

MVBCN Reimbursement Schedule for In-Panel Providers of Outpatient Mental Health Services
Applies to provider agencies other than MCHHS & PCBH

Changes highlighted in yellow effective for dates of service on or after 01/01/2019

LICENSED PRACTITIONERS ^{1, 2, 3}

The "per day limit" column is the maximum number of units per day that may be reimbursed. Limits required by NCCI take precedence over the limits in this schedule unless specifically authorized by MVBCN.

Procedure Code	Permissible Staff	GT Modifier Allowed?	Out of Clinic Modifier	Description (refer to coding resources for complete description)	In-Clinic Rate	Out of Clinic Rate	Per Day Limit
<i>The following codes are reimbursed on a "per occurrence" basis:</i>							
Evaluation & Management (E&M) codes							
99201	Lic Med	Yes	n/a	Office visit, new patient. Requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 10 mins are spent face-to-face with the patient and/or family.	\$ 72.54		1
99202	Lic Med	Yes	n/a	Office visit, new patient. Requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 mins are spent face-to-face with the patient and/or family.	\$ 123.85		1
99203	Lic Med	Yes	n/a	Office visit, new patient. Requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 30 mins are spent face-to-face with the patient and/or family.	\$ 179.88		1
99204	Lic Med	Yes	n/a	Office visit, new patient. Requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 mins are spent face-to-face with the patient and/or family.	\$ 273.66		1
99205	Lic Med	Yes	n/a	Office visit, new patient. Requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 mins are spent face-to-face with the patient and/or family.	\$ 343.84		1
99211	Lic Med	Yes	n/a	Office visit, established patient. Usually, the presenting problem(s) are minimal. Typically, 5 mins are spent performing or supervising these services.	\$ 33.03		1
99212	Lic Med	Yes	n/a	Office visit, established patient. Requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 10 mins are spent face-to-face with the patient and/or family.	\$ 72.54		1
99213	Lic Med	Yes	n/a	Office visit, established patient. Requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 mins are spent face-to-face with the patient and/or family.	\$ 120.32		1
99214	Lic Med	Yes	n/a	Office visit, established patient. Requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 mins are spent face-to-face with the patient and/or family.	\$ 178.70		1
99215	Lic Med	Yes	n/a	Office visit, established patient. Requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 mins are spent face-to-face with the patient and/or family.	\$ 241.22		1
99341	Lic Med	n/a	n/a	Home visit, new patient. Requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Usually, the presenting problem(s) are of low severity. Typically, 20 mins are spent face-to-face with the patient and/or family.		\$ 123.85	1
99342	Lic Med	n/a	n/a	Home visit, new patient. Requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Typically, 30 mins are spent face-to-face with the patient and/or family.		\$ 179.88	1
99343	Lic Med	n/a	n/a	Home visit, new patient. Requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 mins are spent face-to-face with the patient and/or family.		\$ 273.66	1
99344	Lic Med	n/a	n/a	Home visit, new patient. Requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of high severity. Typically, 60 mins are spent face-to-face with the patient and/or family.		\$ 343.84	1
99345	Lic Med	n/a	n/a	Home visit, new patient. Requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 mins are spent face-to-face with the patient and/or family.		\$ 429.80	1
99347	Lic Med	n/a	n/a	Home visit, established patient. Requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor. Typically, 15 mins are spent face-to-face with the patient and/or family.		\$ 120.32	1

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LICENSED PRACTITIONERS ^{1, 2, 3}

The "per day limit" column is the maximum number of units per day that may be reimbursed. Limits required by NCCI take precedence over the limits in this schedule unless specifically authorized by MVBCN.

