1	07/01/2023	12/31/9999
99205	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$208.85	1	07/01/2023	12/31/9999
99205	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$208.85	1	07/01/2023	12/31/9999
99205	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$208.85	1	07/01/2023	12/31/9999
99205	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$208.85	1	07/01/2023	12/31/9999
99205	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$208.85	1	07/01/2023	12/31/9999
99211	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$23.96	1	07/01/2023	12/31/9999
99211	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$23.96	1	07/01/2023	12/31/9999
99211	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$23.96	1	07/01/2023	12/31/9999
99211	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$23.96	1	07/01/2023	12/31/9999
99211	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$23.96	1	07/01/2023	12/31/9999
99211	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$23.96	1	07/01/2023	12/31/9999
99212	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$57.86	1	01/01/2024	12/31/9999
99212	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$57.86	1	01/01/2024	12/31/9999
99212	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$57.86	1	01/01/2024	12/31/9999
99212	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$57.86	1	01/01/2024	12/31/9999
99212	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$57.86	1	01/01/2024	12/31/9999
99212	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$57.86	1	01/01/2024	12/31/9999
99213	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$92.06	1	01/01/2024	12/31/9999
99213	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$92.06	1	01/01/2024	12/31/9999
99213	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$92.06	1	01/01/2024	12/31/9999
99213	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$92.06	1	01/01/2024	12/31/9999
99213	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$92.06	1	01/01/2024	12/31/9999
99213	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$92.06	1	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

**Line of Business: MED - NHMEDICAID
 Department of Health and Human Services
 2024 Community Mental Health Fee Schedule***



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99214	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99214	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99214	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99214	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99214	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99214	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99215	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$146.29	1	07/01/2023	12/31/9999
99215	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$146.29	1	07/01/2023	12/31/9999
99215	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$146.29	1	07/01/2023	12/31/9999
99215	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$146.29	1	07/01/2023	12/31/9999
99215	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$146.29	1	07/01/2023	12/31/9999
99215	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$146.29	1	07/01/2023	12/31/9999
99221	HE				Initial hospital care	N	G1 - Gen Fee	\$98.43	1	01/01/2021	12/31/9999
99221	HW	U1			Initial hospital care	N	G1 - Gen Fee	\$98.43	1	01/01/2021	12/31/9999
99221	HW	U2			Initial hospital care	N	G1 - Gen Fee	\$98.43	1	01/01/2021	12/31/9999
99221	HW	U5			Initial hospital care	N	G1 - Gen Fee	\$98.43	1	01/01/2021	12/31/9999
99221	HW	U6			Initial hospital care	N	G1 - Gen Fee	\$98.43	1	01/01/2021	12/31/9999
99221	HW	U7			Initial hospital care	N	G1 - Gen Fee	\$98.43	1	01/01/2021	12/31/9999
99222	HE				Initial hospital care	N	G1 - Gen Fee	\$135.51	1	01/01/2021	12/31/9999
99222	HW	U1			Initial hospital care	N	G1 - Gen Fee	\$135.51	1	01/01/2021	12/31/9999
99222	HW	U2			Initial hospital care	N	G1 - Gen Fee	\$135.51	1	01/01/2021	12/31/9999
99222	HW	U5			Initial hospital care	N	G1 - Gen Fee	\$135.51	1	01/01/2021	12/31/9999
99222	HW	U6			Initial hospital care	N	G1 - Gen Fee	\$135.51	1	01/01/2021	12/31/9999
99222	HW	U7			Initial hospital care	N	G1 - Gen Fee	\$135.51	1	01/01/2021	12/31/9999
99223	HE				Initial hospital care	N	G1 - Gen Fee	\$199.28	1	01/01/2021	12/31/9999
