

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2017

DESCRIPTION	CPT®			PHYSICIAN	PSYCHOLOGIST	MASTER'S	CLINICAL NURSE
	CODE	Age or Setting	Modifier			LEVEL	SPECIALIST
Psychiatric Diagnostic Evaluation - no medical svcs*	90791	IP	w/ or w/o GT	\$106.45	\$95.81	\$71.85	\$71.85
Psychiatric Diagnostic Evaluation - no medical svcs*	90791	OP	w/ or w/o GT	\$110.04	\$99.04	\$74.28	\$74.28
Psychotherapy w/ patient, 30 min*	90832	IP	w/ or w/o GT	\$52.93	\$47.64	\$35.73	\$35.73
Psychotherapy w/ patient, 30 min*	90832	OP	w/ or w/o GT	\$53.53	\$48.18	\$36.13	\$36.13
Psychotherapy w/ patient, 45 min*	90834	IP	w/ or w/o GT	\$70.57	\$63.51	\$47.63	\$47.63
Psychotherapy w/ patient, 45 min*	90834	OP	w/ or w/o GT	\$71.17	\$64.05	\$48.04	\$48.04
Psychotherapy w/ patient, 60 min*	90837	IP	w/ or w/o GT	\$106.15	\$95.54	\$71.65	\$71.65
Psychotherapy w/ patient, 60 min*	90837	OP	w/ or w/o GT	\$106.75	\$96.08	\$72.06	\$72.06
Family/Couples Psychotherapy w/o patient present, 50 min*	90846	IP	w/ or w/o GT	\$85.52	\$76.97	\$57.73	\$57.73
Family/Couples Psychotherapy w/o patient present, 50 min*	90846	OP	w/ or w/o GT	\$86.12	\$77.51	\$58.13	\$58.13
Family/Couples Psychotherapy w/ patient present, 50 min*	90847	IP	w/ or w/o GT	\$88.81	\$79.93	\$59.95	\$59.95
Family/Couples Psychotherapy w/ patient present, 50 min*	90847	OP	w/ or w/o GT	\$89.41	\$80.47	\$60.35	\$60.35
Group Psychotherapy*	90853	IP	w/ or w/o GT	\$21.23	\$19.11	\$14.33	\$14.33
Group Psychotherapy*	90853	OP	w/ or w/o GT	\$21.53	\$19.38	\$14.53	\$14.53
Interactive Complexity Add-on	+90785			\$11.66	\$10.49	\$7.87	\$7.87
Psychiatric Diagnostic Evaluation - w/ medical svcs*	90792	IP	w/ or w/o GT	\$119.91	N/B	N/B	\$80.94
Psychiatric Diagnostic Evaluation - w/ medical svcs*	90792	OP	w/ or w/o GT	\$123.50	N/B	N/B	\$83.36
Psychotherapy w/ patient, 30 min, w/ E&M svc*	+90833	IP	w/ or w/o GT	\$55.02	N/B	N/B	\$37.14
Psychotherapy w/ patient, 30 min, w/ E&M svc*	+90833	OP	w/ or w/o GT	\$55.62	N/B	N/B	\$37.54
Psychotherapy w/ patient, 45 min, w/ E&M svc*	+90836	IP	w/ or w/o GT	\$69.67	N/B	N/B	\$47.03
Psychotherapy w/ patient, 45 min, w/ E&M svc*	+90836	OP	w/ or w/o GT	\$70.27	N/B	N/B	\$47.43
Psychotherapy w/ patient, 60 min, w/ E&M svc*	+90838	IP	w/ or w/o GT	\$92.10	N/B	N/B	\$62.17
Psychotherapy w/ patient, 60 min, w/ E&M svc*	+90838	OP	w/ or w/o GT	\$92.70	N/B	N/B	\$62.57
Electroconvulsive Therapy (E.C.T.)	90870	IP		\$93.30	N/B	N/B	N/B
Electroconvulsive Therapy (E.C.T.)	90870	OP		\$148.91	N/B	N/B	N/B
IACCT Initial Assessment*	90889		HK or HK, GT	\$250.00	N/B	N/B	N/B
IACCT Follow-Up Assessment*	90889		TS or TS, GT	\$120.00	N/B	N/B	N/B
Office Outpatient Visit, New patient, minor*	99201	<21/IP	w/ or w/o GT	\$18.22	N/B	N/B	\$12.30
Office Outpatient Visit, New patient, minor*	99201	<21/OP	w/ or w/o GT	\$33.87	N/B	N/B	\$22.86
Office Outpatient Visit, New patient, minor*	99201	>20/IP	w/ or w/o GT	\$18.22	N/B	N/B	\$12.30
Office Outpatient Visit, New patient, minor*	99201	>20/OP	w/ or w/o GT	\$29.72	N/B	N/B	\$20.06
Office Outpatient Visit, New patient, low to moderate severity*	99202	<21/IP	w/ or w/o GT	\$34.28	N/B	N/B	\$23.14
