Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90785 - Interactive Psychotherapy	N/A	Authorization only code.	Encounter	$0.00
90785 - Interactive Psychotherapy	AF	(Specialty Physician/Psychiatrist)	Encounter	$9.37
90785 - Interactive Psychotherapy	AG	(Physician)	Encounter	$9.37
90785 - Interactive Psychotherapy	AH	(Clinical Psychologist)	Encounter	$9.37
90785 - Interactive Psychotherapy	HN	(Bachelor's Level)	Encounter	$9.37
90785 - Interactive Psychotherapy	HO	(Master's Level)	Encounter	$9.37
90785 - Interactive Psychotherapy	HP	(Doctoral Level)	Encounter	$9.37
90785 - Interactive Psychotherapy	SA	PA,NP,CNS	Encounter	$9.37
90785 - Interactive Psychotherapy	TD	Registered Nurse	Encounter	$9.37
9079X - Psychiatric Eval - Bundle for 90791 & 90792.	N/A	Bundled Authorization Only code for 90791 and 90792.	Encounter	$0.00
90791 - Psych Eval (no medical svc)	AF	(Specialty Physician/Psychiatrist)	Encounter	$242.56
90791 - Psych Eval (no medical svc)	AG	(Physician)	Encounter	$242.56
90791 - Psych Eval (no medical svc)	AH	(Clinical Psychologist)	Encounter	$242.56
90791 - Psych Eval (no medical svc)	HO	(Master's Level)	Encounter	$242.56
90791 - Psych Eval (no medical svc)	HP	(Doctoral Level)	Encounter	$242.56
90791 - Psych Eval (no medical svc)	SA	PA, NP,CNS	Encounter	$242.56
90792 - Psych Eval (w/medical svc)	AF	(Specialty Physician/Psychiatrist)	Encounter	$314.21
90792 - Psych Eval (w/medical svc)	SA	PA,NP,CNS	Encounter	$314.21
9083X - Psychotherapy, Bundled Authorization code for 90832, 90834 & 90837.	N/A	Bundled Authorization code for 90832; 90834 & 90837.	Encounter	$0.00
90832 - Psychotherapy, 30 (16-37 mins)	AF	(Specialty Physician/Psychiatrist)	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	AG	(Physician)	Encounter	$99.22

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90832 - Psychotherapy, 30 (16-37 mins)	AH	(Clinical Psychologist)	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	HN	Bachelor's Level	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	HO	(Master's Level)	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	HP	(Doctoral Level)	Encounter	$99.22
90832 - Psychotherapy, 30 (16-37 mins)	TD	Registered Nurse	Encounter	$99.22
90833 - Individual Psychotherapy with E/M (16-37 mins)	AF;AG:SA	Specialty physician; Psychiatrist.	Encounter	$46.75
90834 - Psychotherapy, 45 (38-52 mins)	AF	(Specialty Physician/Psychiatrist)	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	AG	(Physician)	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	AH	(Clinical Psychologist)	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	HN	Bachelor's Level.	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	HO	(Master's Level)	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	HP	(Doctoral Level)	Encounter	$165.38
90834 - Psychotherapy, 45 (38-52 mins)	TD	Registered Nurse	Encounter	$165.38
90836 - Individual Psychotherapy with E/M (38-52 mins)	AF;AG:SA	Specialty physician; Psychiatrist.	Encounter	$59.11
90837 - Psychotherapy, 60 (53+ mins)	AF	(Specialty Physician/Psychiatrist)	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	AG	(Physician)	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	AH	(Clinical Psychologist)	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	HN	Bachelor's Level.	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	HO	(Master's Level)	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	HP	(Doctoral Level)	Encounter	$220.50
90837 - Psychotherapy, 60 (53+ mins)	TD	Registered Nurse	Encounter	$220.50
90838 - Individual Psychotherapy with E/M (53+ mins)	AF;AG:SA	Specialty physician; Psychiatrist.	Encounter	$78.09

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
9084X - Family Therapy - Bundled Authorization code for 90846 & 90847.	N/A	Bundled Authorization Only code for 90846 & 90847.	Encounter	$0.00
90846 - Family Therapy Without Consumer Present	AF	(Specialty Physician/Psychiatrist)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	AG	(Physician)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	AH	(Clinical Psychologist)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	HO	(Master's Level)	Encounter	$137.81
90846 - Family Therapy Without Consumer Present	HP	(Doctoral Level)	Encounter	$137.81
90847 - Family Therapy With Consumer Present	AF	(Specialty Physician/Psychiatrist)	Encounter	$148.83
90847 - Family Therapy With Consumer Present	AG	(Physician)	Encounter	$148.83
90847 - Family Therapy With Consumer Present	AH	(Clinical Psychologist)	Encounter	$148.83
90847 - Family Therapy With Consumer Present	HO	(Master's Level)	Encounter	$148.83
90847 - Family Therapy With Consumer Present	HP	(Doctoral Level)	Encounter	$148.83
90853 - Group Therapy	N/A	Authorization only code.	Encounter	$0.00
90853 - Group Therapy	AF	(Specialty Physician/Psychiatrist); Individual member served.	Encounter	$57.89
90853 - Group Therapy	AF;UN	Specialty Physician/Psychiatrist; 2 patients served.	Encounter	$57.89
90853 - Group Therapy	AF;UP	Specialty Physician/Psychiatrist; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	AF;UQ	Specialty Physician/Psychiatrist; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	AF;UR	Specialty Physician/Psychiatrist; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	AF;US	Specialty Physician/Psychiatrist; 6 or more patients served.	Encounter	$57.89
90853 - Group Therapy	AG	(Physician); Individual member served.	Encounter	$57.89
90853 - Group Therapy	AG;UN	Physician; 2 patients served.	Encounter	$57.89