99223	HW	U1			Initial hospital care	N	G1 - Gen Fee	\$199.28	1	01/01/2021	12/31/9999
99223	HW	U2			Initial hospital care	N	G1 - Gen Fee	\$199.28	1	01/01/2021	12/31/9999
99223	HW	U5			Initial hospital care	N	G1 - Gen Fee	\$199.28	1	01/01/2021	12/31/9999
99223	HW	U6			Initial hospital care	N	G1 - Gen Fee	\$199.28	1	01/01/2021	12/31/9999
99223	HW	U7			Initial hospital care	N	G1 - Gen Fee	\$199.28	1	01/01/2021	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99231	HE				Subsequent hospital care	N	G1 - Gen Fee	\$42.31	1	07/01/2023	12/31/9999
99231	HW	U1			Subsequent hospital care	N	G1 - Gen Fee	\$42.31	1	07/01/2023	12/31/9999
99231	HW	U2			Subsequent hospital care	N	G1 - Gen Fee	\$42.31	1	07/01/2023	12/31/9999
99231	HW	U5			Subsequent hospital care	N	G1 - Gen Fee	\$42.31	1	07/01/2023	12/31/9999
99231	HW	U6			Subsequent hospital care	N	G1 - Gen Fee	\$42.31	1	07/01/2023	12/31/9999
99231	HW	U7			Subsequent hospital care	N	G1 - Gen Fee	\$42.31	1	07/01/2023	12/31/9999
99232	HE				Subsequent hospital care	N	G1 - Gen Fee	\$75.68	1	07/01/2023	12/31/9999
99232	HW	U1			Subsequent hospital care	N	G1 - Gen Fee	\$75.68	1	07/01/2023	12/31/9999
99232	HW	U2			Subsequent hospital care	N	G1 - Gen Fee	\$75.68	1	07/01/2023	12/31/9999
99232	HW	U5			Subsequent hospital care	N	G1 - Gen Fee	\$75.68	1	07/01/2023	12/31/9999
99232	HW	U6			Subsequent hospital care	N	G1 - Gen Fee	\$75.68	1	07/01/2023	12/31/9999
99232	HW	U7			Subsequent hospital care	N	G1 - Gen Fee	\$75.68	1	07/01/2023	12/31/9999
99233	HE				Subsequent hospital care	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99233	HW	U1			Subsequent hospital care	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99233	HW	U2			Subsequent hospital care	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99233	HW	U5			Subsequent hospital care	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99233	HW	U6			Subsequent hospital care	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99233	HW	U7			Subsequent hospital care	N	G1 - Gen Fee	\$108.46	1	07/01/2023	12/31/9999
99234	HE				Observ/hosp same date	N	G1 - Gen Fee	\$141.46	1	01/01/2021	12/31/9999
99234	HW	U1			Observ/hosp same date	N	G1 - Gen Fee	\$141.46	1	01/01/2021	12/31/9999
99234	HW	U2			Observ/hosp same date	N	G1 - Gen Fee	\$141.46	1	01/01/2021	12/31/9999
99234	HW	U5			Observ/hosp same date	N	G1 - Gen Fee	\$141.46	1	01/01/2021	12/31/9999
99234	HW	U6			Observ/hosp same date	N	G1 - Gen Fee	\$141.46	1	01/01/2021	12/31/9999
99234	HW	U7			Observ/hosp same date	N	G1 - Gen Fee	\$141.46	1	01/01/2021	12/31/9999
99235	HE				Observ/hosp same date	N	G1 - Gen Fee	\$186.53	1	01/01/2021	12/31/9999
99235	HW	U1			Observ/hosp same date	N	G1 - Gen Fee	\$186.53	1	01/01/2021	12/31/9999
99235	HW	U2			Observ/hosp same date	N	G1 - Gen Fee	\$186.53	1	01/01/2021	12/31/9999
99235	HW	U5			Observ/hosp same date	N	G1 - Gen Fee	\$186.53	1	01/01/2021	12/31/9999
99235	HW	U6			Observ/hosp same date	N	G1 - Gen Fee	\$186.53	1	01/01/2021	12/31/9999
99235	HW	U7			Observ/hosp same date	N	G1 - Gen Fee	\$186.53	1	01/01/2021	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99236	HE				Observ/hosp same date	N	G1 - Gen Fee	\$232.07	1	01/01/2021	12/31/9999
99236	HW	U1			Observ/hosp same date	N	G1 - Gen Fee	\$232.07	1	01/01/2021	12/31/9999
99236	HW	U2			Observ/hosp same date	N	G1 - Gen Fee	\$232.07	1	01/01/2021	12/31/9999
99236	HW	U5			Observ/hosp same date	N	G1 - Gen Fee	\$232.07	1	01/01/2021	12/31/9999
99236	HW	U6			Observ/hosp same date	N	G1 - Gen Fee	\$232.07	1	01/01/2021	12/31/9999
99236	HW	U7			Observ/hosp same date	N	G1 - Gen Fee	\$232.07	1	01/01/2021	12/31/9999
99238	HE				Hosp ip/obs dschrg mgmt 30/<	N	G1 - Gen Fee	\$77.56	1	07/01/2023	12/31/9999
99238	HW	U1			Hosp ip/obs dschrg mgmt 30/<	N	G1 - Gen Fee	\$77.56	1	07/01/2023	12/31/9999
99238	HW	U2			Hosp ip/obs dschrg mgmt 30/<	N	G1 - Gen Fee	\$77.56	1	07/01/2023	12/31/9999
99238	HW	U5			Hosp ip/obs dschrg mgmt 30/<	N	G1 - Gen Fee	\$77.56	1	07/01/2023	12/31/9999
99238	HW	U6			Hosp ip/obs dschrg mgmt 30/<	N	G1 - Gen Fee	\$77.56	1	07/01/2023	12/31/9999
99238	HW	U7			Hosp ip/obs dschrg mgmt 30/<	N	G1 - Gen Fee	\$77.56	1	07/01/2023	12/31/9999
99239	HE				Hosp ip/obs dschrg mgmt >30	N	G1 - Gen Fee	\$111.27	1	07/01/2023	12/31/9999
99239	HW	U1			Hosp ip/obs dschrg mgmt >30	N	G1 - Gen Fee	\$111.27	1	07/01/2023	12/31/9999
99239	HW	U2			Hosp ip/obs dschrg mgmt >30	N	G1 - Gen Fee	\$111.27	1	07/01/2023	12/31/9999