Office Outpatient Visit, New patient, low to moderate severity*	99202	<21/OP	w/ or w/o GT	\$57.63	N/B	N/B	\$38.90
Office Outpatient Visit, New patient, low to moderate severity*	99202	>20/IP	w/ or w/o GT	\$34.28	N/B	N/B	\$23.14
Office Outpatient Visit, New patient, low to moderate severity*	99202	>20/OP	w/ or w/o GT	\$50.58	N/B	N/B	\$34.14
Office Outpatient Visit, New patient, moderate severity*	99203	<21/IP	w/ or w/o GT	\$52.02	N/B	N/B	\$35.11
Office Outpatient Visit, New patient, moderate severity*	99203	<21/OP	w/ or w/o GT	\$83.30	N/B	N/B	\$56.23
Office Outpatient Visit, New patient, moderate severity*	99203	>20/IP	w/ or w/o GT	\$52.02	N/B	N/B	\$35.11
Office Outpatient Visit, New patient, moderate severity*	99203	>20/OP	w/ or w/o GT	\$73.11	N/B	N/B	\$49.35
Office Outpatient Visit, New patient, moderate to high severity*	99204	<21/IP	w/ or w/o GT	\$87.97	N/B	N/B	\$59.38
Office Outpatient Visit, New patient, moderate to high severity*	99204	<21/OP	w/ or w/o GT	\$126.45	N/B	N/B	\$85.35
Office Outpatient Visit, New patient, moderate to high severity*	99204	>20/IP	w/ or w/o GT	\$87.97	N/B	N/B	\$59.38
Office Outpatient Visit, New patient, moderate to high severity*	99204	>20/OP	w/ or w/o GT	\$110.98	N/B	N/B	\$74.91
Office Outpatient Visit, New patient, moderate to high severity*	99205	<21/IP	w/ or w/o GT	\$114.58	N/B	N/B	\$77.34
Office Outpatient Visit, New patient, moderate to high severity*	99205	<21/OP	w/ or w/o GT	\$159.22	N/B	N/B	\$107.47
Office Outpatient Visit, New patient, moderate to high severity*	99205	>20/IP	w/ or w/o GT	\$114.58	N/B	N/B	\$77.34
Office Outpatient Visit, New patient, moderate to high severity*	99205	>20/OP	w/ or w/o GT	\$139.75	N/B	N/B	\$94.33
Office Outpatient Visit, Established patient, minimal*	99211	<21/IP	w/ or w/o GT	\$6.23	N/B	N/B	\$4.21
Office Outpatient Visit, Established patient, minimal*	99211	<21/OP	w/ or w/o GT	\$15.57	N/B	N/B	\$10.51
Office Outpatient Visit, Established patient, minimal*	99211	>20/IP	w/ or w/o GT	\$6.23	N/B	N/B	\$4.21
Office Outpatient Visit, Established patient, minimal*	99211	>20/OP	w/ or w/o GT	\$13.66	N/B	N/B	\$9.22
Office Outpatient Visit, Established patient, minor*	99212	<21/IP	w/ or w/o GT	\$17.26	N/B	N/B	\$11.65
Office Outpatient Visit, Established patient, minor*	99212	<21/OP	w/ or w/o GT	\$33.59	N/B	N/B	\$22.67
Office Outpatient Visit, Established patient, minor*	99212	>20/IP	w/ or w/o GT	\$17.26	N/B	N/B	\$11.65
Office Outpatient Visit, Established patient, minor*	99212	>20/OP	w/ or w/o GT	\$29.48	N/B	N/B	\$19.90
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	<21/IP	w/ or w/o GT	\$34.52	N/B	N/B	\$23.30
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	<21/OP	w/ or w/o GT	\$56.26	N/B	N/B	\$37.98
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	>20/IP	w/ or w/o GT	\$34.52	N/B	N/B	\$23.30
Office Outpatient Visit, Estbl patient, low to moderate severity*	99213	>20/OP	w/ or w/o GT	\$49.38	N/B	N/B	\$33.33
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	<21/IP	w/ or w/o GT	\$53.21	N/B	N/B	\$35.92
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	<21/OP	w/ or w/o GT	\$82.75	N/B	N/B	\$55.86