Procedure Code	Permissible Staff	GT Modifier Allowed?	Out of Clinic Modifier	Description (refer to coding resources for complete description)	In-Clinic Rate	Out of Clinic Rate	Per Day Limit
Evaluation & Management (E&M) codes							
99348	Lic Med	n/a	n/a	Home visit, established patient. Requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 mins are spent face-to-face with the patient and/or family.		\$ 178.70	1
99349	Lic Med	n/a	n/a	Home visit, established patient. Requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 mins are spent face-to-face with the patient and/or family.		\$ 241.22	1
99350	Lic Med	n/a	n/a	Home visit, established patient. Requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 mins are spent face-to-face with the patient and/or family.		\$ 361.83	1
Initial Psychiatric Evaluation							
90791	Lic MH	Yes	22	Psychiatric diagnostic evaluation	\$ 188.96	\$ 217.30	1
90792	Lic Med	Yes	22	Psychiatric diagnostic evaluation with medical services	\$ 386.11	\$ 444.03	1
Interactive Complexity & Prolonged Service							
90785	Lic Med, Lic MH	Yes	n/a	Interactive complexity (List separately in addition to the code for primary procedure)	\$ 15.82		1
99354	Lic Med, Lic MH	No	n/a	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	\$ 92.65		1
99355	Lic Med, Lic MH	No	n/a	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	\$ 90.13		1
Outpatient Psychotherapy							
90832	Lic MH	Yes	22	Psychotherapy, 30 mins with patient and/or family member	\$ 85.27	\$ 96.38	1
90833	Lic Med	Yes	n/a	Psychotherapy, 30 mins with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 116.82		n/a
90834	Lic MH	Yes	22	Psychotherapy, 45 mins with patient and/or family member	\$ 118.71	\$ 134.19	1
90836	Lic Med	Yes	n/a	Psychotherapy, 45 mins with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 162.63		n/a
90837	Lic MH	Yes	22	Psychotherapy, 60 mins with patient and/or family member	\$ 174.74	\$ 197.53	1
90838	Lic Med	Yes	n/a	Psychotherapy, 60 mins with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 239.39		n/a
Outpatient Interactive Psychotherapy (time is with patient and/or family)							
90846	Lic MH	Yes	22	Family psychotherapy (without the patient present)	\$ 174.47	\$ 200.65	1
90847	Lic MH	Yes	22	Family psychotherapy (conjoint psychotherapy) (with patient present)	\$ 174.47	\$ 200.65	1
90849	Lic MH	No	22	Multiple-family group psychotherapy	\$ 58.18	\$ 66.90	1
90853	Lic MH	No	22	Group psychotherapy (other than of a multiple-family group)	\$ 58.18	\$ 66.90	3
Other Psychotherapy Codes							
90839	Lic Med, Lic MH	Yes	22	Psychotherapy for crisis; first 60 mins	\$ 187.57	\$ 212.02	1
90840	Lic Med, Lic MH	Yes	n/a	Psychotherapy for crisis; each additional 30 mins (List separately in addition to code for primary service)	\$ 85.27		n/a
Other Psychiatric Services or Procedures							
90882	Lic MH	Yes	22	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$ 116.31	\$ 133.76	1
90887	Lic MH	Yes	22	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 116.31	\$ 133.76	1
99407	Lic MH	Yes	22	Smoking & tobacco use cessation counseling visit; intensive, greater than 10 mins	\$ 21.51	\$ 24.74	1
H0032	Lic MH	Yes	22	Mental health service plan development by non-physician	\$ 141.73	\$ 162.97	1
S9453	Lic MH	No	22	Smoking cessation classes, non-physician provider, per session	\$ 7.17	\$ 8.26	1
T1023	Lic MH	Yes	22	Program intake assessment (screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol), per encounter	\$ 141.73	\$ 162.97	1
Q3014	n/a	Yes	n/a	Telehealth originating site facility fee	\$ 25.00		1