99239	HW	U5			Hosp ip/obs dschrg mgmt >30	N	G1 - Gen Fee	\$111.27	1	07/01/2023	12/31/9999
99239	HW	U6			Hosp ip/obs dschrg mgmt >30	N	G1 - Gen Fee	\$111.27	1	07/01/2023	12/31/9999
99239	HW	U7			Hosp ip/obs dschrg mgmt >30	N	G1 - Gen Fee	\$111.27	1	07/01/2023	12/31/9999
99281	HE				Emergency dept visit	N	G1 - Gen Fee	\$22.41	1	01/01/2021	12/31/9999
99281	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$22.41	1	01/01/2021	12/31/9999
99281	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$22.41	1	01/01/2021	12/31/9999
99281	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$22.41	1	01/01/2021	12/31/9999
99281	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$22.41	1	01/01/2021	12/31/9999
99281	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$22.41	1	01/01/2021	12/31/9999
99282	HE				Emergency dept visit	N	G1 - Gen Fee	\$42.15	1	01/01/2021	12/31/9999
99282	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$42.15	1	01/01/2021	12/31/9999
99282	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$42.15	1	01/01/2021	12/31/9999
99282	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$42.15	1	01/01/2021	12/31/9999
99282	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$42.15	1	01/01/2021	12/31/9999
99282	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$42.15	1	01/01/2021	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99283	HE				Emergency dept visit	N	G1 - Gen Fee	\$69.79	1	07/01/2023	12/31/9999
99283	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$69.79	1	07/01/2023	12/31/9999
99283	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$69.79	1	07/01/2023	12/31/9999
99283	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$69.79	1	07/01/2023	12/31/9999
99283	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$69.79	1	07/01/2023	12/31/9999
99283	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$69.79	1	07/01/2023	12/31/9999
99284	HE				Emergency dept visit	N	G1 - Gen Fee	\$125.31	1	01/01/2021	12/31/9999
99284	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$125.31	1	01/01/2021	12/31/9999
99284	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$125.31	1	01/01/2021	12/31/9999
99284	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$125.31	1	01/01/2021	12/31/9999
99284	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$125.31	1	01/01/2021	12/31/9999
99284	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$125.31	1	01/01/2021	12/31/9999
99285	HE				Emergency dept visit	N	G1 - Gen Fee	\$186.79	1	01/01/2021	12/31/9999
99285	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$186.79	1	01/01/2021	12/31/9999
99285	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$186.79	1	01/01/2021	12/31/9999
99285	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$186.79	1	01/01/2021	12/31/9999
99285	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$186.79	1	01/01/2021	12/31/9999
99285	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$186.79	1	01/01/2021	12/31/9999
99304	HE				Nursing facility care init	N	G1 - Gen Fee	\$96.42	1	01/01/2021	12/31/9999
99304	HW	U1			Nursing facility care init	N	G1 - Gen Fee	\$96.42	1	01/01/2021	12/31/9999
99304	HW	U2			Nursing facility care init	N	G1 - Gen Fee	\$96.42	1	01/01/2021	12/31/9999
99304	HW	U5			Nursing facility care init	N	G1 - Gen Fee	\$96.42	1	01/01/2021	12/31/9999
99304	HW	U6			Nursing facility care init	N	G1 - Gen Fee	\$96.42	1	01/01/2021	12/31/9999
99304	HW	U7			Nursing facility care init	N	G1 - Gen Fee	\$96.42	1	01/01/2021	12/31/9999
99305	HE				Nursing facility care init	N	G1 - Gen Fee	\$135.11	1	01/01/2021	12/31/9999
99305	HW	U1			Nursing facility care init	N	G1 - Gen Fee	\$135.11	1	01/01/2021	12/31/9999
99305	HW	U2			Nursing facility care init	N	G1 - Gen Fee	\$135.11	1	01/01/2021	12/31/9999
99305	HW	U5			Nursing facility care init	N	G1 - Gen Fee	\$135.11	1	01/01/2021	12/31/9999
99305	HW	U6			Nursing facility care init	N	G1 - Gen Fee	\$135.11	1	01/01/2021	12/31/9999
99305	HW	U7			Nursing facility care init	N	G1 - Gen Fee	\$135.11	1	01/01/2021	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99306	HE				Nursing facility care init	N	G1 - Gen Fee	\$178.17	1	07/01/2023	12/31/9999
99306	HW	U1			Nursing facility care init	N	G1 - Gen Fee	\$178.17	1	07/01/2023	12/31/9999