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90853 - Group Therapy	AG;UP	Physician; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	AG;UQ	Physician; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	AG;UR	Physician; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	AG;US	Physician; 6 or more patients served.	Encounter	$57.89
90853 - Group Therapy	AH	Clinical Psychologist; Individual member served.	Encounter	$57.89
90853 - Group Therapy	AH;UN	Clinical Psychologist; 2 patients served.	Encounter	$57.89
90853 - Group Therapy	AH;UP	Clinical Psychologist; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	AH;UQ	Clinical Psychologist; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	AH;UR	Clinical Psychologist; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	AH;US	Clinical Psychologist; 6 or more patients served.	Encounter	$57.89
90853 - Group Therapy	HN	Bachelor's Level; Individual member served.	Encounter	$57.89
90853 - Group Therapy	HN;UN	Bachelor's Level; 2 patients served.	Encounter	$57.89
90853 - Group Therapy	HN;UP	Bachelor's Level; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	HN;UQ	Bachelor's Level; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	HN;UR	Bachelor's Level; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	HN;US	Bachelor's Level; 6 or more patients served.	Encounter	$57.89
90853 - Group Therapy	HO	Master's Level; Individual member served.	Encounter	$57.89
90853 - Group Therapy	HO;UN	Master's Level; 2 patients served.	Encounter	$57.89
90853 - Group Therapy	HO;UP	Master's Level; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	HO;UQ	Master's Level; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	HO;UR	Master's Level; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	HO;US	Master's Level; 6 or more patients served.	Encounter	$57.89
90853 - Group Therapy	HP	Doctoral Level; Individual member served.	Encounter	$57.89

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
90853 - Group Therapy	HP;UN	Doctoral Level; 2 patients served.	Encounter	$57.89
90853 - Group Therapy	HP;UP	Doctoral Level; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	HP;UQ	Doctoral Level; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	HP;UR	Doctoral Level; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	HP;US	Doctoral Level; 6 or more patients served.	Encounter	$57.89
90853 - Group Therapy	TD	Registered Nurse; Individual member served.	Encounter	$57.89
90853 - Group Therapy	TD;UN	Registered Nurse; 2 patients served.	Encounter	$57.89
90853 - Group Therapy	TD;UP	Registered Nurse; 3 patients served.	Encounter	$57.89
90853 - Group Therapy	TD;UQ	Registered Nurse; 4 patients served.	Encounter	$57.89
90853 - Group Therapy	TD;UR	Registered Nurse; 5 patients served.	Encounter	$57.89
90853 - Group Therapy	TD;US	Registered Nurse; 6 or more patients served.	Encounter	$57.89
90863 - Pharmacological Management (SED Waiver)	AF	Specialty physician; Psychiatrist.	Encounter	$17.57
9250X - Speech Hearing & Language Therapy - Bundled Authorization only code for 92507.	N/A	Bundled Authorization code for 92507.	Encounter	$0.00
92507 - Speech & Language, Individual - In Office.	HM	Less than Bachelor's Level.	Encounter	$76.63
92507 - Speech & Language, Individual - In Office.	HO	Master's Level.	Encounter	$76.63
92507 - Speech & Language, Individual - In Office.	HP	Doctoral Level.	Encounter	$76.63
92508 - S&L therapy, group, per session	N/A	Authorization only code.	Encounter	$0.00
92508 - S&L therapy, group, per session	HM	Less than Bachelor's Level.	Encounter	$15.91
92508 - S&L therapy, group, per session	HO	Master's Level.	Encounter	$15.91
92508 - S&L therapy, group, per session	HP	Doctoral Level.	Encounter	$15.91
92521 - Evaluation of Speech Fluency	N/A	Authorization only code.	Encounter	$0.00
92521 - Evaluation of Speech Fluency	HO	Master's Level.	Encounter	$76.19

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
92521 - Evaluation of Speech Fluency	HP	Doctoral Level.	Encounter	$76.19
92522 - Evaluation of Speech Sound Production	N/A	Authorization only code.	Encounter	$0.00
92522 - Evaluation of Speech Sound Production	HO	Master's Level	Encounter	$61.72
92522 - Evaluation of Speech Sound Production	HP	Doctoral Level.	Encounter	$61.72
9252X - Speech Sound Production - Bundled Authorization only code for 92523.	N/A	Bundled Authorization code for 92523.	Encounter	$0.00
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension	HO	Master's Level.	Encounter	$132.30
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension	HP	Doctoral Level.	Encounter	$132.30
92524 - Behavioral and qualitative analysis of voice and resonance	N/A	Authorization only code.	Encounter	$0.00
92524 - Behavioral and qualitative analysis of voice and resonance	HO	Master's Level.	Encounter	$59.58
92524 - Behavioral and qualitative analysis of voice and resonance	HP	Doctoral Level.	Encounter	$59.58
96116 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement), by physician or other QHP, both F-to-F time with the patient and time interpreting test results and preparing the report; First hour	N/A	Authorization only code.	Hour	$0.00