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Procedure Code	Permissible Staff	GT Modifier Allowed?	Out of Clinic Modifier	Description (refer to coding resources for complete description)	In-Clinic Rate	Out of Clinic Rate	Per Day Limit
BCN05	Lic Med, Lic MH	n/a	n/a	Collaborative Assessment and Management of Suicidality (CAMS) assessment (used when individual presents with suicidal ideation)	\$ -		n/a
The following codes are reimbursed on a "per 15 minutes" basis:							
H0004	Lic MH	Yes	22	Behavioral health counseling and therapy, per 15 mins	\$ 32.21	\$ 37.04	n/a
H2010	Lic MH, RN	Yes	22	Comprehensive medication services, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2011	Lic MH	Yes	22	Crisis intervention service, per 15 minutes	\$ 46.89	\$ 53.01	n/a
H2021	Lic MH	No	22	Community-based wrap-around services, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2027	Lic MH	Yes	22	Psychoeducational service, per 15 mins	\$ 29.07	\$ 33.44	n/a
T1016	Lic MH	Yes	22	Case management, per 15 mins	\$ 29.07	\$ 33.44	n/a
The following codes are reimbursed on a "per hour" or "per 30 minutes" basis:							
Psychological Testing							
Psychological testing evaluation services by professional							
96130	Lic Med, Lic Psych	No	22	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, family member(s) or caregiver(s), when performed: first hour	\$ 116.00	\$ 133.40	n/a
96131	Lic Med, Lic Psych	No	n/a	Each additional hour (List separately in addition to code for primary procedure)	\$ 111.00		n/a
Test administration and scoring by professional							
96136	Lic Med, Lic Psych	No	22	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	\$ 58.00	\$ 66.70	n/a
96137	Lic Med, Lic Psych	No	n/a	Each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 53.00		n/a
Test administration and scoring by technician							
96138	Lic MH	No	22	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 38.00	\$ 43.70	n/a
96139	Lic MH	No	n/a	Each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 33.00		n/a

- Lic Med = Licensed Medical Practitioner. (a) Physician licensed to practice in the State of Oregon; or (b) Nurse practitioner licensed to practice in the State of Oregon; or (c) Physician's assistant licensed to practice in the State of Oregon; and (d) Whose training, experience, and competence demonstrate the ability to conduct a mental health assessment and provide medication management.
- Lic MH = Licensed Mental Health Practitioner. Per BCN credentialing policy and OAR 410-172-0660 (4)(c-g), this refers to the following licensed practitioner types: Psychologist, LCSW, LPC, and LMFT. Per BCN credentialing policy and OAR 410-172-0660 (5)(a-d), this also refers to the following types of board-registered interns: Psychologist Associate Residents; Licensed Psychologist Associates under continued supervision; Licensed Professional Counselor or Marriage and Family Therapist interns; and Clinical Social Work Associates.
- Lic Psych = Licensed Psychologist. Per BCN credentialing policy and OAR 410-172-0660 (4)(c). Per BCN credentialing policy and OAR 410-172-0660 (5)(a-b), this also refers to the following types of board-registered interns: Psychologist Associate Residents and Licensed Psychologist Associates under continued supervision.

