

Change for January 2018

Outpatient Services

Add Nurse Practitioner Rate for 90845 as of Jan 1st
Add Nurse Practitioner Rate for 96110 as of Jan 1st

E&M Services

Add PA rate for 99235 as of Jan 1st
Add PA rate for 99236 as of Jan 1st
Add PA rate for 99239 as of Jan 1st
Add Nurse Practitioner rate for 99281 as of Jan 1st
Add Nurse Practitioner rate for 99282 as of Jan 1st
Add Nurse Practitioner rate for 99283 as of Jan 1st
Add Nurse Practitioner rate for 99284 as of Jan 1st
Add Nurse Practitioner rate for 99285 as of Jan 1st
Add Nurse Practitioner rate for 99306 as of Jan 1st
Add Nurse Practitioner rate for 99356 as of Jan 1st
Add Nurse Practitioner rate for 99357 as of Jan 1st

Change for July 2017

B3 Rates

Increase to Supported Employment - MH

Change for March 2017

Medicaid C Innovations Rates

Change to Community Living and Supports - Individual as of March 15th

Medicaid B Rates

Change to Intensive In Home Service as of April 1st

Changes for November 1, 2016

B3 Rates

Effective July 1, 2016, the highlighted rates have been added for consumers who are transitioning from an ICF/IID facility who would otherwise be eligible for entry onto the Innovations waiver.
Services added for Resource Allocation

Medicaid C Innovations Rates

Services added for Resource Allocation

Medicaid B Rates

Added ACTT Step down and new encounter code for ACTT
Added Outpatient Therapy Plus and Rapid Response

Changes for July 1, 2016

B3 Rates

Increase to Residential Supports Levels 1

Medicaid C Innovations Rates

Increase in rates for Residential Supports Levels 1-4 including AFLs

Medicaid B Rates

Increase in ACTT rate
Increase in Therapeutic Foster Care rate
Additional modifiers required by NC DMA for MST

Outpatient Services

Additional modifiers required by NC DMA for specialized OPT services (see bottom of sheet)
Increase in rates for 90791, 90846, and 90847

E&M Services

Increase in MD rate for 99201 - 99214

Changes for April 1, 2016

B3 Rates

H2016 HI U4, T2021 U4, and T2038 U4 in system but previously not listed on rate schedule.

Medicaid C Innovations Rates

No changes

Medicaid B Rates

No changes

Outpatient Services

Addition of 96111 for PA, based on DMA PA fee schedule
Removal of J codes for PA, based on DMA PA fee schedule

E&M Services

Based on DMA fee schedule:
Removed 9928X for NPs
Added 99285, 99291, 99304-99306 for MDs. In system but previously not listed on rate schedule.
Removed 99406 and 99407 for NPs
Added 99408 and 99409 for MDs and PAs