99306	HW	U2			Nursing facility care init	N	G1 - Gen Fee	\$178.17	1	07/01/2023	12/31/9999
99306	HW	U5			Nursing facility care init	N	G1 - Gen Fee	\$178.17	1	07/01/2023	12/31/9999
99306	HW	U6			Nursing facility care init	N	G1 - Gen Fee	\$178.17	1	07/01/2023	12/31/9999
99306	HW	U7			Nursing facility care init	N	G1 - Gen Fee	\$178.17	1	07/01/2023	12/31/9999
99307	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$43.82	1	01/01/2021	12/31/9999
99307	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$43.82	1	01/01/2021	12/31/9999
99307	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$43.82	1	01/01/2021	12/31/9999
99307	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$43.82	1	01/01/2021	12/31/9999
99307	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$43.82	1	01/01/2021	12/31/9999
99307	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$43.82	1	01/01/2021	12/31/9999
99308	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$69.41	1	07/01/2023	12/31/9999
99308	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$69.41	1	07/01/2023	12/31/9999
99308	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$69.41	1	07/01/2023	12/31/9999
99308	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$69.41	1	07/01/2023	12/31/9999
99308	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$69.41	1	07/01/2023	12/31/9999
99308	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$69.41	1	07/01/2023	12/31/9999
99309	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$92.58	1	07/01/2023	12/31/9999
99309	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$92.58	1	07/01/2023	12/31/9999
99309	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$92.58	1	07/01/2023	12/31/9999
99309	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$92.58	1	07/01/2023	12/31/9999
99309	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$92.58	1	07/01/2023	12/31/9999
99309	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$92.58	1	07/01/2023	12/31/9999
99310	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$135.46	1	07/01/2023	12/31/9999
99310	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$135.46	1	07/01/2023	12/31/9999
99310	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$135.46	1	07/01/2023	12/31/9999
99310	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$135.46	1	07/01/2023	12/31/9999
99310	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$135.46	1	07/01/2023	12/31/9999
99310	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$135.46	1	07/01/2023	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99341	HE				Home visit new patient	N	G1 - Gen Fee	\$61.47	1	01/01/2021	12/31/9999
99341	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$61.47	1	01/01/2021	12/31/9999
99341	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$61.47	1	01/01/2021	12/31/9999
99341	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$61.47	1	01/01/2021	12/31/9999
99341	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$61.47	1	01/01/2021	12/31/9999
99341	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$61.47	1	01/01/2021	12/31/9999
99342	HE				Home visit new patient	N	G1 - Gen Fee	\$89.78	1	01/01/2021	12/31/9999
99342	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$89.78	1	01/01/2021	12/31/9999
99342	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$89.78	1	01/01/2021	12/31/9999
99342	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$89.78	1	01/01/2021	12/31/9999
99342	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$89.78	1	01/01/2021	12/31/9999
99342	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$89.78	1	01/01/2021	12/31/9999
99344	HE				Home visit new patient	N	G1 - Gen Fee	\$185.64	1	01/01/2021	12/31/9999
99344	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$185.64	1	01/01/2021	12/31/9999
99344	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$185.64	1	01/01/2021	12/31/9999
99344	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$185.64	1	01/01/2021	12/31/9999
99344	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$185.64	1	01/01/2021	12/31/9999
99344	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$185.64	1	01/01/2021	12/31/9999
99345	HE				Home visit new patient	N	G1 - Gen Fee	\$223.13	1	01/01/2021	12/31/9999
99345	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$223.13	1	01/01/2021	12/31/9999
