

## KY Medicaid Fee-for-Service Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule

Effective January 1, 2022 (updated 1/31/2022)

### PLEASE CONTINUE TO USE THE ADDITIONAL HF MODIFIER FOR ALL SUD SERVICES FOR TRACKING PURPOSES

*Providers are expected to be familiar with State Plan Amendment covered services and regulatory coverage provisions and requirements for behavioral health. A rate across all provider columns indicates a per diem or bundled rate for a service. Please see your provider type regulation for allowable practitioners for each service and components included in per diem or bundled services. Telehealth allowable codes are designated as such in regulation by saying the service shall be performed "face-to-face" or via telehealth as appropriate pursuant to 907 KAR 3:170." The Department for Medicaid Services encourages all providers to consult with a Certified Professional Coder regarding billing codes and other issues. All services rendered shall be medically necessary and provided within the practitioner's scope of licensure, practice, and employment. All services reimbursed by DMS are subject to post-payment audit and review. System readiness by effective date of this fee schedule is not guaranteed.*

Laboratory codes are billable in Provider Type 03 (BHSO) and Provider Type Public 66 (Behavioral Health MSG) for providers with a valid CLIA certificate. Providers must adhere to codes that fall within their CLIA certificate level. A Physician, Advanced Practice Registered Nurse or Physician Assistant within the organization/agency must order any laboratory test. These codes should be billed from the Clinical Laboratory Fee Schedule posted on the DMS website.

#### Notes:

\*Limited to MD/DO, LP, LPP, CPsy w/Auto. Funct., LPA, or CPsy

\*\*Limited to MD/DO, LP, LPP or CPsy w/Auto. Funct.

\*\*\*Limited to Physician, LBA, LABA, Technician, or other qualified healthcare professional as listed

<sup>1</sup> Licensed Organization only; must be billed by provider type 03 (BHSO)

+ indicates add-on codes



KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

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<b>90785</b>	Interactive Complexity Use in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99201-99205, 99213-99215], and group psychotherapy [90853]	Event	10.81	9.19	8.65	7.57	5.40			Y
<b>90791</b>	Psychiatric Diagnostic Evaluation	Event	129.53	110.10	103.63	90.67				Y
<b>90792</b>	Psychiatric Diagnostic Evaluation with medial services	Event	144.55	122.87	APRN=SA & PA=U1 only					Y
<b>90832</b>	Psychotherapy, 30 minutes with patient and/or family member	30 Minutes	56.45	47.98	45.16	39.52	28.23			Y
<b>90833</b>	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]	30 Minutes	51.49	43.76	41.19	36.04				Y
<b>90834</b>	Psychotherapy, 45 minutes with patient and/or family member	45 Minutes	74.51	63.33	59.60	52.15	37.25			Y

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<b>90836</b>	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]	45 Minutes	65.02		55.26 APRN=SA & PA=U1 only					Y
<b>90837</b>	Psychotherapy, 60 minutes with patient and/or family member	60 Minutes	109.47		93.05	87.58	76.63	54.74		Y
<b>99354</b>	Prolonged Services (First Hour) Must be billed on the same date of service as 90837, Limited to 1 unit per client, per date of service	30-60 Minutes	91.42		77.70	73.13	63.99	45.71		Y
<b>99355</b>	Prolonged Services (After the first 60 minutes of prolonged services) Must be billed on the same date of service as 90837 and 99354, limited to 2 units per client, per date of service	15-30 Minutes	66.35		56.39	53.08	46.44	33.17		Y
<b>90838</b>	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service Use in conjunction with allowable E&M codes [99201-99205, 99213-99215]	60 Minutes	85.53		72.70	68.42	59.87			Y
<b>90839</b>	Psychotherapy for Crisis, first 60 minutes	60 Minutes	104.57		88.88	83.65	73.20	52.28		Y

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90840	Psychotherapy, Each additional 30 minutes Use in conjunction with 90839	30 Minutes		51.89	44.11	41.51	36.32	25.95		Y
90845	Psychoanalysis	Event		70.42	59.85	56.33	49.29			Y
90846	Family psychotherapy	Event		72.12	61.30	57.70	50.48	36.06		Y
90847	Family psychotherapy with patient present	Event		74.72	63.51	59.77	52.30	37.36		Y
90849	Multiple-family group psychotherapy	Event		24.99	21.24	19.99	17.49	12.50		Y
90853	Group psychotherapy (other than of a multiple-family group)	Event		19.80	16.83	15.84	13.86	9.90		Y
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Event		119.38	101.47					Y
					APRN=SA & PA=U1 only					
90870	Electroconvulsive therapy (includes necessary monitoring)	Event		123.65						Y
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 30 minutes	30 Minutes		31.67	26.92	25.34	22.17			
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy, 45 minutes	45 Minutes		49.28	41.89	39.42	34.50			
90887	Collateral Therapy	Event		63.40	53.89	50.72	44.38	31.70		
90899	Unlisted psychiatric service or procedure	Event		21.53	18.30	17.22	15.07			