Notes	By	Date	Revision
Original	CH	12/24/2015	Set base rates for CY 2016: Established CY 2016 E&M rates (MD/PMHNP) per 12032015 EC decision (\$41 CF) Increased CY 2015 rate for 90792 (MD/PMHNP) by 25% to match intent of 12032015 EC decision Increased CY 2015 rates for all other codes by 10% per 12032015 Exec Cmte decision Added & priced (\$41 CF) additional E&M codes related to outpatient services: 99201, 99202, 99211, 99341 & 99342 Added H2011 for crisis service, 15 min; priced at 25% of hourly crisis service rate Removed past note for Medicare-eligible practitioners to use H0004 for crisis service Moved 99407 and S9453 from per 15 min/per hour section to per occurrence section Corrected past per day limit for H2010 from "n/a" to "2" to match with NCCI edit Corrected past per day limit for S9453 from "n/a" to "1" to match NCCI edit Reviewed & updated all Descriptions to match current CPT & HCPCS Removed all references to QMHA from permissible staff column (n/a to this fee schedule) Moved 90785 from "Initial Psychiatric Evaluation" section to new "Interactive Complexity" section
Revised	CH	10/7/2016	Effective 10/1/2016: Added & priced 99354 & 99355 prolonged service codes at 115% of MAP medical fee schedule
Revised	CH	12/20/2016	Set base rates for CY 2017 Set former "5% add-back" rates as base rates Changed past per day limit for 90853 from "1" to "3" Inserted column to indicate codes allowed with GT modifier (telephone services)
Revised	CH	2/1/2017	Removed T1013 for DOS on or after 2/1/2017 per WVCH memo re: interpretation services for behavioral health
Revised	CH	3/20/2017	Effective 4/1/2017, per 02212017 Exec Cmte decision Increased all E&M rates by 37% Increased rates by 37% for 90792, 90785, 90833, 90836 & 90838 Equalized rates for out of clinic E&M with in-clinic E&M
Revised	CH	6/26/2017	Effective 5/1/2017 Added GT modifier to 90791 and 90792 Updated use of GT modifier to apply to videoconferencing, in addition to telephone Added Q3014 for telehealth originating site facility fee; applies to videoconferencing only
Revised	CH	1/16/2019	Effective 1/1/2019 Removed 96101 (psychological testing, per hour) Added new section called "Psychological Testing" with sub-sections for testing evaluation and for administration & scoring by professional and by technician Added & priced new codes for psychological testing evaluation and for test administration & scoring Replaced "MD, PMHNP" and "QMHP" in Permissible Staff column with "Lic Med", "Lic MH", and "Lic Psych"; added footnotes to define each

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QUALIFIED MENTAL HEALTH PROFESSIONALS (QMHPs)