99345	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$223.13	1	01/01/2021	12/31/9999
99345	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$223.13	1	01/01/2021	12/31/9999
99345	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$223.13	1	01/01/2021	12/31/9999
99345	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$223.13	1	01/01/2021	12/31/9999
99347	HE				Home visit est patient	N	G1 - Gen Fee	\$58.90	1	01/01/2021	12/31/9999
99347	HW	U1			Home visit est patient	N	G1 - Gen Fee	\$58.90	1	01/01/2021	12/31/9999
99347	HW	U2			Home visit est patient	N	G1 - Gen Fee	\$58.90	1	01/01/2021	12/31/9999
99347	HW	U5			Home visit est patient	N	G1 - Gen Fee	\$58.90	1	01/01/2021	12/31/9999
99347	HW	U6			Home visit est patient	N	G1 - Gen Fee	\$58.90	1	01/01/2021	12/31/9999
99347	HW	U7			Home visit est patient	N	G1 - Gen Fee	\$58.90	1	01/01/2021	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99348	HE				Home visit est patient	N	G1 - Gen Fee	\$88.50	1	01/01/2021	12/31/9999
99348	HW	U1			Home visit est patient	N	G1 - Gen Fee	\$88.50	1	01/01/2021	12/31/9999
99348	HW	U2			Home visit est patient	N	G1 - Gen Fee	\$88.50	1	01/01/2021	12/31/9999
99348	HW	U5			Home visit est patient	N	G1 - Gen Fee	\$88.50	1	01/01/2021	12/31/9999
99348	HW	U6			Home visit est patient	N	G1 - Gen Fee	\$88.50	1	01/01/2021	12/31/9999
99348	HW	U7			Home visit est patient	N	G1 - Gen Fee	\$88.50	1	01/01/2021	12/31/9999
99349	HE				Home visit est patient	N	G1 - Gen Fee	\$129.09	1	01/01/2021	12/31/9999
99349	HW	U1			Home visit est patient	N	G1 - Gen Fee	\$129.09	1	01/01/2021	12/31/9999
99349	HW	U2			Home visit est patient	N	G1 - Gen Fee	\$129.09	1	01/01/2021	12/31/9999
99349	HW	U5			Home visit est patient	N	G1 - Gen Fee	\$129.09	1	01/01/2021	12/31/9999
99349	HW	U6			Home visit est patient	N	G1 - Gen Fee	\$129.09	1	01/01/2021	12/31/9999
99349	HW	U7			Home visit est patient	N	G1 - Gen Fee	\$129.09	1	01/01/2021	12/31/9999
99350	HE				Home visit est patient	N	G1 - Gen Fee	\$186.82	1	07/01/2023	12/31/9999
99350	HW	U1			Home visit est patient	N	G1 - Gen Fee	\$186.82	1	07/01/2023	12/31/9999
99350	HW	U2			Home visit est patient	N	G1 - Gen Fee	\$186.82	1	07/01/2023	12/31/9999
99350	HW	U5			Home visit est patient	N	G1 - Gen Fee	\$186.82	1	07/01/2023	12/31/9999
99350	HW	U6			Home visit est patient	N	G1 - Gen Fee	\$186.82	1	07/01/2023	12/31/9999
99350	HW	U7			Home visit est patient	N	G1 - Gen Fee	\$186.82	1	07/01/2023	12/31/9999
H0034	HW	U1			MEDICATION TRNG /SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U1	UA		MEDICATION TRNG /SUPPORT	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U2			MEDICATION TRNG /SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U2	UA		MEDICATION TRNG /SUPPORT	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U5			MEDICATION TRNG /SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U5	UA		MEDICATION TRNG /SUPPORT	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U6			MEDICATION TRNG /SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0034	HW	U7			MEDICATION TRNG /SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H0035	HW	U1			MENTAL HEALTH TREATMENT	N	G1 - Gen Fee	\$135.23	1	01/01/2024	12/31/9999
H0035	HW	U2			MENTAL HEALTH TREATMENT	N	G1 - Gen Fee	\$135.23	1	01/01/2024	12/31/9999
H0035	HW	U5			MENTAL HEALTH TREATMENT	N	G1 - Gen Fee	\$135.23	1	01/01/2024	12/31/9999
H0035	HW	U6			MENTAL HEALTH TREATMENT	N	G1 - Gen Fee	\$135.23	1	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
H0035	HW	U7			MENTAL HEALTH TREATMENT	N	G1 - Gen Fee	\$135.23	1	01/01/2024	12/31/9999
H2001	HW	U1			REHABILITATION	N	G1 - Gen Fee	\$83.41	1	01/01/2024	12/31/9999
H2001	HW	U2			REHABILITATION	N	G1 - Gen Fee	\$83.41	1	01/01/2024	12/31/9999
H2001	HW	U5			REHABILITATION	N	G1 - Gen Fee	\$83.41	1	01/01/2024	12/31/9999
H2001	HW	U6			REHABILITATION	N	G1 - Gen Fee	\$83.41	1	01/01/2024	12/31/9999
H2001	HW	U7			REHABILITATION	N	G1 - Gen Fee	\$83.41	1	01/01/2024	12/31/9999
H2010	HE				COMPREHENSIVE MEDICATION	N	G1 - Gen Fee	\$65.77	1	01/01/2024	12/31/9999
H2010	HW	U1			COMPREHENSIVE MEDICATION	N	G1 - Gen Fee	\$65.77	1	01/01/2024	12/31/9999
H2010	HW	U2			COMPREHENSIVE MEDICATION	N	G1 - Gen Fee	\$65.77	1	01/01/2024	12/31/9999
H2010	HW	U5			COMPREHENSIVE MEDICATION	N	G1 - Gen Fee	\$65.77	1	01/01/2024	12/31/9999
H2010	HW	U6			COMPREHENSIVE MEDICATION	N	G1 - Gen Fee	\$65.77	1	01/01/2024	12/31/9999