ALLIANCE BEHAVIORAL HEALTHCARE

B3 SERVICE RATES

Effective Date: July 1, 2016

Procedure Code	Modifier	Service Description	Billing Unit	Rate
99241	U4	outpt. consult, minor- phys time approx 15 min.	per event	\$ 39.98
99242	U4	outpt. consult, moderate- phys time approx 30 min.	per event	\$ 74.90
99244	U4	outpt. consult, severe- phys time approx 60 min.	per event	\$ 152.99
H0038	U4	Peer Support B3 Individual	15 minutes	\$ 12.00
H0038	HQ U4	Peer Support B3 Group	15 minutes	\$ 2.71
H0045	U4	Respite B3 Individual Child	15 minutes	\$ 5.00
H0045	HQ U4	Respite B3 Group Child	15 minutes	\$ 3.00
H0045	HB U4	Respite B3 Individual Adult	15 minutes	\$ 5.00
H0045	HQ HB U4	Respite B3 Group Adult	15 minutes	\$ 3.00
H2016	HI U4	Residential Supports Level 4	Per diem	\$ 168.31 *
H2023	U4	Initial Individual Supported Employment - I/DD	15 minutes	\$ 11.21
H2023	U4 HE	Initial Individual Supported Employment - MH	15 minutes	\$ 14.22
H2023	HQ U4	Initial Group Supported Employment	15 minutes	\$ 2.53
H2025	TS U4	Supported Employment Long Term Follow Up	15 minutes	\$ 7.39
H2025	TS HQ U4	Supported Employment Long Term Follow Up - Group	15 minutes	\$ 1.90
H2026	U4	Maintenance Individual Supported Employment - I/DD	15 minutes	\$ 11.21 *
H2026	U4 HE	Maintenance Individual Supported Employment - MH	15 minutes	\$ 14.22
S5125	U4	Personal Care	15 minutes	\$ 3.54 *
T1019	U4	Individual Support	15 minutes	\$ 12.00 *
T2013	U4	In Home Skill Building	15 minutes	\$ 5.35
T2013	TF U4	Community Living Supports	15 minutes	\$ 4.71
T2013	TF HQ U4	Community Living Supports - Group	15 minutes	\$ 3.10
T2025	U4	Specialized Consultative Services	15 minutes	\$ 37.50
T2027	22 U4	Developmental Day - Hourly	1 hour	\$ 24.52
T2033	U4	Supported Living Level I	per diem	\$ 152.47
T2033	HI U4	Supported Living Level II	per diem	\$ 184.09
T2033	TF U4	Supported Living Level III	per diem	\$ 215.17
T2038	U4	One time transition	Monthly	\$5,000 one time
T2041	U4	Community Guide B3	Monthly	\$ 150.00
*Effective 10/26/2015				
Additional Services*				
H2011	HI U4	Primary Crisis Response	15 minutes	\$ 8.14
H2015	U1 U4	Community Networking - Classes/conferences	\$1,000 per waiver year	
H2015	HQ U4	Community Networking - Group	15 minutes	\$ 2.98
H2015	U4	Community Networking	15 minutes	\$ 5.35
H2016	U2 U4	Residential Supports Level 1 - AFL	Per diem	\$ 94.26
H2016	HI U2 U4	Residential Supports Level 4 - AFL	Per diem	\$ 173.46
H2016	U4	Residential Supports Level 1	Per diem	\$ 89.11
T2014	U4	Residential Supports Level 2	Per diem	\$ 128.71
T2014	U2 U4	Residential Supports Level 2 - AFL	Per diem	\$ 133.86
T2020	U4	Residential Supports Level 3	Per diem	\$ 148.52
T2020	U2 U4	Residential Supports Level 3 - AFL	Per diem	\$ 153.67
T2034	U4	Out of Home Crisis	Per diem	\$ 235.00
T2021	U4	Day Supports - Individual	15 minutes	\$ 6.13
T2021	HQ U4	Day Supports - Group	15 minutes	\$ 3.64
T2021	22 U4	Day Supports Individual - Hourly	1 hour	\$ 24.52
T2021	22 HQ U4	Day Supports Group - Hourly	1 hour	\$ 14.56

Note: (b)(3) DI services are available through a slot allocation type process and exclusive to individuals transitioning from ICF/IID facilities to the community