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96116 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement), by physician or other QHP, both F-to-F time with the patient and time interpreting test results and preparing the report; First hour	AH	Clinical Psychologist.	Hour	$64.10
96116 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement), by physician or other QHP, both F-to-F time with the patient and time interpreting test results and preparing the report; First hour	HP	Doctoral Level.	Hour	$64.10
9613X - Psychological testing evaluation - Bundled Authorization only code for 96130 and 96131.	N/A	Bundle Auth code for 96130 & 96131.	Hour	$0.00
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AF	(Specialty Physician/Psychiatrist)	Hour	$137.81
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AG	(Physician)	Hour	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AH	(Clinical Psychologist)	Hour	$137.81
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HO	(Master's Level)	Hour	$137.81
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HP	(Doctoral Level)	Hour	$137.81
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	SA	PA, NP,CNS	Hour	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AF	(Specialty Physician/Psychiatrist)	Hour	$137.81
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AG	(Physician)	Hour	$137.81
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AH	(Clinical Psychologist)	Hour	$137.81
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HO	(Master's Level)	Hour	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HP	(Doctoral Level)	Hour	$137.81
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	SA	PA,NP,CNS	Hour	$137.81
9613Y - Neuropsychological testing evaluation - Bundled Authorization only code for 96132 & 96133.	N/A	Bundled Auth code for 96132 & 96133.	Hour	$0.00
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AF	(Specialty Physician/Psychiatrist)	Hour	$137.81
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AG	(Physician)	Hour	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	AH	(Clinical Psychologist)	Hour	$137.81
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HO	(Master's Level)	Hour	$137.81
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	HP	(Doctoral Level)	Hour	$137.81
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour	SA	PA,NP,CNS	Hour	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AF	(Specialty Physician/Psychiatrist)	Hour	$137.81
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AG	(Physician)	Hour	$137.81
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	AH	(Clinical Psychologist)	Hour	$137.81
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HO	(Master's Level)	Hour	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	HP	(Doctoral Level)	Hour	$137.81
96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each add. hour	SA	PA,NP,CNS	Hour	$137.81
96372 - Medication Administration (injection)	N/A	Authorization only code	Encounter	$0.00
96372 - Medication Administration (injection)	AF	(Specialty Physician/Psychiatrist)	Encounter	$27.57
96372 - Medication Administration (injection)	AG	(Physician)	Encounter	$27.57
96372 - Medication Administration (injection)	HM	Less than Bachelor's Level	Encounter	$27.57
96372 - Medication Administration (injection)	SA	PA,NP,CNS	Encounter	$27.57
96372 - Medication Administration (injection)	TD	Registered Nurse	Encounter	$27.57
96372 - Medication Administration (injection)	TE	Licensed Practical Nurse	Encounter	$27.57
9716Y - Occupational Therapy Evaluation - Bundled Authorization only code for 97165, 97166, & 97167.	N/A	Bundled Authorization code for 97165, 97166 & 97167.	Encounter	$0.00
97165 - OT Low Complexity	HN	Bachelor's Level.	Encounter	$110.26
97165 - OT Low Complexity	HO	Master's Level.	Encounter	$110.26
97166 - OT Moderate Complexity	HN	Bachelor's Level.	Encounter	$165.38
97166 - OT Moderate Complexity	HO	Master's Level.	Encounter	$165.38

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
97167 - OT High Complexity	HN	Bachelor's Level.	Encounter	$248.07
97167 - OT High Complexity	HO	Master's Level.	Encounter	$248.07
97168 - OT Re-Evaluation	N/A	Authorization only code.	Encounter	$0.00
97168 - OT Re-Evaluation	HN	Bachelor's Level.	Encounter	$132.30
97168 - OT Re-Evaluation	HO	Master's Level.	Encounter	$132.30
9753Y - OT/PT Sensory Integration - Bundled Authorization only code for 97533.	N/A	Bundled Authorization code for 97533.	15 Minutes	$0.00
97533 - OT/PT Individual Sensory Integrative Techniques	CO	Occupational Therapy Assistant.	15 Minutes	$28.71
97533 - OT/PT Individual Sensory Integrative Techniques	HN	Bachelor's Level.	15 Minutes	$28.71
97533 - OT/PT Individual Sensory Integrative Techniques	HO	Master's Level.	15 Minutes	$28.71
97802 - Medical Nutrition Therapy, Initial Assess & Intervention	N/A	Authorization only code.	15 Minutes	$0.00
97802 - Medical Nutrition Therapy, Initial Assess & Intervention	AE	Registered Dietcian.	15 Minutes	$24.92
97802 - Medical Nutrition Therapy, Initial Assess & Intervention	HN	Bachelor's Level.	15 Minutes	$24.92
97802 - Medical Nutrition Therapy, Initial Assess & Intervention	SA	Physician Assistant, Nurse Practitioner, Certified Nursing Specialist.	15 Minutes	$24.92
97803 - Medical Nutrition Therapy, Reassessment & Intervention	N/A	Authorization only code.	15 Minutes	$0.00
97803 - Medical Nutrition Therapy, Reassessment & Intervention	AE	Registered Dietcian.	15 Minutes	$21.59
97803 - Medical Nutrition Therapy, Reassessment & Intervention	HN	Bachelor's Level.	15 Minutes	$21.59
97803 - Medical Nutrition Therapy, Reassessment & Intervention	SA	Physician Assistant, Nurse Practitioner, Certified Nursing Specialist.	15 Minutes	$21.59

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
992XX - E&M visits. Bundled Authorization only code for 99202; 99203; 99204; 99205; 99211; 99212; 99213; 99214; 99215; & 99417.	N/A	Bundled Auth code for 99202; 99203; 99204; 99205 & 99211; 99212; 99213; 99214; 99215 & 99417.	Encounter	$0.00
99202 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (15 to 29 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$99.22
99202 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (15 to 29 minutes)	AG	(Physician)	Encounter	$99.22
99202 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (15 to 29 minutes)	SA	PA, NP,CNS	Encounter	$99.22
99203 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (30 to 44 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$137.81
99203 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (30 to 44 minutes)	AG	(Physician)	Encounter	$137.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99203 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (30 to 44 minutes)	SA	PA, NP, CNS	Encounter	$137.81
99204 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient a medically appropriate historyand/or examination and moderate level of medical decision making. (45 to 59 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$176.40
99204 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient a medically appropriate historyand/or examination and moderate level of medical decision making. (45 to 59 minutes)	AG	(Physician)	Encounter	$176.40
99204 - E&M visits. Office or other outpatient visit for the evaluation and management of a new patient a medically appropriate historyand/or examination and moderate level of medical decision making. (45 to 59 minutes)	SA	PA, NP, CNS	Encounter	$176.40
99205 - E&M Visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (60 to 74 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$209.48

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99205 - E&M Visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (60 to 74 minutes)	AG	(Physician)	Encounter	$209.48
99205 - E&M Visit. Office or other outpatient visit for the evaluation and management of a new patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (60 to 74 minutes)	SA	PA, NP, CNS	Encounter	$209.48
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	AF	(Specialty Physician/Psychiatrist)	Encounter	$55.12
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	AG	(Physician)	Encounter	$55.12
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	SA	PA, NP, CNS	Encounter	$55.12

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	TD	Registered Nurse	Encounter	$55.12
99211 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	TE	Licensed Practical Nurse	Encounter	$55.12
99212 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (10 to 19 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$104.73
99212 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (10 to 19 minutes)	AG	(Physician)	Encounter	$104.73
99212 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and straightforward medical decision making. (10 to 19 minutes)	SA	PA, NP, CNS	Encounter	$104.73