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	CODE	Age or Setting				
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	>20/IP	w/ or w/o GT	\$53.21	N/B	\$35.92
Office Outpatient Visit, Estbl patient, moderate to high severity*	99214	>20/OP	w/ or w/o GT	\$72.63	N/B	\$49.03
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	<21/IP	w/ or w/o GT	\$75.27	N/B	\$50.81
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	<21/OP	w/ or w/o GT	\$111.43	N/B	\$75.22
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	>20/IP	w/ or w/o GT	\$75.27	N/B	\$50.81
Office Outpatient Visit, Estbl patient, moderate to high severity*	99215	>20/OP	w/ or w/o GT	\$97.80	N/B	\$66.02
Observation Care Discharge	99217	<21		\$56.26	N/B	N/B
Observation Care Discharge	99217	>20		\$49.38	N/B	N/B
Initial Observation Care; straightforward/low complexity	99218	<21		\$77.02	N/B	N/B
Initial Observation Care; straightforward/low complexity	99218	>20		\$67.60	N/B	N/B
Initial Observation Care; moderate complexity	99219	<21		\$104.88	N/B	N/B
Initial Observation Care; moderate complexity	99219	>20		\$92.05	N/B	N/B
Initial Observation Care; high complexity	99220	<21		\$143.38	N/B	N/B
Initial Observation Care; high complexity	99220	>20		\$125.84	N/B	N/B
Initial Hospital Care, low complexity*	99221	<21	w/ or w/o GT	\$78.38	N/B	N/B
Initial Hospital Care, low complexity*	99221	>20	w/ or w/o GT	\$68.79	N/B	N/B
Initial Hospital Care, moderate complexity*	99222	<21	w/ or w/o GT	\$105.69	N/B	N/B
Initial Hospital Care, moderate complexity*	99222	>20	w/ or w/o GT	\$92.76	N/B	N/B
Initial Hospital Care, high complexity*	99223	<21	w/ or w/o GT	\$156.49	N/B	N/B
Initial Hospital Care, high complexity*	99223	>20	w/ or w/o GT	\$137.35	N/B	N/B
Subsequent Hospital Care, low complexity*	99231	<21	w/ or w/o GT	\$30.32	N/B	\$20.47
Subsequent Hospital Care, low complexity*	99231	>20	w/ or w/o GT	\$26.61	N/B	\$17.96
Subsequent Hospital Care, moderate complexity*	99232	<21	w/ or w/o GT	\$55.72	N/B	\$37.61
Subsequent Hospital Care, moderate complexity*	99232	>20	w/ or w/o GT	\$48.90	N/B	\$33.01
Subsequent Hospital Care, high complexity*	99233	<21	w/ or w/o GT	\$80.57	N/B	\$54.38
Subsequent Hospital Care, high complexity*	99233	>20	w/ or w/o GT	\$70.71	N/B	\$47.73
Observation or Inpatient Care, low complexity	99234	<21		\$102.96	N/B	N/B
Observation or Inpatient Care, low complexity	99234	>20		\$90.37	N/B	N/B
Observation or Inpatient Care, moderate complexity	99235	<21		\$130.55	N/B	N/B
Observation or Inpatient Care, moderate complexity	99235	>20		\$114.58	N/B	N/B
Observation or Inpatient Care, high complexity	99236	<21		\$168.24	N/B	N/B
Observation or Inpatient Care, high complexity	99236	>20		\$147.66	N/B	N/B
Discharge Day management -30 min or less	99238	<21		\$55.99	N/B	N/B
Discharge Day management -30 min or less	99238	>20		\$49.14	N/B	N/B
Discharge Day management -more than 30 min	99239	<21		\$83.03	N/B	N/B
Discharge Day management -more than 30 min	99239	>20		\$72.87	N/B	N/B
ER Consultation, minor	99281			\$14.97	\$13.47	N/B
ER Consultation, low to moderate complexity	99282			\$29.18	\$26.26	N/B
ER Consultation, moderate complexity	99283			\$43.65	\$39.29	N/B
ER Consultation, high complexity	99284			\$82.81	\$74.53	N/B
ER Consultation, high complexity/life threatening	99285			\$122.22	\$110.00	N/B
Prolonged Service, in office or outpatient setting; 60 min	+99354	<21/IP		\$82.70	\$74.43	\$55.82
Prolonged Service, in office or outpatient setting; 60 min	+99354	<21/OP		\$99.96	\$89.96	\$67.47
Prolonged Service, in office or outpatient setting; 60 min	+99354	>20/IP		\$82.70	\$74.43	\$55.82
Prolonged Service, in office or outpatient setting; 60 min	+99354	>20/OP		\$87.73	\$78.96	\$59.22
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	<21/IP		\$61.36	\$55.22	\$41.42
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	<21/OP		\$75.38	\$67.84	\$50.88
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	>20/IP		\$61.36	\$55.22	\$41.42
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355	>20/OP		\$66.16	\$59.54	\$44.66
Prolonged Service, in inpatient or observation setting; 60 min	+99356	<21		\$71.01	\$63.91	\$47.93
Prolonged Service, in inpatient or observation setting; 60 min	+99356	>20		\$62.32	\$56.09	\$42.07
Prolonged Service, in inpatient or observation setting; addtl 30 min	+99357	<21		\$71.01	\$63.91	\$47.93
Prolonged Service, in inpatient or observation setting; addtl 30 min	+99357	>20		\$62.32	\$56.09	\$42.07
Office Emergency Services	99058			\$30.57	\$27.51	\$20.63
Smoking and tobacco cessation counseling; 3 to 10 min	99406	IP	HD	\$8.39	\$7.55	\$5.66
Smoking and tobacco cessation counseling; 3 to 10 min	99406	OP	HD	\$9.83	\$8.85	\$6.64
Smoking and tobacco cessation counseling; > 10 min	99407	IP	HD	\$17.50	\$15.75	\$11.81
Smoking and tobacco cessation counseling; > 10 min	99407	OP	HD	\$18.94	\$17.05	\$12.78
Alcohol/SA structured screening and brief intervention 15-30 min	99408	<21/IP		\$22.53	\$20.28	\$15.21
Alcohol/SA structured screening and brief intervention 15-30 min	99408	<21/OP		\$25.82	\$23.24	\$17.43
Alcohol/SA structured screening and brief intervention 15-30 min	99408	>20/IP		\$22.53	\$20.28	\$15.21