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<b>96105</b>	Assessment of aphasia, with interpretation and report, per hour	Per Hour		71.03	60.37	56.82	49.72			Y
<b>96110</b>	Developmental screening, with scoring and documentation, per standardized instrument	Event		32.19	27.36	25.75	22.53			
<b>96112</b>	Developmental test administration, by physician or other qualified health care professional, with interpretation and report, first hour	60 Minutes		92.70	78.80	74.16	64.89			Y
<b>96113</b>	Each additional 30 minutes Use in conjunction with 96112	30 Minutes		43.57	37.03	34.85	30.50			Y
<b>96116</b>	Neurobehavioral status exam, per hour of the physician's or qualified health care professional's time, both face-to-face time with the patient and time interpreting test results and preparing the report <b>(See Note **)</b>	60 Minutes		68.70	58.40	54.96 U8 Only				Y
<b>96121</b>	Each additional hour Use in conjunction with 96116 <b>(See Note ***)</b>	60 Minutes		57.83	49.15	46.26 U8 only				Y

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<b>96125</b>	Standardized cognitive performance testing, per hour of the physician's or qualified health care professional's time, both face-to- face time administering tests to the patient and time interpreting test results and preparing the report <b>(See Note *)</b>	60 Minutes	74.70	63.50	59.76	52.29				Y
<b>96127</b>	Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument	Event	3.15	2.68	2.52	2.21				Y
<b>96130</b>	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient and family member(s) or caregiver(s), when performed; first hour <b>(See Note *)</b>	60 Minutes	87.75	74.59	70.20 U8 only	61.43 LPA or CPsy only				Y
<b>96131</b>	Each additional hour Use in conjunction with 96130 <b>(See Note *+)</b>	60 Minutes	65.43	55.62	52.34 U8 only	45.80 LPA or CPsy only				Y

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<b>96132</b>	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour <b>(See Note **)</b>	60 Minutes	94.97	80.72	75.97 U8 only					Y
<b>96133</b>	Each additional hour Use in conjunction with 96132 <b>(See Note **+)</b>	60 Minutes	73.57	62.53	58.85 U8 only					Y
<b>96136</b>	Psychological or Neuropsychological testing administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes <b>(See Note *)</b>	30 Minutes	31.15	26.48	24.92 U8 only	21.80 LPA or CPsy only				Y
<b>96137</b>	Each additional 30 minutes 96136, 96137 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days <b>(See Note **+)</b>	30 Minutes	27.93	23.74	22.34 U8 only	19.55 LPA or CPsy only				Y

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<b>96138</b>	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes (See Note *)	30 Minutes	23.00		19.55	18.40 U8 only	16.10 LPA or CPsy only			Y
<b>96139</b>	Each additional 30 minutes 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days (See Note *+.)	30 Minutes	23.45		19.93	18.76 U8 only	16.41 LPA or CPsy only			Y
<b>96146</b>	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (See Note *)	Event	1.34		1.14	1.07 U8 only	0.94 LPA or CPsy only			Y
<b>96156</b>	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	Event	70.64		60.05 APRN=SA & PA=U1 only					Y



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97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the practitioner's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing finding and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (See Note ***)	15 Minutes		25.40	21.59	20.32	17.78			
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes (See Note ***)	15 Minutes							11.25 UC Only	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes (See Note ***)	15 minutes							11.25 UC Only	

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<b>97154</b>	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes ( <b>See Note ***</b> )	15 Minutes							11.25 UC Only	
<b>97155</b>	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes ( <b>See Note ***</b> )	15 Minutes		25.40	21.59	20.32	17.78			
<b>97156</b>	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes ( <b>See Note ***</b> )	15 Minutes		19.72	16.75	15.78	13.80			

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97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face- to-face with multiple sets of guardians/caregivers, each 15 minutes <b>(See Note *** )</b>	15 Minutes	9.98		8.48	7.99	6.99			
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes <b>(See Note *** )</b>	15 Minutes	9.98		8.48	7.99	6.99			
99202	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and or exam and straightforward medical decision making	15-29 minutes	51.33		43.63 APRN=SA & PA=U1 only					Y
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and low level medical decision making	30-44 minutes	79.46		67.54 APRN=SA & PA=U1 only					Y