**ALLIANCE BEHAVIORAL HEALTHCARE
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation	Effective 11/1/2016	Effective 3/15/2017
H2011	HI	Primary Crisis Reponse	15 minutes	\$ 8.14			
H2015		Community Networking	15 minutes	\$ 5.35			
H2015	HQ	Community Networking - Group	15 minutes	\$ 2.98			
H2015	U1	Community Networking - Classes/conferences			\$1,000 per waiver year		
H2016		Residential Supports Level 1	Per diem	\$ 89.11		\$ 99.03	
H2016	U2	Residential Supports Level 1 - AFL	Per diem	\$ 94.26			
H2016	HI	Residential Supports Level 4	Per diem	\$ 168.31		\$ 170.54	
H2016	HI U2	Residential Supports Level 4 - AFL	Per diem	\$ 173.46			
H2025		Supported Employment Services - Individual	15 minutes	\$ 7.39			
H2025	HQ	Supported Employment Services - Group	15 minutes	\$ 1.90			
H2025	TS	Supported Employment - Long Term Follow Up - Individual	15 minutes			\$ 7.39	
H2025	TS HQ	Supported Employment - Long Term Follow Up Group	15 minutes			\$ 1.90	
S5110		Natural Supports Education	15 minutes	\$ 8.53			
S5111		Natural Supports Education - Conference			\$2,500 per waiver year		
S5125		Personal Care	15 minutes	\$ 3.54			
S5150		Respite Care - Community Individual	15 minutes	\$ 3.54			
S5150	HQ	Respite Care - Community Group	15 minutes	\$ 2.69			
S5150	US	Respite Care - Community Facility	Per diem	\$ 240.00			
S5165		Home Modifications			\$20,000 over the duration of the waiver		
T1005	TD	Respite Care Nursing - RN	15 minutes	\$ 8.82			
T1005	TE	Respite Care Nursing - LPN	15 minutes	\$ 8.82			
T1015		In Home Intensive Support	15 minutes	\$ 4.74			
T1999		Individual Goods and Services			\$2,000 per waiver year		
T2013		In Home Skill Building - Individual	15 minutes	\$ 5.35			
T2013	HQ	In Home Skill Building - Group	15 minutes	\$ 2.98			
T2013	TF	Community Living and Supports - Individual	15 minutes			\$ 4.71	\$ 5.26
T2013	TF HQ	Community Living and Supports - Group	15 minutes			\$ 3.10	
T2014		Residential Supports Level 2	Per diem	\$ 128.71		\$ 126.53	
T2014	U2	Residential Supports Level 2 - AFL	Per diem	\$ 133.86			
T2020		Residential Supports Level 3	Per diem	\$ 148.52		\$ 148.54	
T2020	U2	Residential Supports Level 3 - AFL	Per diem	\$ 153.67			
T2021		Day Supports - Individual	15 minutes	\$ 6.13			
T2021	HQ	Day Supports - Group	15 minutes	\$ 3.64			
T2021	22	Day Supports - Individual			change to 1 hour	\$ 24.52	
T2021	22 HQ	Day Supports - Group			change to 1 hour	\$ 14.56	
T2025		Specialized Consultative Services	15 minutes	\$ 37.50			
T2025	HO	Specialized Consultative Services - BCBA	15 minutes	\$ 37.50			
T2025	22 HT	Specialized Consultative Services - BCBA - LIP	15 minutes	\$ 37.50	change as of 7/1/2016		
T2025	U3	Crisis Behavioral Consultation	15 minutes	\$ 18.75			
T2027		Day Supports - Developmental Day	15 minutes	\$ 6.13			

**ALLIANCE BEHAVIORAL HEALTHCARE
INNOVATIONS SERVICE RATES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Limitation	Effective 11/1/2016	Effective 3/15/2017
T2027	22	Day Supports - Developmental Day			change to 1 hour	\$ 24.52	
T2029		Assistive Technology - Equipment and Supplies			\$15,000 over the duration of the waiver		
T2033		Supported Living Level 1	Per diem			\$ 152.47	
T2033	HI	Supported Living Level 2	Per diem			\$ 184.09	
T2033	TF	Supported Living Level 3	Per diem			\$ 215.17	
T2034		Out of Home Crisis	Per diem	\$ 235.00			
T2038		Community Transition Supports	1 time		\$5,000 one time		
T2039		Vehicle Adaptations			\$20,000 over the duration of the waiver		
T2041		Community Navigator	Monthly	\$ 150.00			
T2041	U1	Community Guide Training for Employer of Record	15 minutes		30 hours		
<i>Innovations Supplies</i>							
B4100		Food thickener	Per Oz	\$ 0.55			
B4150		Enteral Formulae	100/cal	\$ 0.69			
B4152		Enteral Formulae Calorically Dense	100/cal	\$ 0.57			
B4153		Enteral Formulae Hydrolyzed Proteins	100/cal	\$ 1.97			
B4154		Enteral Formulae Special Metabolic Needs with exclusions	100/cal	\$ 1.26			
B4155		Enteral Formulae Nutritionally Incomplete/Modular Nutrients	100/cal	\$ 0.98			
B4157		Enteral Formulae Special Metabolic Needs	100/cal	\$ 1.97			