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99213 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (20 to 29 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$170.89
99213 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (20 to 29 minutes)	AG	(Physician)	Encounter	$170.89
99213 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and low level of medical decision making. (20 to 29 minutes)	SA	PA, NP, CNS	Encounter	$170.89
99214 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and moderate level of medical decision making. (30 to 39 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$198.46
99214 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and moderate level of medical decision making. (30 to 39 minutes)	AG	(Physician)	Encounter	$198.46

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99214 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and moderate level of medical decision making. (30 to 39 minutes)	SA	PA, NP, CNS	Encounter	$198.46
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	AF	(Specialty Physician/Psychiatrist)	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	AG	(Physician)	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	SA	PA, NP, CNS	Encounter	$214.99
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	TD	Registered Nurse	Encounter	$214.99

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
99215 - E&M Visit. Office or other outpatient visit for the evaluation and management of an established patient, which requires a medicallyappropriate history and/or examination and high level of medical decision making. (40 to 54 minutes)	TE	Licensed Practical Nurse	Encounter	$214.99
G0176 - Music, Art, and Recreation Therapy	N/A	Authorization only code.	Encounter	$0.00
G0176 - Music, Art, and Recreation Therapy	HN	Bachelor's Level; Music Therapist; Therapeutic Recreation Specialist.	Encounter	$73.37
G0176 - Music, Art, and Recreation Therapy	HO	Master's Level; Art Therapist.	Encounter	$73.37
H0031 - Mental Health Assessment, by Non-Physician	N/A	Authorization Only code for Non-LOCUS assessments.	Encounter	$0.00
H0031 - Mental Health Assessment, by Non-Physician	HM	Less than Bachelor's Level; One local modifier is required, BI;DE;FA;FS;JF;PE;PY;ST;VO.	Encounter	$327.96
H0031 - Mental Health Assessment, by Non-Physician	HN	Bachelor's Level; One local modifier is required, BI;DE;FA;FS;JF;PE;PY;ST;VO.	Encounter	$327.96
H0031 - Mental Health Assessment, by Non-Physician	HO	Master's level; One local modifier is required, BI;DE;FA;FS;JF;PE;PY;ST;VO.	Encounter	$327.96
H0031 - Re-Admission Integrated Biopsychosocial assessment.	PS;HM	Less than Bachelor's Level; One local modifier is required, BI;DE;FA;FS;JF;PE;PY;ST;VO.	Encounter	$163.97
H0031 - Re-Admission Integrated Biopsychosocial assessment.	PS;HN	Bachelor's Level; One local modifier is required, BI;DE;FA;FS;JF;PE;PY;ST;VO.	Encounter	$163.97
H0031 - Re-Admission Integrated Biopsychosocial assessment.	PS;HO	Master's level; One local modifier is required, BI;DE;FA;FS;JF;PE;PY;ST;VO.	Encounter	$163.97

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	N/A	Authorization only code.	15 Minutes	$0.00
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF	Specialty physician; Psychiatrist; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;FH	Specialty physician; Psychiatrist; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UN	Specialty physician; Psychiatrist; 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UN;FH	Specialty physician; Psychiatrist; 2 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UP	Specialty physician; Psychiatrist; 3 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UP;FH	Specialty physician; Psychiatrist; 3 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UQ	Specialty physician; Psychiatrist; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UQ;FH	Specialty physician; Psychiatrist; 4 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UR	Specialty physician; Psychiatrist; 5 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;UR;FH	Specialty physician; Psychiatrist; 5 members served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;US	Specialty physician; Psychiatrist; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AF;US;FH	Specialty physician; Psychiatrist; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG	Physician; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;FH	Physician; Individual member served. Face-To-Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UN	Physician; 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UN;FH	Physician; 2 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UP	Physician; 3 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UP;FH	Physician; 3 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UQ	Physician; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UQ;FH	Physician; 4 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UR	Physician; 5 members served.	15 Minutes	$77.18

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;UR;FH	Physician; 5 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;US	Physician; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AG;US;FH	Physician; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH	Clinical Psychologist; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;FH	Clinical Psychologist; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN	Clinical Psychologist; 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UN;FH	Clinical Psychologist; 2 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP	Clinical Psychologist; 3 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UP;FH	Clinical Psychologist; 3 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ	Clinical Psychologist; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UQ;FH	Clinical Psychologist; 4 members served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR	Clinical Psychologist; 5 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;UR;FH	Clinical Psychologist; 5 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US	Clinical Psychologist; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	AH;US;FH	Clinical Psychologist; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM	Less than Bachelor's Level; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;FH	Less than Bachelor's Level; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UN	Less than Bachelor's Level; 2 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UN;FH	Less than Bachelor's Level; 2 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UP	Less than Bachelor's Level; 3 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UP;FH	Less than Bachelor's Level; 3 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UQ	Less than Bachelor's Level; 4 patients served.	15 Minutes	$77.18

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UQ;FH	Less than Bachelor's Level; 4 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UR	Less than Bachelor's Level; 5 patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;UR;FH	Less than Bachelor's Level; 5 patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;US	Less than Bachelor's Level; 6 or more patients served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HM;US;FH	Less than Bachelor's Level; 6 or more patients served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN	Bachelor's Level; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;FH	Bachelor's Level; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN	Bachelor's Level; 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UN;FH	Bachelor's Level; 2 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP	Bachelor's Level; 3 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UP;FH	Bachelor's Level; 3 members served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ	Bachelor's Level; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UQ;FH	Bachelor's Level; 4 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR	Bachelor's Level; 5 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;UR;FH	Bachelor's Level; 5 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US	Bachelor's Level; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HN;US;FH	Bachelor's Level; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO	Master's Level; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;FH	Master's Level; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN	Master's Level; 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UN;FH	Master's Level; 2 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP	Master's Level; 3 members served.	15 Minutes	$77.18