MAGELLAN VA MEDICAID/DMAS RATES

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DESCRIPTION	CPT®		PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
	CODE	Age or Setting				
Alcohol/SA structured screening and brief intervention 15-30 min	99408	>20/OP	\$23.73	\$21.36	\$16.02	\$16.02
Alcohol/SA structured screening and brief intervention > 30 min	99409	<21/IP	\$45.06	\$40.55	\$30.42	\$30.42
Alcohol/SA structured screening and brief intervention > 30 min	99409	<21/OP	\$50.34	\$45.31	\$33.98	\$33.98
Alcohol/SA structured screening and brief intervention > 30 min	99409	>20/IP	\$45.06	\$40.55	\$30.42	\$30.42
Alcohol/SA structured screening and brief intervention > 30 min	99409	>20/OP	\$46.26	\$41.63	\$31.23	\$31.23
Therapeutic, prophylactic, or diagnostic injection	96372		\$21.53	N/B	N/B	\$14.53
Therapeutic or Diagnostic Injection; Intravenous Push	96374		\$48.44	N/B	N/B	\$32.70
Psychological Testing	96101	IP	\$66.68	\$60.01	N/B	N/B
Psychological Testing	96101	OP	\$67.28	\$60.55	N/B	N/B
Psychological Testing Admin by Technician	96102	IP	\$20.03	\$18.03	N/B	N/B
Psychological Testing Admin by Technician	96102	OP	\$52.33	\$47.10	N/B	N/B
Psychological Testing Admin by Computer	96103	IP	\$22.43	\$20.19	N/B	N/B
Psychological Testing Admin by Computer	96103	OP	\$23.32	\$20.99	N/B	N/B
Neurobehavioral Status Exam*	96116	IP	w/ or w/o GT \$72.96	\$65.66	N/B	N/B
Neurobehavioral Status Exam*	96116	OP	w/ or w/o GT \$77.75	\$69.98	N/B	N/B
Neuropsychological Testing	96118	IP	\$66.38	\$59.74	N/B	N/B
Neuropsychological Testing	96118	OP	\$82.23	\$74.01	N/B	N/B
Neuropsychological Testing Admin by Technician	96119	IP	\$20.03	\$18.03	N/B	N/B
Neuropsychological Testing Admin by Technician	96119	OP	\$66.98	\$60.28	N/B	N/B
Neuropsychological Testing Admin by Computer	96120	IP	\$22.13	\$19.92	N/B	N/B
Neuropsychological Testing Admin by Computer	96120	OP	\$40.67	\$36.60	N/B	N/B
Telehealth, originating site fee*	Q3014		GT \$20.00	\$20.00	\$20.00	\$20.00

DESCRIPTION	HCPCS CODE	Designation	MODIFIER	RATE
One on one Support in Residential - per hour	H2027			\$25.61
Cmnty-Based Residential Group Home, Level A - Per Diem	H2022	<21	HW (CSA)	\$109.66
Cmnty-Based Residential Group Home, Level A - Per Diem	H2022	<21	HK (non-CSA)	\$109.66
Cmnty-Based Residential Group Home, Level B - Per Diem	H2020	<21	HW (CSA)	\$146.22
Cmnty-Based Residential Group Home, Level B - Per Diem	H2020	<21	HK (non-CSA)	\$146.22
Crisis Stabilization, per hour	H2019	Urban		\$89.00
Crisis Stabilization, per hour	H2019	Rural		\$81.00
Crisis Intervention, MH - per 15 min*	H0036	Urban	w/ or w/o GT	\$30.79
Crisis Intervention, MH - per 15 min*	H0036	Rural	w/ or w/o GT	\$18.61
Crisis Intervention, MH (ECO) - per 15 min*	H0036	Urban	32 or GT, 32	\$30.79
Crisis Intervention, MH (ECO) - per 15 min*	H0036	Rural	32 or GT, 32	\$18.61
Assessment, Therapeutic Day Treatment for Children	H0032		U7	\$36.53
Assessment, Therapeutic Day Treatment for Adults*	H0032		U7 or U7, GT	\$36.53
Therapeutic Day Treatment, Child - per unit	H0035	<21	HA	\$36.53
1 unit = 2 to 2.99 hours				
2 units = 3 to 4.99 hours				
3 units = 5 plus hours				
Day Treatment, Adult - per unit	H0035	>20	HB	\$34.78
1 unit 2-3.99 hours				
2 units 4-6.99 hours				
3 units 7 or more hours				
Intensive In-Home Assessment	H0031	<21		\$60.00
Intensive In-Home Services, per hour	H2012	<21		\$60.00
In-Home Behavioral Therapies for juveniles, per 15 min	H2033	<21		\$15.00
Initial Assessment, In-Home Behavioral Therapies for juveniles, per hour	H0032	<21	UA	\$60.00
Assessment, Psychosocial Rehab*	H0032		U6 or U6, GT	\$24.23
Straightforward SMI Assessment for Eligibility Determination Short Form*	H0032		UB or UB, GT	\$37.00
Complex SMI Assessment for Eligibility Determination Long Form*	H0032		UC or UC, GT	\$75.00
Psychosocial Rehabilitation svcs; per unit	H2017			\$24.23
1 unit 2-3.99 hours				
2 units 4-6.99 hours				
3 units 7 or more hours				
Assessment, Intensive Community Treatment*	H0032	Urban	U9 or U9, GT	\$153.00
Assessment, Intensive Community Treatment*	H0032	Rural	U9 or U9, GT	\$139.00
Intensive Community Treatment - per hour	H0039	Urban		\$153.00
Intensive Community Treatment - per hour	H0039	Rural		\$139.00