ALLIANCE BEHAVIORAL HEALTHCARE
OUTPATIENT SERVICE RATES
Effective Date: July 1, 2016

			Updated as of 1/1/2018							
Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/L MFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA
90785	Interactive Complexity	per event	\$ 4.36	\$ 4.36	\$ 3.27	\$ 3.27	\$ 3.71	\$ 3.71	\$ 3.27	\$ 3.14
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	\$ 137.93	\$ 165.51	\$ 124.13	\$ 124.13	\$ 140.69	\$ 140.69	\$ 124.13	\$ 119.31
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 115.04				\$ 97.78			\$ 82.50
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 57.46	\$ 57.46	\$ 43.10	\$ 43.10	\$ 48.84	\$ 48.84	\$ 43.10	\$ 41.37
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	\$ 38.40				\$ 32.64			\$ 27.54
90834	Psychotherapy - 45 Minutes	38-52 minutes	\$ 74.64	\$ 74.64	\$ 55.98	\$ 55.98	\$ 63.44	\$ 63.44	\$ 55.98	\$ 53.55
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 62.39				\$ 53.03			\$ 44.75
90837	Psychotherapy - 53+ Minutes	53+ minutes	\$ 109.36	\$ 109.36	\$ 82.03	\$ 82.03	\$ 92.96	\$ 92.96	\$ 82.03	\$ 78.42
90838	Psychotherapy - 53+ Minutes Add on to E & M	53+ minutes	\$ 100.75				\$ 85.64	\$ -	\$ -	\$ 72.06
90839	Psychotherapy for Crisis - 53+ minutes Add on to E & M	53+ minutes	\$ 137.81	\$ 137.81	\$ 103.36	\$ 103.36	\$ 117.14	\$ 117.14	\$ 103.36	\$ 138.14
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	74+ minutes	\$ 116.02	\$ 116.02	\$ 87.01	\$ 87.01	\$ 98.62	\$ 98.62	\$ 87.01	\$ 71.95
90845	Psychoanalysis	per event	\$ 76.23				\$ 67.22			\$ 76.23
90846	Family Therapy wo/patient	per event	\$ 81.08	\$ 87.41	\$ 65.55	\$ 65.55	\$ 74.29	\$ 74.29	\$ 65.55	\$ 89.19
90847	Family Therapy w/patient	per event	\$ 100.68	\$ 108.54	\$ 81.41	\$ 81.41	\$ 92.25	\$ 92.25	\$ 81.41	\$ 110.75
90849	Group Therapy Multiple Family Group	per event	\$ 30.20	\$ 29.59	\$ 22.20	\$ 22.20	\$ 25.16	\$ 25.16	\$ 22.20	\$ 30.20
90853	Group Therapy non Multiple Family Group	per event	\$ 28.70	\$ 28.13	\$ 21.10	\$ 21.10	\$ 23.91	\$ 23.91	\$ 21.10	\$ 28.70
90870	Electroconvulsive Therapy	per event	\$ 124.67							\$ 124.67
96101*	Psychological Testing	per hour	\$ 78.52	\$ 76.95		\$ 57.72				
96110*	Developmental Testing (limited)	per event	\$ 9.63	\$ 9.44		\$ 7.07	\$ 8.49			\$ 9.63
96111*	Developmental Testing (extended)	per event	\$ 119.42	\$ 117.03		\$ 87.77				\$ 103.06
96116	Neurobehavioral Status Exam	per hour	\$ 87.05	\$ 85.32		\$ 64.00				
96118*	Neuropsychological Testing	per hour	\$ 98.16	\$ 96.21		\$ 72.15				
96372	Medication Administration	per event	\$ 18.74				\$ 15.61			\$ 18.74
J1630	Haloperidol, up to 5mg, injection (Haldol)	Per injection	\$ 1.67				\$ 1.67			
J1631	Haloperidol, decanoate, per 50 mg, injection (Haldol Decanoate-50)	Per injection	\$ 2.32				\$ 2.32			
J2315	Naltrexone, depot form, 1 mg, injection	Per injection	\$ 1.81				\$ 1.81			
J2358	Olanzapine long-acting, 1 mg (Zyprexa Relprevv)	Per injection	\$ 2.65				\$ 2.65			
J2426	Paliperidone palmitate extended release, 1 mg, (Invega Sustenna)	Per injection	\$ 6.27				\$ 6.27			
J2680	Fluphenazine decanoate, up to 25 mg, injection (Prolixin)	Per injection	\$ 2.28				\$ 2.28			
J3230	Chlorpromazin HCl, up to 50mg, injection (Thorazine)	Per injection	\$ 3.10				\$ 3.10			
SPECIALIZED SERVICES										
Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/L MFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA
90837 22 Z1	TFCBT Individual therapy	per event		\$ 126.00	\$ 126.00	\$ 126.00			\$ 126.00	