H2010	HW	U7			COMPREHENSIVE MEDICATION	N	G1 - Gen Fee	\$65.77	1	01/01/2024	12/31/9999
H2011	HE				CRISIS INTERVENTION	N	G1 - Gen Fee	\$91.87	6	07/01/2023	12/31/9999
H2011	HE	HO	U9		Crisis intervention service	N	G1 - Gen Fee	\$104.32	6	07/01/2023	12/31/9999
H2011	HE	HT	U9		Crisis intervention service	N	G1 - Gen Fee	\$132.98	6	07/01/2023	12/31/9999
H2011	HO	HW	U1	U9	Crisis intervention service	N	G1 - Gen Fee	\$104.32	6	07/01/2023	12/31/9999
H2011	HO	HW	U2	U9	Crisis intervention service	N	G1 - Gen Fee	\$104.32	6	07/01/2023	12/31/9999
H2011	HO	HW	U5	U9	Crisis intervention service	N	G1 - Gen Fee	\$104.32	6	07/01/2023	12/31/9999
H2011	HO	HW	U6	U9	Crisis intervention service	N	G1 - Gen Fee	\$104.32	6	07/01/2023	12/31/9999
H2011	HO	HW	U7	U9	Crisis intervention service	N	G1 - Gen Fee	\$104.32	6	07/01/2023	12/31/9999
H2011	HT	HW	U1	U9	Crisis intervention service	N	G1 - Gen Fee	\$132.98	6	07/01/2023	12/31/9999
H2011	HT	HW	U2	U9	Crisis intervention service	N	G1 - Gen Fee	\$132.98	6	07/01/2023	12/31/9999
H2011	HT	HW	U5	U9	Crisis intervention service	N	G1 - Gen Fee	\$132.98	6	07/01/2023	12/31/9999
H2011	HT	HW	U6	U9	Crisis intervention service	N	G1 - Gen Fee	\$132.98	6	07/01/2023	12/31/9999
H2011	HT	HW	U7	U9	Crisis intervention service	N	G1 - Gen Fee	\$132.98	6	07/01/2023	12/31/9999
H2011	HW	U1			CRISIS INTERVENTION	N	G1 - Gen Fee	\$91.87	6	07/01/2023	12/31/9999
H2011	HW	U2			CRISIS INTERVENTION	N	G1 - Gen Fee	\$91.87	6	07/01/2023	12/31/9999
H2011	HW	U5			CRISIS INTERVENTION	N	G1 - Gen Fee	\$91.87	6	07/01/2023	12/31/9999
H2011	HW	U6			CRISIS INTERVENTION	N	G1 - Gen Fee	\$91.87	6	07/01/2023	12/31/9999
H2011	HW	U7			CRISIS INTERVENTION	N	G1 - Gen Fee	\$91.87	6	07/01/2023	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

**Line of Business: MED - NHMEDICAID
 Department of Health and Human Services
 2024 Community Mental Health Fee Schedule***



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
H2015	HW	U1			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U1	UA		COMMUNITY SUPPORT	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U2			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U2	UA		COMMUNITY SUPPORT	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U5			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U5	UA		COMMUNITY SUPPORT	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U6			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2015	HW	U7			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2018	HW	U1			REHABILITATION SERVICES	N	G1 - Gen Fee	\$118.65	1	07/01/2023	12/31/9999
H2018	HW	U2			REHABILITATION SERVICES	N	G1 - Gen Fee	\$118.65	1	07/01/2023	12/31/9999
H2018	HW	U5			REHABILITATION SERVICES	N	G1 - Gen Fee	\$118.65	1	07/01/2023	12/31/9999
H2018	HW	U6			REHABILITATION SERVICES	N	G1 - Gen Fee	\$118.65	1	07/01/2023	12/31/9999
H2018	HW	U7			REHABILITATION SERVICES	N	G1 - Gen Fee	\$118.65	1	07/01/2023	12/31/9999
H2019	HQ	HW	U1		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U1	UA	THEREPEUTIC BEHAVIORAL SE	Y	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U2		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U2	UA	THEREPEUTIC BEHAVIORAL SE	Y	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U5		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U5	UA	THEREPEUTIC BEHAVIORAL SE	Y	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U6		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HQ	HW	U7		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.93	999	01/01/2024	12/31/9999
H2019	HW	U1			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U1	UA		THEREPEUTIC BEHAVIORAL SE	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U2			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U2	UA		THEREPEUTIC BEHAVIORAL SE	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U5			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U5	UA		THEREPEUTIC BEHAVIORAL SE	Y	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U6			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2019	HW	U7			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$27.86	999	07/01/2023	12/31/9999
H2020	HW	U1			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