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<b>99204</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and moderate level medical decision making	45-59 minutes	119.09		APRN=SA & PA=U1 only					Y
<b>99205</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and high level medical decision making	60-74 minutes	157.70		APRN=SA & PA=U1 only					Y
<b>99213</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and low level medical decision making	20-29 minutes	64.31		APRN=SA & PA=U1 only					Y

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<b>99214</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and moderate level medical decision making	30-39 minutes	90.98		77.33 APRN=SA & PA=U1 only					Y
<b>99215</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and high level medical decision making	40-54 minutes	128.60		109.31 APRN=SA & PA=U1 only					Y
<b>99406</b>	Smoking & Tobacco Use Cessation counseling visit; Intermediate, greater than 3 mins. and up to 10 mins.	3-10 Minutes	10.94		9.30	8.75	7.66	5.47		Y
<b>99407</b>	Smoking & Tobacco Use Cessation counseling visit; Intensive, greater than 10 mins.	10 Minutes or More	20.38		17.32	16.30	14.26	10.19		Y
<b>99408</b>	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	15-30 Minutes	20.98		17.83	16.78	14.68	10.49		

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99409	Screening, Brief Intervention, & Referral to Treatment (SBIRT)	30 Minutes or More		53.20	45.22	42.56	37.24	19.95		
H0001	Alcohol and/or Drug Assessment	Event		86.12	73.20	68.88	60.28	32.30		
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Event		86.12	73.20	68.88	60.28			
H0015	Alcohol and/or Drug Services, Intensive Outpatient Program	Per Diem	125.00							
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	Event		24.44	20.77	19.55	17.11	12.22	8.61	
H0031	Mental health assessment by non-physician	Event			73.20	68.88	60.28			
H0032	Mental health service plan development by non-physician	Event			73.20	68.88	60.28			
H0035	Partial Hospitalization, under 24 hrs. (see Note 1)	Per Diem	194.10							
H0038	Self-help/Peer Services, individual, per 15 minutes	15 Minutes							8.61	
H0038 HQ	Self-help/Peer Services, group, per 15 minutes. <b>Must use HQ modifier to designate group service.</b> <b>Limit group size to 8 clients maximum per group, Limit of 8 units per group.</b>	15 Minutes							3.56 <sup>PSS=U7</sup> only	

**Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2022)**

Code	Description	Units	Rate	Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)	Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)	Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPsy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)	Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, CPsy CSW, LPCA MFTA, LPATA LABA, LCADCA	Modifier: REQUIRED CADC= U6	Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC	updated "Y"	
<b>H0040</b>	Assertive Community Treatment program, 4 professional team (See Note 1)	1 Month	750.00								4 Professional Team = \$750.00
<b>H0040</b>	Assertive Community Treatment program, 10 professional team (use UB modifier for 10 person professional team) (See Note 1)	1 Month	1000.00								10 Professional Team = \$1000 Use modifier UB
<b>H0049</b>	Alcohol and/or Drug Screening, & Brief Intervention, less than 15 minutes	1-14 Minutes		24.06	20.45	19.25	18.05	9.23			
<b>H2011</b>	Crisis Intervention Service, per 15 minutes	15 Minutes		21.53	18.30	17.22	15.07	10.77			
<b>H2012</b>	Behavioral Health Day Treatment, per hour	60 Minutes			73.20	68.88	60.28	43.05			
<b>H2015</b>	Comprehensive Community Support services, per 15 minutes	15 minutes			18.30	17.22	15.07		8.61		
<b>H2019</b>	Therapeutic Behavioral Health services, per 15 minutes Limit of 12 units per day per individual	15 minutes			12.50	12.50	12.50				
<b>H2020</b>	Therapeutic Behavioral Health services, Per Diem >3 hours of services per day	Per Diem	225.00								Services greater than 3 hours per day
<b>H2027</b>	Psychoeducational Service, per 15 minutes	15 Minutes		15.85	13.47	12.68	11.09	7.93	4.30		
<b>S9480</b>	Intensive outpatient psychiatric services	Per Diem	125.00								
<b>S9484</b>	Mobile Crisis Service (See Note 1)	60 Minutes		86.21	73.20	68.88	60.28	43.11			

**Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2022)**

Code	Description	Units	Rate	Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)	Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)	Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPsy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)	Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, CPsy CSW, LPCA MFTA, LPATA LABA, LCADCA	Modifier: REQUIRED CADC= U6	Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC	updated "Y"
<b>T1007</b>	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event		86.13	73.20	68.90	60.28	43.06		
<b>T2023</b>	Targeted Case Management for Individuals with SED or SMI; Modifier UA will designate SED population. HE will designate SMI population.	1 Month	334.00				Modifier UA = SED Modifier HE = SMI			
<b>T2023</b>	Targeted Case Management for Individuals with Co-Occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; Requires TG modifier	1 Month	541.00				Modifier TG			
<b>T2023</b>	Targeted Case Management for Individuals with Substance Use Disorders; Requires HF modifier	1 Month	334.00				Modifier HF = Substance Abuse Disorder			
<b>Narcotic Treatment Programs (provider Type 03-BHSO or Tier II NTP)</b>										
<b>NOTE: The codes on the following pages reflect the only allowable services/codes billable by an enrolled NTP</b>										
<b>99202</b>	Office or other outpatient visit for the evaluation and management of a new patient which requires a medically appropriate history and or exam and straightforward medical decision making	15-29 minutes <b>NTP</b>		51.33	43.63	APRN=SA & PA=U1 only				Y



**Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2022)**

Code	Description	Units	Rate	Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)	Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)	Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPsy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)	Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, CPsy CSW, LPCA MFTA, LPATA LABA, LCADCA	Modifier: REQUIRED CADC= U6	Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC	updated "Y"
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and low level medical decision making	30-44 minutes <b>NTP</b>	79.46		APRN=SA & PA=U1 only					Y
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and moderate level medical decision making	45-59 minutes <b>NTP</b>	119.09		APRN=SA & PA=U1 only					Y
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and or exam and high level medical decision making	60-74 minutes <b>NTP</b>	157.70		APRN=SA & PA=U1 only					Y

**Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2022)**

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<b>99213</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and low level medical decision making.	20-29 minutes <b>NTP</b>	64.31		APRN=SA & PA=U1 only					Y
<b>99214</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and moderate level medical decision making.	30-39 minutes <b>NTP</b>	90.98		APRN=SA & PA=U1 only					Y
<b>99215</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and or exam and high level medical decision making.	40-54 minutes <b>NTP</b>	128.60		APRN=SA & PA=U1 only					Y
<b>H0020</b>	Methadone MAT Bundle, weekly ONLY BILLABLE BY A NTP; Requires HF modifier	Weekly <b>NTP</b>	105.00							

**Ky Medicaid Behavioral Health Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (Effective 1/1/2022)**

Code	Description	Units	Rate	Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)	Modifiers: APRN= SA (PT=78) Lic Clin Psychologist= AH (PT=89) Physician Assistant= U1 (PT=95)	Modifiers: Lic Masters w Supervisor: LPP = U8 (PT=84) CPsy w/Auto Func= U8 (PT=84) LCSW= AJ (PT=82) LPCC = HO (PT=81) LMFT = HO (PT=83) LPAT = HO (PT=62) LBA = HO (PT=63) LCADC= HO (PT=67)	Modifiers: REQUIRED Assoc (w/ Supervision)= U4 LPA, CPsy CSW, LPCA MFTA, LPATA LABA, LCADCA	Modifier: REQUIRED CADC= U6	Modifiers: REQUIRED Other Non-Bachelors: PSS= U7; CSA=UC RBT= UC	updated "Y"	
<b>H0016</b>	Buprenorphine or Methadone Induction ONLY BILLABLE BY A NTP; Requires HF modifier <b>Limit 4 events per year per client</b>	Event <b>NTP</b>	200.00		200.00 APRN=SA & PA=U1 only						
<b>H0038</b>	Self-help/Peer Services, individual, per 15 minutes	15 Minutes <b>NTP</b>							8.61		
<b>H0038 HQ</b>	Peer Support Services, group, per 15 minutes <b>Must use HQ modifier to designate group service.</b> <b>Limit group size to 8 clients maximum per group, Limit of 8 units per group.</b>	15 Minutes <b>NTP</b>							3.56		
<b>H0047</b>	Buprenorphine MAT Bundle, weekly ONLY BILLABLE BY A NTP; Requires HF modifier	Weekly <b>NTP</b>	115.00								
<b>T1007</b>	Alcohol and/or substance abuse services, treatment plan development and/or modification	Event <b>NTP</b>		86.13	73.20	68.90	60.28	43.06			
<b>T2023</b>	Targeted Case Management for Individuals with Substance Use Disorders; Requires HF modifier	1 month <b>NTP</b>	334.00	Modifier HF = Substance Abuse Disorder							

H0020 and H0047 are weekly bundled codes. The following codes are included in the weekly rate and may not be billed outside of these bundled codes: 80305, 80306, 80307, 90785, 90832, 90833, 90834, 90836, 90837, 99354, 99355, 90838, 90839, 90840, 90853, and H0015.