ALLIANCE BEHAVIORAL HEALTHCARE

OUTPATIENT SERVICE RATES

Effective Date: July 1, 2016

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC/L MFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/CCS	Spec 210 - PA
90837 22 Z2	PCIT Individual Therapy	per event		\$ 126.00	\$ 126.00	\$ 126.00			\$ 126.00	
90837 22 Z3	DBT Individual Therapy	per event		\$ 110.96	\$ 110.96	\$ 110.96			\$ 110.96	
90853 22 Z3	DBT Group Therapy	per event		\$ 62.68	\$ 62.68	\$ 62.68			\$ 62.68	
90791 22 Z1	Trauma Focused Assessment	per event		\$ 168.00	\$ 168.00	\$ 168.00			\$ 168.00	
Notes:										
<i>- The GT modifier can be used with codes 90785 - 90837</i>										
<i>* For child services, please include HE modifier. Only billable by MD.</i>										

ALLIANCE BEHAVIORAL HEALTHCARE

E AND M SERVICE RATES

Effective Date: July 1, 2016

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
99201	E & M Problem Focused New Patient approx. 10 minutes	per event	\$ 40.15	\$ 31.02	\$ 36.50
99202	E & M Expanded, New Patient approx. 20 minutes	per event	\$ 69.62	\$ 53.80	\$ 63.29
99203	E & M Detailed, New Patient approx. 30 minutes	per event	\$ 100.87	\$ 77.95	\$ 91.70
99204	E & M Moderate, New Patient approx. 45 minutes	per event	\$ 156.42	\$ 120.87	\$ 142.20
99205	E & M High, New Patient approx. 60 minutes	per event	\$ 197.73	\$ 152.79	\$ 179.75
99211	E & M Problem Focused Estab Patient approx. 5 minutes	per event	\$ 20.35	\$ 15.73	\$ 18.50
99212	E & M Expanded, Estab Patient approx 10 minutes	per event	\$ 40.54	\$ 31.33	\$ 36.85
99213	E & M Detailed, Estab Patient approx. 15 minutes	per event	\$ 67.69	\$ 52.31	\$ 61.53
99214	E & M Moderate, Estab Patient approx. 25 minutes	per event	\$ 101.99	\$ 78.82	\$ 92.72
99215	E & M High Estab Patient approx. 40 minutes	per event	\$ 125.40	\$ 106.59	\$ 125.40
99217	observation care discharge day management	per event	\$ 61.32	\$ 52.12	\$ -
99218	initial observation, per day, low complexity	per event	\$ 57.84	\$ 49.16	\$ -
99219	initial observation care, per day, moderate complexity	per event	\$ 95.78	\$ 81.41	\$ 95.78
99220	initial observation care, per day, high complexity	per event	\$ 134.33	\$ 114.18	\$ -
99221	initial hosp. care, minor. phys time approx 30 min	per event	\$ 83.05	\$ 70.59	\$ 83.05
99222	initial hosp care,moderate-phys time approx 50 min	per event	\$ 113.34	\$ 96.34	\$ 113.34
99223	initial hosp care, severe-phys time approx 70 min	per event	\$ 166.89	\$ 141.86	\$ 166.89
99224	Subsequent observation care, per day, for the evaluation and management	per event	\$ 23.29	\$ 19.80	\$ 23.29
99225	Subsequent observation care, per day, for the evaluation and management	per event	\$ 41.37	\$ 35.16	\$ 41.37
99226	Subsequent observation care, per day, for the evaluation and management	per event	\$ 61.86	\$ 52.58	\$ 61.86
99231	hosp visit, stable. phys time approx 15 minutes	per event	\$ 34.30	\$ 29.16	\$ 34.30
99232	hosp visit, moderate. phys time approx 25 minutes	per event	\$ 61.81	\$ 52.54	\$ 61.81
99233	hosp visit, complex. phys time approx 35 minutes	per event	\$ 88.53	\$ 75.25	\$ 88.53
99234	observation/inpatient low	per event	\$ 117.16	\$ 99.59	\$ -
99235	hospital/observation 1-day mod sev	per event	\$ 153.91	\$ 130.82	\$ 149.29
99236	hospital/observation 1-day high sev	per event	\$ 191.29	\$ 162.60	\$ 185.55
99238	hospital discharge day management; 30 minutes or less	per event	\$ 61.11	\$ 51.94	\$ 61.11
99239	hospital discharge day management; more than 30 minutes	per event	\$ 88.81	\$ 75.49	\$ 86.15
99241	outpt. consult, minor- phys time approx 15 min.	per event	\$ 39.98	\$ 33.98	\$ 39.98
99242	outpt. consult, moderate- phys time approx 30 min.	per event	\$ 74.90	\$ 63.67	\$ 74.90
99243	outpt. consult, severe- phys time approx 40 min.	per event	\$ 103.00	\$ 87.55	\$ 103.00
99244	outpt. consult, severe- phys time approx 60 min.	per event	\$ 152.99	\$ 130.04	\$ 152.99
99245	outpt. consult, severe- phys time approx 80 min.	per event	\$ 188.03	\$ 159.83	\$ 188.03
99251	initial inpt consult- phys time approx 20 min.	per event	\$ 40.82	\$ 34.70	\$ 40.82

ALLIANCE BEHAVIORAL HEALTHCARE
E AND M SERVICE RATES
Effective Date: July 1, 2016