H2020	HW	U1	U9		THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2020	HW	U2			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2020	HW	U2	U9		THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2020	HW	U5			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2020	HW	U5	U9		THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2020	HW	U6			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2020	HW	U7			THERAPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$278.85	1	01/01/2024	12/31/9999
H2023	HW	U1			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$31.52	999	07/01/2023	12/31/9999
H2023	HW	U2			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$31.52	999	07/01/2023	12/31/9999
H2023	HW	U5			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$31.52	999	07/01/2023	12/31/9999
H2023	HW	U6			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$31.52	999	07/01/2023	12/31/9999
H2023	HW	U7			SUPPORTED EMPLOYMENT	N	G1 - Gen Fee	\$31.52	999	07/01/2023	12/31/9999
H2027	HQ	HW	U1		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$10.05	999	07/01/2023	12/31/9999
H2027	HQ	HW	U2		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$10.05	999	07/01/2023	12/31/9999
H2027	HQ	HW	U5		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$10.05	999	07/01/2023	12/31/9999
H2027	HQ	HW	U6		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$10.05	999	07/01/2023	12/31/9999
H2027	HQ	HW	U7		PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$10.05	999	07/01/2023	12/31/9999
H2027	HW	U1			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$29.06	999	07/01/2023	12/31/9999
H2027	HW	U2			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$29.06	999	07/01/2023	12/31/9999
H2027	HW	U5			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$29.06	999	07/01/2023	12/31/9999
H2027	HW	U6			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$29.06	999	07/01/2023	12/31/9999
H2027	HW	U7			PSYCHOEDUCATIONAL SERVICE	N	G1 - Gen Fee	\$29.06	999	07/01/2023	12/31/9999
S0201	HW	U1			PSYCH THERAPY	N	G1 - Gen Fee	\$262.51	1	07/01/2023	12/31/9999
S0201	HW	U2			PSYCH THERAPY	N	G1 - Gen Fee	\$262.51	1	07/01/2023	12/31/9999
S0201	HW	U5			PSYCH THERAPY	N	G1 - Gen Fee	\$262.51	1	07/01/2023	12/31/9999
S0201	HW	U6			PSYCH THERAPY	N	G1 - Gen Fee	\$262.51	1	07/01/2023	12/31/9999
S0201	HW	U7			PSYCH THERAPY	N	G1 - Gen Fee	\$262.51	1	07/01/2023	12/31/9999
S9484	HE	HM	U9		Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HE	HN	U9		Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HE	HO	U9		Crisis Intervention	N	G1 - Gen Fee	\$52.16	96	07/01/2023	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
S9484	HE	HT	U9		Crisis Intervention	N	G1 - Gen Fee	\$66.50	96	07/01/2023	12/31/9999
S9484	HM	HW	U1	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HM	HW	U2	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HM	HW	U5	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HM	HW	U6	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HM	HW	U7	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HN	HW	U1	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HN	HW	U2	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HN	HW	U5	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HN	HW	U6	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HN	HW	U7	U9	Crisis Intervention	N	G1 - Gen Fee	\$28.66	96	07/01/2023	12/31/9999
S9484	HO	HW	U1	U9	Crisis Intervention	N	G1 - Gen Fee	\$52.16	96	07/01/2023	12/31/9999
S9484	HO	HW	U2	U9	Crisis Intervention	N	G1 - Gen Fee	\$52.16	96	07/01/2023	12/31/9999
S9484	HO	HW	U5	U9	Crisis Intervention	N	G1 - Gen Fee	\$52.16	96	07/01/2023	12/31/9999
S9484	HO	HW	U6	U9	Crisis Intervention	N	G1 - Gen Fee	\$52.16	96	07/01/2023	12/31/9999
S9484	HO	HW	U7	U9	Crisis Intervention	N	G1 - Gen Fee	\$52.16	96	07/01/2023	12/31/9999
S9484	HT	HW	U1	U9	Crisis Intervention	N	G1 - Gen Fee	\$66.50	96	07/01/2023	12/31/9999
S9484	HT	HW	U2	U9	Crisis Intervention	N	G1 - Gen Fee	\$66.50	96	07/01/2023	12/31/9999
S9484	HT	HW	U5	U9	Crisis Intervention	N	G1 - Gen Fee	\$66.50	96	07/01/2023	12/31/9999
S9484	HT	HW	U6	U9	Crisis Intervention	N	G1 - Gen Fee	\$66.50	96	07/01/2023	12/31/9999
S9484	HT	HW	U7	U9	Crisis Intervention	N	G1 - Gen Fee	\$66.50	96	07/01/2023	12/31/9999
S9484	HW	U1			MENTAL HEALTH SERVICES	N	G1 - Gen Fee	\$25.69	999	07/01/2023	12/31/9999
S9484	HW	U2			MENTAL HEALTH SERVICES	N	G1 - Gen Fee	\$25.69	999	07/01/2023	12/31/9999
S9484	HW	U5			MENTAL HEALTH SERVICES	N	G1 - Gen Fee	\$25.69	999	07/01/2023	12/31/9999