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DESCRIPTION	HCPCS CODE	Designation	MODIFIER	RATE
Assessment, Mental Health Skill Building Services	H0032	Urban	U8	\$91.00
Assessment, Mental Health Skill Building Services	H0032	Rural	U8	\$83.00
Mental Health Skill Building Services	H0046	Urban		\$91.00
1 unit 1-2.99 hours				
2 units 3-4.99 hours				
3 units 5-6.99 hours				
4 units 7 or more hours				
Mental Health Skill Building Services	H0046	Rural		\$83.00
1 unit 1-2.99 hours				
2 units 3-4.99 hours				
3 units 5-6.99 hours				
4 units 7 or more hours				
Case Management, Foster Care - Per Month	T1016			\$326.50
Case Management, Mental Health, per month	H0023			\$326.50
MH Case Management Low intensity*	H0023		UB or UB, GT	\$195.90
MH Case Management High intensity*	H0023		UC or UC, GT	\$220.80

ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)

Community Based Care		
DESCRIPTION	HCPCS/Rev CODE	RATE
Substance Use Case Management (licensed by DBHDS)	H0006	\$243.00 [^]
Peer Support Services - Individual (Mental Health)	H0024	\$6.50
Peer Support Services - Group (Mental Health)	H0025	\$2.70
Peer Support Services - Individual (Substance Use Disorder)	T1012	\$6.50
Peer Support Services - Group (Substance Use Disorder)	S9445	\$2.70
Intensive Outpatient - ASAM level 2.1	H0015 or rev 0906 w/ H0015	\$250.00 [^]
Partial Hospitalization - ASAM level 2.5	S0201 or rev 0913 w/ S0201	\$500.00 [^]

Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT)						
DESCRIPTION	CPT® CODE	Age	PHYSICIAN	PSYCHOLOGIST	MASTER'S	CLINICAL NURSE
					LEVEL	SPECIALIST
Office Outpatient Visit, Established patient, minimal	99211	<21	\$15.57	N/B	N/B	\$10.51
Office Outpatient Visit, Established patient, minimal	99211	>20	\$13.66	N/B	N/B	\$9.22
Office Outpatient Visit, Established patient, minor	99212	<21	\$33.59	N/B	N/B	\$22.67
Office Outpatient Visit, Established patient, minor	99212	>20	\$29.48	N/B	N/B	\$19.90
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	<21	\$56.26	N/B	N/B	\$37.98
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	>20	\$49.38	N/B	N/B	\$33.33
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	<21	\$82.75	N/B	N/B	\$55.86
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	>20	\$72.63	N/B	N/B	\$49.03
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	<21	\$111.43	N/B	N/B	\$75.22
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	>20	\$97.80	N/B	N/B	\$66.02

DESCRIPTION	CPT®/HCPCS		RATE
	CODE	Modifier	
Medication Assisted Treatment (MAT) induction - Physician	H0014		\$140.00
Substance Use Care Coordination	G9012		\$243.00 [^]
Medication Administration	H0020		\$8.00
Opioid treatment services - Individual	H0004		\$24.00
Opioid treatment services - Group	H0005		\$7.25
Definitive drug classes - 1-7 drug classes	G0480		\$79.74
Definitive drug classes - 8-14 drug classes	G0481		\$122.99
Definitive drug classes - 15-21 drug classes	G0482		\$166.03
Definitive drug classes - 22 or more drug classes	G0483		\$215.23
Telehealth originating site facility fee*	Q3014	GT	\$20.00
Pregnancy Test	81025		\$7.30
Alcohol Breathalyzer	82075		\$5.52
Presumptive drug class screening, any drug class, direct optical observation only	80305		\$14.96
Presumptive drug class screening, any drug class, instrument assisted direct optical observation	80306		\$19.95
Presumptive drug class screening, any drug class, instrument chemistry analyzers	80307		\$79.81
TB Test	86580		\$6.88
Syphilis test, non-treponemal antibody; qualitative	86592		\$4.18