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Procedure Code	Permissible Staff	GT Modifier Allowed?	Out of Clinic Modifier	Description (refer to coding resources for complete description)	In-Clinic Rate	Out of Clinic Rate	Per Day Limit
The following codes are reimbursed on a "per occurrence" basis:							
90846	QMHP	Yes	22	Family psychotherapy (without the patient present)	\$ 174.47	\$ 200.65	1
90847	QMHP	Yes	22	Family psychotherapy (conjoint psychotherapy) (with patient present)	\$ 174.47	\$ 200.65	1
90849	QMHP	No	22	Multiple-family group psychotherapy	\$ 58.18	\$ 66.90	1
90853	QMHP	No	22	Group psychotherapy (other than of a multiple-family group)	\$ 58.18	\$ 66.90	3
90785	QMHP	Yes	n/a	Interactive complexity (List separately in addition to the code for primary procedure)	\$ 11.55		1
90882	QMHP	Yes	22	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$ 116.31	\$ 133.76	1
90887	QMHP	Yes	22	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 116.31	\$ 133.76	1
99407	QMHP	Yes	22	Smoking & tobacco use cessation counseling visit; intensive, greater than 10 mins	\$ 21.51	\$ 24.74	1
G0176	QMHP	No	22	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 mins or more)	\$ 22.15	\$ 25.47	3
G0177	QMHP	Yes	22	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 mins or more)	\$ 22.15	\$ 25.47	3
H0002	QMHP	Yes	22	Behavioral health screening to determine eligibility for admission to treatment program	\$ 39.24		1
H0031	QMHP	Yes	22	Mental health assessment, by non-physician	\$ 141.73	\$ 162.97	1
H0032	QMHP	Yes	22	Mental health service plan development by non-physician	\$ 141.73	\$ 162.97	1
S9453	QMHP	No	22	Smoking cessation classes, non-physician provider, per session	\$ 7.17	\$ 8.26	1
T1023	QMHP	Yes	22	Program intake assessment (screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol), per encounter	\$ 141.73	\$ 162.97	1
Q3014	n/a	Yes	n/a	Telehealth originating site facility fee	\$ 25.00		1
BCN05	QMHP	n/a	n/a	Collaborative Assessment and Management of Suicidality (CAMS) assessment (used when individual presents with suicidal ideation)	\$ -		n/a
The following codes are reimbursed on a "per 15 minutes" or "per hour" basis:							
H0004	QMHP	Yes	22	Behavioral health counseling and therapy, per 15 mins	\$ 32.21	\$ 37.04	n/a
H0034	QMHP	Yes	22	Medication training and support, per 15 mins	\$ 20.58	\$ 23.66	n/a
H0039	QMHP	Yes	22	Assertive community treatment, face-to-face, per 15 mins	\$ 39.51	\$ 45.44	n/a
H2010	QMHP & RN	Yes	22	Comprehensive medication services, per 15 mins	\$ 29.07	\$ 33.44	2
H2011	QMHP	Yes	22	Crisis intervention service, per 15 minutes	\$ 29.07	\$ 33.44	n/a
H2014	QMHP	Yes	22	Skills training and development, per 15 mins	\$ 19.60	\$ 22.15	n/a
H2021	QMHP	Yes	22	Community-based wrap-around services, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2023	QMHP	Yes	22	Supported employment, per 15 mins	\$ 20.58	\$ 23.66	n/a
<i>H2023 may be used only by IPS Supported Employment providers and only for specific diagnoses</i>							
H2027	QMHP	Yes	22	Psychoeducational service, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2032	QMHP	No	22	Activity therapy, per 15 mins	\$ 10.28	\$ 11.82	n/a
S9484	QMHP	Yes	22	Crisis intervention mental health services, per hour	\$ 116.30	\$ 133.76	n/a
T1016	QMHP	Yes	22	Case management, per 15 mins	\$ 29.07	\$ 33.44	n/a
The following code has a maximum weekly limit:							
H0036	QMHP	No	22	Community psychiatric supportive treatment, face-to-face, per 15 mins	\$ 9.61	\$ 11.06	10/week
The following codes are reimbursed on a "per 30 minutes" basis:							
Psychological Testing							
Test administration and scoring by technician							
96138	QMHP	No	22	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method: first 30 minutes	\$ 38.00	\$ 43.70	n/a
96139	QMHP	No	n/a	Each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 33.00		n/a

Notes	By	Date	Revision
Original	CH	12/24/2015	Set base rates for CY 2016: Increased CY 2015 rates for all codes by 10% per 12032015 Exec Cmte decision Corrected past pricing for S9484, crisis intervention, per hour (hourly was same rate as some "per 15 minutes" codes) Added H2011 for crisis service, 15 min; priced at 25% of hourly crisis service rate Moved 99407 and S9453 from per 15 min/per hour section to per occurrence section Corrected past per day limit for H2010 from "n/a" to "2" to match with NCCI edit Corrected past per day limit for S9453 from "n/a" to "1" to match NCCI edit Reviewed & updated all Descriptions to match current CPT & HCPCS Removed all references to QMHA from permissible staff column (n/a to this fee schedule) Removed past note about use of 90846 and 90847 by non-Medicare eligible providers
Revised	CH	12/20/2016	Set base rates for CY 2017 Set former "5% add-back" rates as base rates Changed past per day limit for 90853 from "1" to "3" Inserted column to indicate codes allowed with GT modifier (telephone services)
Revised	CH	2/1/2017	Removed T1013 for DOS on or after 2/1/2017 per WVCH memo re: interpretation services for behavioral health
Revised	CH	6/26/2017	Effective 1/1/2017 Corrected 90785 and H0032 to be allowed with GT modifier (telephone) Limited use of H2023 to IPS Supported Employment providers and specific diagnoses, per OHA memo dated 05152017 Effective 5/1/2017 Updated use of GT modifier to apply to videoconferencing, in addition to telephone Added Q3014 for telehealth originating site facility fee; applies to videoconferencing only
Revised	CH	1/16/2019	Effective 1/1/2019 Added new section called "Psychological Testing" with sub-section for administration & scoring Added & priced new codes for test administration & scoring