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UP;FH	Master's Level; 3 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ	Master's Level; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UQ;FH	Master's Level; 4 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR	Master's Level; 5 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;UR;FH	Master's Level; 5 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US	Master's Level; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HO;US;FH	Master's Level; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP	Doctoral level; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;FH	Doctoral Level; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN	Doctoral Level; 2 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UN;FH	Doctoral Level; 2 members served. Face To Face ONLY.	15 Minutes	$79.81

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP	Doctoral Level; 3 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UP;FH	Doctoral Level; 3 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ	Doctoral Level; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UQ;FH	Doctoral Level; 4 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR	Doctoral Level; 5 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;UR;FH	Doctoral Level; 5 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US	Doctoral Level; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	HP;US;FH	Doctoral Level; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD	Registered Nurse; Individual member served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;FH	Registered Nurse; Individual member served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UN	Registered Nurse; 2 members served.	15 Minutes	$77.18

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UN;FH	Registered Nurse; 2 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UP	Registered Nurse; 3 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UP;FH	Registered Nurse; 3 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UQ	Registered Nurse; 4 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UQ;FH	Registered Nurse; 4 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UR	Registered Nurse; 5 members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;UR;FH	Registered Nurse; 5 members served. Face To Face ONLY.	15 Minutes	$79.81
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;US	Registered Nurse; 6 or more members served.	15 Minutes	$77.18
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	TD;US;FH	Registered Nurse; 6 or more members served. Face To Face ONLY.	15 Minutes	$79.81
H2011 - Crisis Intervention Services	AF	(Specialty Physician/Psychiatrist)	15 Minutes	$65.47
H2011 - Crisis Intervention Services	AG	(Physician)	15 Minutes	$65.47
H2011 - Crisis Intervention Services	AH	(Clinical Psychologist)	15 Minutes	$65.47
H2011 - Crisis Intervention Services	HN	(Bachelor's Level)	15 Minutes	$65.47
H2011 - Crisis Intervention Services	HO	(Master's Level)	15 Minutes	$65.47

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2011 - Crisis Intervention Services	HP	(Doctoral Level)	15 Minutes	$65.47
H2011 - Crisis Intervention Services	TD	Registered Nurse	15 Minutes	$65.47
H2X15 - Community Living Supports, Unlicensed, 15-minutes.- Bundled Authorization only code for H2015.	N/A	Bundled Authorization code for H2015.	15 Minutes	$0.00
H2015 - Comprehensive Community Support Services	21	Two Staff to One Member.	15 Minutes	$16.84
H2015 - Comprehensive Community Support Services	S1	One member; One Staff.	15 Minutes	$8.42
H2015 - Comprehensive Community Support Services	UN;S1	Two members; One Staff.	15 Minutes	$4.21
H2015 - Comprehensive Community Support Services	UN;S2	Two Members; Two Staff.	15 Minutes	$8.42
H2015 - Comprehensive Community Support Services	UN;S3	Two Members; Three Staff.	15 Minutes	$12.63
H2015 - Comprehensive Community Support Services	UN;S4	Two Members; Four Staff.	15 Minutes	$16.84
H2015 - Comprehensive Community Support Services	UP;S1	Three Members; One Staff.	15 Minutes	$2.81
H2015 - Comprehensive Community Support Services	UP;S2	Three members; Two Staff	15 Minutes	$5.61
H2015 - Comprehensive Community Support Services	UP;S3	Three Members; Three Staff	15 Minutes	$8.42
H2015 - Comprehensive Community Support Services	UP;S4	Three Members; Four Staff.	15 Minutes	$11.23
H2015 - Comprehensive Community Support Services	UQ;S1	Four Members; One Staff.	15 Minutes	$2.11
H2015 - Comprehensive Community Support Services	UQ;S2	Four Members; Two Staff.	15 Minutes	$4.21
H2015 - Comprehensive Community Support Services	UQ;S3	Four Members; Three Staff.	15 Minutes	$6.32
H2015 - Comprehensive Community Support Services	UQ;S4	Four Members; Four Staff.	15 Minutes	$8.42
H2015 - Comprehensive Community Support Services	UR;S1	Five Members; One Staff.	15 Minutes	$1.68
H2015 - Comprehensive Community Support Services	UR;S2	Five Member; Two Staff.	15 Minutes	$3.37
H2015 - Comprehensive Community Support Services	UR;S3	Five Members; Three Staff.	15 Minutes	$5.05
H2015 - Comprehensive Community Support Services	UR;S4	Five Members; Four Staff.	15 Minutes	$6.74
H2015 - Comprehensive Community Support Services	US;S1	Six Members; One Staff.	15 Minutes	$1.40

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2015 - Comprehensive Community Support Services	US;S2	Six Members; Two Staff	15 Minutes	$2.81
H2015 - Comprehensive Community Support Services	US;S3	Six Members; Three Staff.	15 Minutes	$4.21
H2015 - Comprehensive Community Support Services	US;S4	Six Members; Four Staff	15 Minutes	$5.61
H2022 - Community-based Wrap-Around services, per diem.	N/A	Authorization only code.	Day	$0.00
H2022 - Community-based Wrap-Around services, per diem.	AF;UN	Specialty Physician; Psychiatrist. 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AF;UP	Specialty Physician; Psychiatrist. 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AF;UQ	Specialty Physician; Psychiatrist. 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AF;UR	Specialty Physician; Psychiatrist. 5 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AF;US	Specialty Physician; Psychiatrist. 6 or more members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AG;UN	Physician; 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AG;UP	Physician; 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AG;UQ	Physician; 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AG;UR	Physician; 5 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AG;US	Physician; 6 or more members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AH;UN	Clinical Psychologist; 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AH;UP	Clinical Psychologist; 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AH;UQ	Clinical Psychologist; 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AH;UR	Clinical Psychologist; 5 members served.	Day	$281.13