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2017

Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT) (cont'd)

DESCRIPTION	CPT®/HCPCS		RATE
	CODE	Modifier	
Syphilis test, non-treponemal antibody; quantitative	86593		\$4.82
Treponema pallidum	86780		\$16.02
HIV-1 test	86701		\$10.27
HIV-2 test	86702		\$9.20
HIV-1 and HIV-2 test, single result	86703		\$11.48
Hepatitis B core antibody (HBcAb); total	86704		\$13.93
Hepatitis C antibody	86803		\$16.49
EKG with at least 12 leads, with interpretation and report	93000		\$14.35
EKG tracing only, without interpretation and report	93005		\$7.18
EKG, interpretation and report only	93010		\$7.18
Medication administration in clinic - ASAM Levels 2.1 to 3.7:			
Methadone oral 5 mg	S0109		\$0.26
Buprenorphine, oral, 1 mg, per unit	J0571		\$1.00
Buprenorphine/naloxone oral <=3 mg, per unit	J0572		\$4.34
Buprenorphine/naloxone oral >=3 mg but <= 6 mg, per unit	J0573		\$7.76
Buprenorphine/naloxone oral >=6 mg but <=10 mg, per unit	J0574		\$7.76
Buprenorphine/naloxone oral >10 mg, per unit	J0575		\$15.52
Naltrexone Injection, depot form, 1 mg, per unit	J2315		\$3.24

Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings

DESCRIPTION	CPT® CODE	Age	Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S	CLINICAL NURSE
						LEVEL	SPECIALIST
Psychotherapy w/ patient, 30 min - ASAM level 1*	90832		w/ or w/o GT	\$53.53	\$48.18	\$36.13	\$36.13
Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1*	+90833		w/ or w/o GT	\$55.62	N/B	N/B	\$37.54
Psychotherapy w/ patient, 45 min - ASAM level 1*	90834		w/ or w/o GT	\$71.17	\$64.05	\$48.04	\$48.04
Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1*	+90836		w/ or w/o GT	\$70.27	N/B	N/B	\$47.43
Psychotherapy w/ patient, 60 min - ASAM level 1*	90837		w/ or w/o GT	\$106.75	\$96.08	\$72.06	\$72.06
Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1*	+90838		w/ or w/o GT	\$92.70	N/B	N/B	\$62.57
Family Psychotherapy w/o patient, 50 min - ASAM level 1*	90846		w/ or w/o GT	\$86.12	\$77.51	\$58.13	\$58.13
Family Psychotherapy w/ patient, 50 min - ASAM level 1*	90847		w/ or w/o GT	\$89.41	\$80.47	\$60.35	\$60.35
Group Psychotherapy - ASAM level 1*	90853		w/ or w/o GT	\$21.53	\$19.38	\$14.53	\$14.53
Office Outpatient Visit, New patient, minor	99201	<21		\$33.87	N/B	N/B	\$22.86
Office Outpatient Visit, New patient, minor	99201	>20		\$29.72	N/B	N/B	\$20.06
Office Outpatient Visit, New patient, low to moderate severity	99202	<21		\$57.63	N/B	N/B	\$38.90
Office Outpatient Visit, New patient, low to moderate severity	99202	>20		\$50.58	N/B	N/B	\$34.14
Office Outpatient Visit, New patient, moderate severity	99203	<21		\$83.30	N/B	N/B	\$56.23
Office Outpatient Visit, New patient, moderate severity	99203	>20		\$73.11	N/B	N/B	\$49.35
Office Outpatient Visit, New patient, moderate to high severity	99204	<21		\$126.45	N/B	N/B	\$85.35
Office Outpatient Visit, New patient, moderate to high severity	99204	>20		\$110.98	N/B	N/B	\$74.91
Office Outpatient Visit, New patient, moderate to high severity	99205	<21		\$159.22	N/B	N/B	\$107.47
Office Outpatient Visit, New patient, moderate to high severity	99205	>20		\$139.75	N/B	N/B	\$94.33
Office Outpatient Visit, Established patient, minimal	99211	<21		\$15.57	N/B	N/B	\$10.51
Office Outpatient Visit, Established patient, minimal	99211	>20		\$13.66	N/B	N/B	\$9.22
Office Outpatient Visit, Established patient, minor	99212	<21		\$33.59	N/B	N/B	\$22.67
Office Outpatient Visit, Established patient, minor	99212	>20		\$29.48	N/B	N/B	\$19.90
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	<21		\$56.26	N/B	N/B	\$37.98
Office Outpatient Visit, Estbl patient, low to moderate severity	99213	>20		\$49.38	N/B	N/B	\$33.33
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	<21		\$82.75	N/B	N/B	\$55.86
Office Outpatient Visit, Estbl patient, moderate to high severity	99214	>20		\$72.63	N/B	N/B	\$49.03
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	<21		\$111.43	N/B	N/B	\$75.22
Office Outpatient Visit, Estbl patient, moderate to high severity	99215	>20		\$97.80	N/B	N/B	\$66.02