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**QUALIFIED MENTAL HEALTH ASSOCIATES (QMHA's)
 and PEER SUPPORT SPECIALISTS (PSS's)**

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The following codes are reimbursed on a "per occurrence" basis:							
G0176	QMHA	No	22	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 mins or more)	\$ 22.15	\$ 25.47	3
G0177	QMHA	Yes	22	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 mins or more)	\$ 22.15	\$ 25.47	3
T1023-59	QMHA	Yes	22	Program intake assessment (screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol), per encounter	\$ 28.80	\$ 33.12	1
Q3014	n/a	Yes	n/a	Telehealth originating site facility fee	\$ 25.00		1
The following codes are reimbursed on a "per 15 minutes" basis:							
H0034	QMHA	Yes	22	Medication training and support, per 15 mins	\$ 20.58	\$ 23.66	n/a
H0038	QMHA	Yes	22	Self-help/peer services, per 15 mins	\$ 20.58	\$ 23.66	n/a
H0038-HM	PSS	Yes	22	Self-help/peer services, per 15 mins	\$ 18.48	\$ 20.89	n/a
H2014	QMHA	Yes	22	Skills training and development, per 15 mins	\$ 19.60	\$ 22.15	n/a
H2021	QMHA	Yes	22	Community-based wrap-around services, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2023	QMHA	Yes	22	Supported employment, per 15 mins	\$ 20.58	\$ 23.66	n/a
<i>H2023 may be used only by IPS Supported Employment providers and only for specific diagnoses</i>							
H2027	QMHA	Yes	22	Psychoeducational service, per 15 mins	\$ 20.58	\$ 23.66	n/a
H2032	QMHA	No	22	Activity therapy, per 15 mins	\$ 10.28	\$ 11.82	n/a
T1016-HN	QMHA	Yes	22	Case management, per 15 mins	\$ 20.58	\$ 23.66	n/a
The following code has a maximum weekly limit:							
H0036	QMHA	No	22	Community psychiatric supportive treatment, face-to-face, per 15 mins	\$ 9.61	\$ 11.06	10/week
The following codes are reimbursed on a "per 30 minutes" basis:							
Psychological Testing							
Test administration and scoring by technician							
96138	QMHA	No	22	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method: first 30 minutes	\$ 38.00	\$ 43.70	n/a
96139	QMHA	No	n/a	Each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 33.00		n/a

Notes	By	Date	Revision
Original	CH	12/24/2015	Set base rates for CY 2016: Increased CY 2015 rates for all codes by 10% per 12032015 Exec Cmte decision Moved T1023-59 from per 15 min section to per occurrence section Reviewed & updated all Descriptions to match current CPT & HCPCS Removed all references to QMHP from permissible staff column (n/a to this fee schedule)
Revised	CH	12/20/2016	Set base rates for CY 2017 Set former "5% add-back" rates as base rates Inserted column to indicate codes allowed with GT modifier (telephone services)
Revised	CH	2/1/2017	Removed T1013 for DOS on or after 2/1/2017 per WVCH memo re: interpretation services for behavioral health
Revised	CH	6/26/2017	Effective 1/1/2017 Limited use of H2023 to IPS Supported Employment providers and specific diagnoses, per OHA memo dated 05152017 Effective 5/1/2017 Updated use of GT modifier to apply to videoconferencing, in addition to telephone
Revised	CH	1/16/2019	Effective 1/1/2019 Added Q3014 for telehealth originating site facility fee; applies to videoconferencing only Added new section called "Psychological Testing" with sub-section for administration & scoring Added & priced new codes for test administration & scoring