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
99252	initial inpt consult- phys time approx 40 min.	per event	\$ 63.25	\$ 53.76	\$ 63.25
99253	initial inpt consult- phys time approx 55 min.	per event	\$ 96.02	\$ 81.62	\$ 93.15
99254	initial inpt consult- phys time approx 80 min.	per event	\$ 138.89	\$ 118.06	\$ 134.73
99255	initial inpt consult- phys time approx 110 min.	per event	\$ 169.23	\$ 143.85	\$ 164.15
99281	er visit, minor	per event	\$ 17.03	\$ 16.52	\$ 17.03
99282	er visit, low severity	per event	\$ 33.13	\$ 32.14	\$ 33.13
99283	er visit, moderate severity	per event	\$ 51.35	\$ 49.81	\$ 51.35
99284	er visit, high severity	per event	\$ 96.14	\$ 93.26	\$ 96.14
99285	emergency department visit for the evaluation and management of a patient,	per event	\$ 142.93	\$ 138.64	\$ 142.93
99291	critical care, evaluation and management of the critically ill or critically	per event	\$ 232.59	\$ -	\$ -
99304	initial nursing facility care, per day, for the evaluation and management of	per event	\$ 74.00	\$ -	\$ -
99305	initial nursing facility care, per day, for the evaluation and management of	per event	\$ 103.46	\$ -	\$ -
99306	initial nursing facility care, per day, for the evaluation and management of a	per event	\$ 132.95	\$ 128.96	\$ 132.95
99307	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 36.52	\$ 31.04	\$ 36.52
99308	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 55.83	\$ 47.46	\$ 55.83
99309	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 74.06	\$ 62.95	\$ 74.06
99310	subsequent nursing facility care, per day, for the evaluation and management of	per event	\$ 109.51	\$ 93.08	\$ 109.51
99315	nursing facility discharge day management; 30 minutes or less	per event	\$ 53.43	\$ 45.42	\$ 53.43
99316	nursing facility discharge day management; 30 minutes or less more than 30	per event	\$ 69.81	\$ 59.34	\$ 69.81
99318	evaluation and management of a patient involving an annual nursing facility	per event	\$ 77.42	\$ 65.81	\$ 77.42
99324	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 49.64	\$ 42.19	\$ 49.64
99325	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 72.30	\$ 61.46	\$ 72.30
99326	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 119.54	\$ 101.61	\$ 119.54
99327	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 155.92	\$ 132.53	\$ 155.92
99328	domiciliary or rest home visit for the evaluation and management of a new	per event	\$ 183.55	\$ 156.02	\$ 183.55
99334	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 51.16	\$ 43.49	\$ 51.16