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2022 - Community-based Wrap-Around services, per diem.	AH;US	Clinical Psychologist; 6 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HN;UN	Bachelor's Level; 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HN;UP	Bachelor's Level; 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HN;UQ	Bachelor's Level; 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HN;UR	Bachelor's Level; 5 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HN;US	Bachelor's Level; 6 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HO;UN	Master's Level; 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HO;UP	Master's Level; 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HO;UQ	Master's Level; 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HO;UR	Master's Level; 5 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HO;US	Master's Level; 6 or more members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HP;UN	Doctoral Level; 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HP;UP	Doctoral Level; 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HP;UQ	Doctoral Level; 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HP;UR	Doctoral Level; 5 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	HP;US	Doctoral Level; 6 or more members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	TD;UN	Registered Nurse; 2 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	TD;UP	Registered Nurse; 3 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	TD;UQ	Registered Nurse; 4 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	TD;UR	Registered Nurse; 5 members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	TD;US	Registered Nurse; 6 or more members served.	Day	$281.13
H2022 - Community-based Wrap-Around services, per diem.	AF;UN;FH	Specialty Physician; Psychiatrist. 2 members served. Face To Face ONLY.	Day	$293.17

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2022 - Community-based Wrap-Around services, per diem.	AF;UP;FH	Specialty Physician; Psychiatrist. 3 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AF;UQ;FH	Specialty Physician; Psychiatrist. 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AF;UR;FH	Specialty Physician; Psychiatrist. 5 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AF;US;FH	Specialty Physician; Psychiatrist. 6 or more members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AG;UN;FH	Physician; 2 members served. Face to Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AG;UP;FH	Physician; 3 members served. Face to Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AG;UQ;FH	Physician; 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AG;UR;FH	Physician; 5 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AG;US;FH	Physician; 6 or more members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AH;UN;FH	Clinical Psychologist; 2 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AH;UP;FH	Clinical Psychologist; 3 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AH;UQ;FH	Clinical Psychologist; 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AH;UR;FH	Clinical Psychologist; 5 members served. Face To Face ONLY.	Day	$293.17

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2022 - Community-based Wrap-Around services, per diem.	AH;US;FH	Clinical Psychologist; 6 or more members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HN;UN;FH	Bachelor's Level; 2 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HN;UP;FH	Bachelor's Level; 3 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HN;UQ;FH	Bachelor's Level; 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HN;UR;FH	Bachelor's Level; 5 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HN;US;FH	Bachelor's Level; 6 or more members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HO;UN;FH	Master's Level; 2 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HO;UP;FH	Master's Level; 3 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HO;UQ;FH	Master's Level; 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HO;UR;FH	Master's Level; 5 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HO;US;FH	Master's Level; 6 or more members served. Face To Face ONLY.	Day	$293.17

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2022 - Community-based Wrap-Around services, per diem.	HP;UN;FH	Doctoral Level; 2 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HP;UP;FH	Doctoral Level; 3 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HP;UQ;FH	Doctoral Level; 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HP;UR;FH	Doctoral Level; 5 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	HP;US;FH	Doctoral Level; 6 or more members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	TD;UN;FH	Registered Nurse; 2 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	TD;UP;FH	Registered Nurse; 3 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	TD;UQ;FH	Registered Nurse; 4 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	TD;UR;FH	Registered Nurse; 5 members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	TD;US;FH	Registered Nurse; 6 or more members served. Face To Face ONLY.	Day	$293.17
H2022 - Community-based Wrap-Around services, per diem.	AF	Specialty Physician; Psychiatrist. Individual member served.	Day	$374.86
H2022 - Community-based Wrap-Around services, per diem.	AG	Physician; Individual member served.	Day	$374.86

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
H2022 - Community-based Wrap-Around services, per diem.	AH	Clinical Psychologist; Individual member served.	Day	$374.86
H2022 - Community-based Wrap-Around services, per diem.	HN	Bachelor's Level. Individual member served.	Day	$374.86
H2022 - Community-based Wrap-Around services, per diem.	HO	Master's Level; Individual member served.	Day	$374.86
H2022 - Community-based Wrap-Around services, per diem.	HP	Doctoral Level; Individual member served.	Day	$374.86
H2022 - Community-based Wrap-Around services, per diem.	TD	Registered Nurse; Individual member served.	Day	$374.86
H2022 - Community-based Wrap-Around services, per diem.	AF;FH	Specialty Physician; Psychiatrist. Individual member served. Face To Face ONLY.	Day	$386.90
H2022 - Community-based Wrap-Around services, per diem.	AG;FH	Physician; Individual member served. Face To Face ONLY.	Day	$386.90
H2022 - Community-based Wrap-Around services, per diem.	AH;FH	Clinical Psychologist; Individual member served. Face To Face ONLY.	Day	$386.90
H2022 - Community-based Wrap-Around services, per diem.	HN;FH	Bachelor's Level. Individual member served. Face To Face ONLY.	Day	$386.90
H2022 - Community-based Wrap-Around services, per diem.	HO;FH	Master's Level; Individual member served. Face To Face ONLY.	Day	$386.90
H2022 - Community-based Wrap-Around services, per diem.	HP;FH	Doctoral Level; Individual member served. Face To Face ONLY.	Day	$386.90
H2022 - Community-based Wrap-Around services, per diem.	TD;FH	Registered Nurse; Individual member served. Face To Face ONY.	Day	$386.90
S0215 - Non-Emergency Transportation; Mileage, Per Mile	N/A		Item	$0.40
S5111 - Family Training	N/A	Authorization only code.	Encounter	$0.00
S5111 - Family Training	WP	Trained Parent; Individual member served.	Encounter	$206.21
S5111 - Family Training	WP;UN	Trained Parent; 2 patients served.	Encounter	$206.21