DESCRIPTION	CPT®/HCPCS		RATE
	CODE	Modifier	
Definitive drug classes - 1-7 drug classes	G0480		\$79.74
Definitive drug classes - 8-14 drug classes	G0481		\$122.99
Definitive drug classes - 15-21 drug classes	G0482		\$166.03
Definitive drug classes - 22 or more drug classes	G0483		\$215.23
Telehealth originating site facility fee*	Q3014	GT	\$20.00
Pregnancy Test	81025		\$7.30
Alcohol Breathalyzer	82075		\$5.52
Presumptive drug class screening, any drug class, direct optical observation only	80305		\$14.96

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2017

Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings (cont'd)

CPT®/HCPCS

DESCRIPTION	CODE	Modifier	RATE
Presumptive drug class screening, any drug class, instrument assisted direct optical observation	80306		\$19.95
Presumptive drug class screening, any drug class, instrument chemistry analyzers	80307		\$79.81
TB Test	86580		\$6.88
Syphilis test, non-treponemal antibody; qualitative	86592		\$4.18
Syphilis test, non-treponemal antibody; quantitative	86593		\$4.82
Treponema pallidum	86780		\$16.02
HIV-1 test	86701		\$10.27
HIV-2 test	86702		\$9.20
HIV-1 and HIV-2 test, single result	86703		\$11.48
Hepatitis B core antibody (HBcAb); total	86704		\$13.93
Hepatitis C antibody	86803		\$16.49
EKG with at least 12 leads, with interpretation and report	93000		\$14.35
EKG tracing only, without interpretation and report	93005		\$7.18
EKG, interpretation and report only	93010		\$7.18

Residential and Inpatient Treatment

DESCRIPTION	HCPCS/Rev CODE	Modifier	RATE
Clinically managed low intensity residential services - ASAM level 3.1	H2034		\$175.00
Clinically managed population-specific high intensity residential services - ASAM level 3.3	H0010 Rev 1002	TG	\$393.50 (max)
Clinically managed high-intensity residential services (Adult) - ASMA level 3.5	H0010 Rev 1002	HB	\$393.50 (max)
Clinically managed medium-intensity residential services (Adolescent) - ASAM level 3.5	H0010 Rev 1002	HA	\$393.50 (max)
Medically monitored intensive inpatient services (Adult) - ASAM level 3.7 Psychiatric Units & Freestanding Psychiatric Hospitals	H2036 Rev 1002	HB	Psychiatric per diem rate
Medically monitored intensive inpatient services (Adult) - ASAM level 3.7 Residential Treatment Services	H2036 Rev 1002	HB	\$393.50 (max)
Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7 Psychiatric Units & Freestanding Psychiatric Hospitals	H2036 Rev 1002	HA	Psychiatric per diem rate
Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7 Residential Treatment Services	H2036 Rev 1002	HA	\$393.50 (max)
Medically managed intensive inpatient services - ASAM level 4.0	H0011 Rev 1002		Psychiatric per diem or DRG

Outpatient Treatment

DESCRIPTION	CPT® CODE	Age	Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
Psychiatric Diagnostic Evaluation - no medical svcs - ASAM level 1*	90791		w/ or w/o GT	\$110.04	\$99.04	\$74.28	\$74.28
Psychotherapy w/ patient, 30 min - ASAM level 1*	90832		w/ or w/o GT	\$53.53	\$48.18	\$36.13	\$36.13
Psychotherapy w/ patient, 45 min - ASAM level 1*	90834		w/ or w/o GT	\$71.17	\$64.05	\$48.04	\$48.04
Psychotherapy w/ patient, 60 min - ASAM level 1*	90837		w/ or w/o GT	\$106.75	\$96.08	\$72.06	\$72.06
Psychiatric Diagnostic Evaluation - w/ medical svcs - ASAM level 1*	90792		w/ or w/o GT	\$123.50	N/B	N/B	\$83.36
Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1*	+90833		w/ or w/o GT	\$55.62	N/B	N/B	\$37.54
Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1*	+90836		w/ or w/o GT	\$70.27	N/B	N/B	\$47.43
Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1*	+90838		w/ or w/o GT	\$92.70	N/B	N/B	\$62.57
Family Psychotherapy w/o patient, 50 min - ASAM level 1*	90846		w/ or w/o GT	\$86.12	\$77.51	\$58.13	\$58.13
Family Psychotherapy w/ patient, 50 min - ASAM level 1*	90847		w/ or w/o GT	\$89.41	\$80.47	\$60.35	\$60.35
Group Psychotherapy - ASAM level 1*	90853		w/ or w/o GT	\$21.53	\$19.38	\$14.53	\$14.53
Interactive Complexity Add-on - ASAM level 1*	+90785		w/ or w/o GT	\$11.66	\$10.49	\$7.87	\$7.87
Alcohol/SA structured screening and brief intervention 15-30 min - ASAM level 1	99408	<21		\$25.82	\$23.24	\$17.43	\$17.43
Alcohol/SA structured screening and brief intervention 15-30 min - ASAM level 1	99408	>20		\$23.73	\$21.36	\$16.02	\$16.02
Alcohol/SA structured screening and brief intervention > 30 min - ASAM level 1	99409	<21		\$50.34	\$45.31	\$33.98	\$33.98
Alcohol/SA structured screening and brief intervention > 30 min - ASAM level 1	99409	>20		\$46.26	\$41.63	\$31.23	\$31.23

MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2017

INACTIVE/TERMED SERVICES (see corresponding termination end dates below)

Effective Through: 11/30/2016

DESCRIPTION	CPT® CODE	Modifier	PHYSICIAN	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST
VA Independent Clinical Assessment Program* (VICAP)	90889	w/ or w/o GT	\$252.00	N/B	N/B	N/B

Effective Through: 3/31/2017

DESCRIPTION	HCPCS CODE	Designation	MODIFIER	RATE
Case Management Substance Abuse, per 15 min	H0006		HO or HN	\$16.50
Day Treatment Substance Abuse-for Pregnant & Postpartum Women, per day	H0015	Urban	HD	\$60.00
Day Treatment Substance Abuse-for Pregnant & Postpartum Women, per day	H0015	Rural	HD	\$54.00
Residential Substance Abuse -Pregnant & Postpartum Women	H0018	Urban	HD	\$120.00
Residential Substance Abuse -Pregnant & Postpartum Women	H0018	Rural	HD	\$108.00
Opioid Treatment services	H0020		HO	\$4.80
Opioid Treatment services	H0020		HN	\$3.60
Opioid Treatment services	H0020		HM	\$2.70
Day Treatment, Substance Abuse, per 15 min	H0047		HO	\$4.80
Day Treatment, Substance Abuse, per 15 min	H0047		HN	\$3.60
Day Treatment, Substance Abuse, per 15 min	H0047		HM	\$2.70
Crisis Intervention Substance Abuse, per 15 min (One on One Monitoring)*	H0050		HQ or HQ, GT	\$5.00
Crisis Intervention Substance Abuse, per 15 min (Crisis Counseling)*	H0050		HO or HO, GT	\$25.00
Crisis Intervention Substance Abuse, per 15 min*	H0050		HN or HN, GT	\$5.00
Crisis Intervention Substance Abuse, per 15 min*	H0050		HM or HM, GT	\$5.00
Intensive Outpatient, Substance Abuse, per 15 min	H2016		HO	\$4.80
Intensive Outpatient, Substance Abuse, per 15 min	H2016		HN	\$3.60
Intensive Outpatient, Substance Abuse, per 15 min	H2016		HM	\$2.70
Methadone, Oral, 5mg	S0109			\$0.26

The HF (Substance Abuse Program) Modifier is no longer required to be billed with the following CPT codes Beginning: 4/1/2017

+90785, 90791, 90792, 90832, +90833, 90834, +90836, 90837, +90838, 90846, 90847, 90853, 96101, 96102, 96103, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239

Modifier	Description	Modifier	Description
GT	Interactive telecommunication	HW	State MH Agency funded (CSA)
HA	Child/Adolescent program	TG	Complex/High Tech level of care
HB	Adult program, non-geriatric	U6	Medicaid care level 6 state defined
HD	Pregnant/Parenting Women's Program	U7	Medicaid care level 7 state defined
HF	Substance Abuse program (no longer required beginning 4/1/2017)	U8	Medicaid care level 8 state defined
HK	Specialized MH programs for high-risk pop (non-CSA)	U9	Medicaid care level 9 state defined
HM	Less than Bachelor degree level (Paraprofessional)	UA	Medicaid care level 10 state defined
HN	Bachelor degree level	UB	Medicaid care level 11 state defined
HO	Masters degree level	UC	Medicaid care level 12 state defined
HQ	Group setting	32	Mandated services - Emergency Custody Order (ECO)

Notes:

- * Procedures with the asterisk are eligible for telehealth/telemedicine under DMAS guidelines and requirements. Use the GT modifier when performing these services via telehealth. The spoke site where the member is located may only bill the Q3014 code.
- ^ The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.
- 1. This reimbursement schedule represents the most frequently utilized Current Procedural Terminology (CPT) codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code.
- 2. N/B signifies that the service is non-billable for that provider type.
- 3. Magellan will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
- 4. Labs should only be billed if performed in-house. If patient or specimen is sent to a independent laboratory, the laboratory should bill.
- 5. Rates for all services are subject to the provisions and limitations of the Member's benefit plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
- 6. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.