99335	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 79.25	\$ 67.36	\$ 79.25
99336	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 111.60	\$ 94.86	\$ 111.60
99337	domiciliary or rest home visit for the evaluation and management of an	per event	\$ 160.35	\$ 136.30	\$ 160.35
99341	home visit for the evaluation and management of a new patient, which requires	per event	\$ 49.64	\$ 42.19	\$ 49.64
99342	home visit for the evaluation and management of a new patient, which requires	per event	\$ 72.30	\$ 61.46	\$ 72.30
99343	home visit for the evaluation and management of a new patient, which requires	per event	\$ 116.43	\$ 98.97	\$ 116.43
99344	home visit for the evaluation and management of a new patient, which requires	per event	\$ 152.86	\$ 129.93	\$ 152.86
99345	home visit for the evaluation and management of a new patient, which requires	per event	\$ 183.86	\$ 156.28	\$ 183.86

**ALLIANCE BEHAVIORAL HEALTHCARE
E AND M SERVICE RATES
Effective Date: July 1, 2016**

Procedure Code	Procedure Code Description	Unit	MD/Psychiatrist	Spec 112 - Nurse Pract	Spec 210 - Physician Assistants
99347	home visit for the evaluation and management of an established patient, which	per event	\$ 48.44	\$ 41.17	\$ 48.44
99348	home visit for the evaluation and management of an established patient, which	per event	\$ 73.14	\$ 62.17	\$ 73.14
99349	home visit for the evaluation and management of an established patient, which	per event	\$ 106.51	\$ 90.53	\$ 106.51
99350	home visit for the evaluation and management of an established patient, which	per event	\$ 148.49	\$ 126.22	\$ 148.49
99354	prolonged physician service in the office or other outpatient setting requiring	per event	\$ 84.57	\$ 71.88	\$ -
99355	prolonged physician service in the office or other outpatient setting requiring	per event	\$ 83.72	\$ 71.16	\$ -
99356	prolonged physician service in the inpatient setting, requiring direct	per event	\$ 77.23	\$ 65.65	\$ 74.91
99357	prolonged physician service in the inpatient setting, requiring direct	per event	\$ 77.76	\$ 66.10	\$ 75.43
99406	smoking & tobacco use cessation counseling visit; intermediate, >3 mins, max 10 mins	per event	\$ 11.57	\$ -	\$ 11.57
99407	smoking & tobacco use cessation counseling visit; intensive, > 10 mins	per event	\$ 22.36	\$ -	\$ 22.36
99408	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast)	per event	\$ 28.58	\$ -	\$ 28.58
99409	alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit, dast)	per event	\$ 57.37	\$ -	\$ 57.37
Notes:					
	- The GT modifier can be used with codes 99201 - 99215 and 99241 - 99255.				