S9484	HW	U6			MENTAL HEALTH SERVICES	N	G1 - Gen Fee	\$25.69	999	07/01/2023	12/31/9999
S9484	HW	U7			MENTAL HEALTH SERVICES	N	G1 - Gen Fee	\$25.69	999	07/01/2023	12/31/9999
S9485	HE	HO	U9		Crisis intervention mental health	N	G1 - Gen Fee	\$652.01	1	01/01/2024	12/31/9999
S9485	HE	HT	U9		Crisis intervention mental health	N	G1 - Gen Fee	\$1,251.84	1	07/01/2023	12/31/9999
S9485	HO	HW	U1	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$652.01	1	01/01/2024	12/31/9999
S9485	HO	HW	U2	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$652.01	1	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
S9485	HO	HW	U5	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$652.01	1	01/01/2024	12/31/9999
S9485	HO	HW	U6	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$652.01	1	01/01/2024	12/31/9999
S9485	HO	HW	U7	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$652.01	1	01/01/2024	12/31/9999
S9485	HT	HW	U1	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$1,251.84	1	01/01/2024	12/31/9999
S9485	HT	HW	U2	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$1,251.84	1	01/01/2024	12/31/9999
S9485	HT	HW	U5	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$1,251.84	1	01/01/2024	12/31/9999
S9485	HT	HW	U6	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$1,251.84	1	01/01/2024	12/31/9999
S9485	HT	HW	U7	U9	Crisis intervention mental health	N	G1 - Gen Fee	\$1,251.84	1	01/01/2024	12/31/9999
S9485	HW	U1			CRISIS INTERVENTION MENTA	N	G1 - Gen Fee	\$652.01	999	07/01/2023	12/31/9999
S9485	HW	U2			CRISIS INTERVENTION MENTA	N	G1 - Gen Fee	\$652.01	999	07/01/2023	12/31/9999
S9485	HW	U5			CRISIS INTERVENTION MENTA	N	G1 - Gen Fee	\$652.01	999	07/01/2023	12/31/9999
S9485	HW	U6			CRISIS INTERVENTION MENTA	N	G1 - Gen Fee	\$652.01	999	07/01/2023	12/31/9999
S9485	HW	U7			CRISIS INTERVENTION MENTA	N	G1 - Gen Fee	\$652.01	999	07/01/2023	12/31/9999
S9982	HE				MEDICAL RECORDS	N	G1 - Gen Fee	\$4.24	1	01/01/2021	12/31/9999
S9982	HW	U1			MEDICAL RECORDS	N	G1 - Gen Fee	\$4.24	1	01/01/2021	12/31/9999
S9982	HW	U2			MEDICAL RECORDS	N	G1 - Gen Fee	\$4.24	1	01/01/2021	12/31/9999
S9982	HW	U5			MEDICAL RECORDS	N	G1 - Gen Fee	\$4.24	1	01/01/2021	12/31/9999
S9982	HW	U6			MEDICAL RECORDS	N	G1 - Gen Fee	\$4.24	1	01/01/2021	12/31/9999
S9982	HW	U7			MEDICAL RECORDS	N	G1 - Gen Fee	\$4.24	1	01/01/2021	12/31/9999
T1001	HE				NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$32.09	1	01/01/2024	12/31/9999
T1001	HW	U1			NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$32.09	1	01/01/2024	12/31/9999
T1001	HW	U2			NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$32.09	1	01/01/2024	12/31/9999
T1001	HW	U5			NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$32.09	1	01/01/2024	12/31/9999
T1001	HW	U6			NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$32.09	1	01/01/2024	12/31/9999
T1001	HW	U7			NURSING ASSESSMENT EVAL	N	G1 - Gen Fee	\$32.09	1	01/01/2024	12/31/9999
T1016	HW	U1			CASE MANAGEMENT	N	G1 - Gen Fee	\$425.34	1	07/01/2023	12/31/9999
T1016	HW	U2			CASE MANAGEMENT	N	G1 - Gen Fee	\$425.34	1	07/01/2023	12/31/9999
T1016	HW	U5			CASE MANAGEMENT	N	G1 - Gen Fee	\$425.34	1	07/01/2023	12/31/9999
T1016	HW	U6			CASE MANAGEMENT	N	G1 - Gen Fee	\$425.34	1	07/01/2023	12/31/9999
T1016	HW	U7			CASE MANAGEMENT	N	G1 - Gen Fee	\$425.34	1	07/01/2023	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.

Line of Business: MED - NHMEDICAID
Department of Health and Human Services
2024 Community Mental Health Fee Schedule*



Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
T1027	HW	U1			FAMILY COUNSELING	N	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U1	UA		FAMILY COUNSELING	Y	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U2			FAMILY COUNSELING	N	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U2	UA		FAMILY COUNSELING	Y	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U5			FAMILY COUNSELING	N	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U5	UA		FAMILY COUNSELING	Y	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U6			FAMILY COUNSELING	N	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999
T1027	HW	U7			FAMILY COUNSELING	N	G1 - Gen Fee	\$30.65	999	01/01/2024	12/31/9999

* These codes are billable only by Community Mental Health Centers and Community Mental Health Providers authorized by the Div. for Behavioral Health to provide these services.