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	WP;UP	Trained Parent; 3 patients served.	Encounter	$206.21
S5111 - Family Training	WP;UQ	Trained Parent; 4 patients served.	Encounter	$206.21
S5111 - Family Training	WP;UR	Trained Parent; 5 patients served.	Encounter	$206.21
S5111 - Family Training	WP;US	Trained Parent; 6 or more patients served.	Encounter	$206.21
S5111 - Family Training	AE	Dietician; Individual member served.	Encounter	$203.97
S5111 - Family Training	AE;UN	Dietician; 2 patients served.	Encounter	$203.97
S5111 - Family Training	AE;UP	Dietician; 3 patients served.	Encounter	$203.97
S5111 - Family Training	AE;UQ	Dietician; 4 patients served.	Encounter	$203.97
S5111 - Family Training	AE;UR	Dietician; 5 patients served.	Encounter	$203.97
S5111 - Family Training	AE;US	Dietician; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	AF	Specialty Physician/Psychiatrist; Individual member served.	Encounter	$203.97
S5111 - Family Training	AF;UN	Specialty Physician/Psychiatrist; 2 patients served.	Encounter	$203.97
S5111 - Family Training	AF;UP	Specialty Physician/Psychiatrist; 3 patients served.	Encounter	$203.97
S5111 - Family Training	AF;UQ	Specialty Physician/Psychiatrist; 4 patients served.	Encounter	$203.97
S5111 - Family Training	AF;UR	Specialty Physician/Psychiatrist; 5 patients served.	Encounter	$203.97
S5111 - Family Training	AF;US	Specialty Physician/Psychiatrist; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	AG	Physician; Individual member served.	Encounter	$203.97
S5111 - Family Training	AG;UN	Physician; 2 patients served.	Encounter	$203.97
S5111 - Family Training	AG;UP	Physician; 3 patients served.	Encounter	$203.97
S5111 - Family Training	AG;UQ	Physician; 4 patients served.	Encounter	$203.97
S5111 - Family Training	AG;UR	Physician; 5 patients served.	Encounter	$203.97

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	AG;US	Physician; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	AH	Clinical Psychologist; Individual member served.	Encounter	$203.97
S5111 - Family Training	AH;UN	Clinical Psychologist; 2 patients served.	Encounter	$203.97
S5111 - Family Training	AH;UP	Clinical Psychologist; 3 patients served.	Encounter	$203.97
S5111 - Family Training	AH;UQ	Clinical Psychologist; 4 patients served.	Encounter	$203.97
S5111 - Family Training	AH;UR	Clinical Psychologist; 5 patients served.	Encounter	$203.97
S5111 - Family Training	AH;US	Clinical Psychologist; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	CO	Occupational Therapist Assistant; Individual member served.	Encounter	$203.97
S5111 - Family Training	CO;UN	Occupational Therapist Assistant; 2 patients served.	Encounter	$203.97
S5111 - Family Training	CO;UP	Occupational Therapist Assistant; 3 patients served.	Encounter	$203.97
S5111 - Family Training	CO;UQ	Occupational Therapist Assistant; 4 patients served.	Encounter	$203.97
S5111 - Family Training	CO;UR	Occupational Therapist Assistant; 5 patients served.	Encounter	$203.97
S5111 - Family Training	CO;US	Occupational Therapist Assistant; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	CQ	Physical Therapist Assistant; Individual member served.	Encounter	$203.97
S5111 - Family Training	CQ;UN	Physical Therapist Assistant; 2 patients served.	Encounter	$203.97
S5111 - Family Training	CQ;UP	Physical Therapist Assistant; 3 patients served.	Encounter	$203.97

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	CQ;UQ	Physical Therapist Assistant; 4 patients served.	Encounter	$203.97
S5111 - Family Training	CQ;UR	Physical Therapist Assistant; 5 patients served.	Encounter	$203.97
S5111 - Family Training	CQ;US	Physical Therapist Assistant; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	HM	Less than Bachelor's Level; Individual member served.	Encounter	$203.97
S5111 - Family Training	HM;UN	Less than Bachelor's Level; 2 patients served.	Encounter	$203.97
S5111 - Family Training	HM;UP	Less than Bachelor's Level; 3 patients served.	Encounter	$203.97
S5111 - Family Training	HM;UQ	Less than Bachelor's Level; 4 patients served.	Encounter	$203.97
S5111 - Family Training	HM;UR	Less than Bachelor's Level; 5 patients served.	Encounter	$203.97
S5111 - Family Training	HM;US	Less than Bachelor's Level; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	HN	Bachelor's Level; Individual member served.	Encounter	$203.97
S5111 - Family Training	HN;UN	Bachelor's Level; 2 patients served.	Encounter	$203.97
S5111 - Family Training	HN;UP	Bachelor's Level; 3 patients served.	Encounter	$203.97
S5111 - Family Training	HN;UQ	Bachelor's Level; 4 members served.	Encounter	$203.97
S5111 - Family Training	HN;UR	Bachelor's Level; 5 patients served.	Encounter	$203.97
S5111 - Family Training	HN;US	Bachelor's Level; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	HO	Master's Level; Individual member served.	Encounter	$203.97
S5111 - Family Training	HO;UN	Master's Level; 2 patients served.	Encounter	$203.97
S5111 - Family Training	HO;UP	Master's Level; 3 patients served.	Encounter	$203.97
S5111 - Family Training	HO;UQ	Master's Level; 4 patients served.	Encounter	$203.97
S5111 - Family Training	HO;UR	Master's Level; 5 members served.	Encounter	$203.97

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5111 - Family Training	HO;US	Master's Level; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	HP	Doctoral Level; Individual member served.	Encounter	$203.97
S5111 - Family Training	HP;UN	Doctoral Level; 2 members served.	Encounter	$203.97
S5111 - Family Training	HP;UP	Doctoral Level; 3 members served.	Encounter	$203.97
S5111 - Family Training	HP;UQ	Doctoral Level; 4 members served.	Encounter	$203.97
S5111 - Family Training	HP;UR	Doctoral Level; 5 members served.	Encounter	$203.97
S5111 - Family Training	HP;US	Doctoral Level; 6 or more members served.	Encounter	$203.97
S5111 - Family Training	SA	PA, NP, CNS; Individual member served.	Encounter	$203.97
S5111 - Family Training	SA;UN	PA, NP, CNS; 2 patients served.	Encounter	$203.97
S5111 - Family Training	SA;UP	PA, NP, CNS; 3 patients served.	Encounter	$203.97
S5111 - Family Training	SA;UQ	PA, NP, CNS; 4 patients served.	Encounter	$203.97
S5111 - Family Training	SA;UR	PA, NP, CNS; 5 patients served.	Encounter	$203.97
S5111 - Family Training	SA;US	PA, NP, CNS; 6 or more patients served.	Encounter	$203.97
S5111 - Family Training	TD	Registered Nurse; Individual member served.	Encounter	$203.97
S5111 - Family Training	TD;UN	Registered Nurse; 2 patients served.	Encounter	$203.97
S5111 - Family Training	TD;UP	Registered Nurse; 3 patients served.	Encounter	$203.97
S5111 - Family Training	TD;UQ	Registered Nurse; 4 patients served.	Encounter	$203.97
S5111 - Family Training	TD;UR	Registered Nurse; 5 patients served.	Encounter	$203.97
S5111 - Family Training	TD;US	Registered Nurse; 6 or more patients served.	Encounter	$203.97
S5116 - Home Care Training, Non-Family (Waiver Service Only)	N/A	Authorization only code.	Encounter	$0.00
S5116 - Home Care Training, Non-Family (Waiver Service Only)	AE	Dietician	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	AF	Specialty physician; Psychiatrist.	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	AG	Physician.	Encounter	$68.45

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
S5116 - Home Care Training, Non-Family (Waiver Service Only)	AH	Clinical Psychologist.	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	HN	Bachelor's Level.	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	HO	Master's Level.	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	HP	Doctoral Level.	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	SA	Physician Assistant, Nurse Practitioner, Certified Nursing Specialist.	Encounter	$68.45
S5116 - Home Care Training, Non-Family (Waiver Service Only)	TD	Registered Nurse.	Encounter	$68.45
S5145 - Foster care, therapeutic, child, per diem (use for CCI) Licensed settings only. Report only for per diem bundled rate that does not include Medicaid-funded personal care and/or community living supports	N/A		Day	$121.28
S9470 - Nutritional Counseling, Dietician Visit	N/A	Authorization only code.	Encounter	$0.00
S9470 - Nutritional Counseling, Dietician Visit	AE	Registered Dietican.	Encounter	$26.98
S9470 - Nutritional Counseling, Dietician Visit	SA	Physician Assistant, Nurse Practitioner, Certified Nursing Specialist.	Encounter	$26.98
T100X - Nursing Assessment - Bundled Authorization only code for T1001.	N/A	Bundled Authorization code for T1001-SA & T1001-TD.	Encounter	$0.00
T1001 - Nursing Assessment - In Office	SA	PA, NP,CNS	Encounter	$115.77
T1001 - Nursing Assessment - In Office	TD	Registered Nurse	Encounter	$115.77
T1005 - Respite	N/A	Authorization only code.	Up to 15 min	$0.00
T1005 - Respite	HM	Less than Bachelor's Level; Individual member served.	Up to 15 min	$8.42
T1005 - Respite	HM;UN	Less than Bachelor's Level; 2 patients served.	Up to 15 min	$6.57

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T1005 - Respite	HM;UP	Less than Bachelor's Level; 3 patients served.	Up to 15 min	$6.54
T1005 - Respite	HM;UQ	Less than Bachelor's Level; 4 patients served.	Up to 15 min	$6.53
T1005 - Respite	HM;UR	Less than Bachelor's Level; 5 patients served.	Up to 15 min	$6.51
T1005 - Respite	HM;US	Less than Bachelor's Level; 6 or more patients served.	Up to 15 min	$6.51
T2X27 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	N/A	Authorization Only code for T2027	15 Minutes	$0.00
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	21	Two Staff/One Member (SED Waiver Only)	15 Minutes	$14.12
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	S1	One Member/One Staff (SED Waiver Only)	15 Minutes	$7.06
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UN;S1	2 Members; 1 Staff (SED Waiver Only)	15 Minutes	$4.21
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UN;S2	2 Members; 2 Staff (SED Waiver Only)	15 Minutes	$8.42
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UN;S3	2 Members; 3 Staff (SED Waiver Only)	15 Minutes	$12.63
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UN;S4	2 Members; 4 Staff (SED Waiver Only)	15 Minutes	$16.84
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UP;S1	3 Members; 1 Staff (SED Waiver Only)	15 Minutes	$2.81
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UP;S2	3 Members; 2 Staff (SED Waiver Only)	15 Minutes	$5.61

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UP;S3	3 Members; 3 Staff (SED Waiver Only)	15 Minutes	$8.42
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UP;S4	3 Members; 4 Staff (SED Waiver Only)	15 Minutes	$11.23
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UQ;S1	4 Members; 1 Staff (SED Waiver Only)	15 Minutes	$2.11
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UQ;S2	4 Members; 2 Staff (SED Waiver Only)	15 Minutes	$4.21
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UQ;S3	4 Members; 3 Staff (SED Waiver Only)	15 Minutes	$6.32
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UQ;S4	4 Members; 4 Staff (SED Waiver Only)	15 Minutes	$8.42
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UR;S1	5 Members; 1 Staff (SED Waiver Only)	15 Minutes	$1.68
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UR;S2	5 Members; 2 Staff (SED Waiver Only)	15 Minutes	$3.37
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UR;S3	5 Members; 3 Staff (SED Waiver Only)	15 Minutes	$5.05
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	UR;S4	5 Members; 4 Staff (SED Waiver Only)	15 Minutes	$6.74
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	US;S1	6 or More Members; 1 Staff (SED Waiver Only)	15 Minutes	$1.40

Contract Program: SED Waiver services
Effective Date: Rates effective 10/1/2025

Code Description	Modifiers	Notes	Unit Type	Rate
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	US;S2	6 or More Members; 2 Staff (SED Waiver Only)	15 Minutes	$2.81
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	US;S3	6 or More Members; 3 Staff (SED Waiver Only)	15 Minutes	$4.21
T2027 - Specialized childcare (Overnight Health and Safety), waiver; per 15 minutes	US;S4	6 or More Members; 4 Staff (SED Waiver Only)	15 Minutes	$5.61
T2038 - Community Transition, Per Service	N/A	Variable rate, send to rate setting queue. Limit 1 in 3 years.	Month	$0.00
T2036 - Therapeutic Camping, Overnight (SED Waiver only)	HM	Limit 3 sessions per year. Send to rate setting queue.	Day	$0.00