MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2026

DESCRIPTION	CPT®/ HCPCS CODE	Mod 1	Mod 2	Mod 3	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	APRN/ PHYSICIAN ASSISTANT
Interactive Complexity Add-on	+90785				$12.40	$10.54	$10.54	$9.30	$10.54
Interactive Complexity Add-on	+90785	GT			$12.40	$10.54	$10.54	$9.30	$10.54
Psychiatric Diagnostic Evaluation - no medical svcs	90791				$214.75	$151.86	$151.86	$136.01	$136.01
Psychiatric Diagnostic Evaluation - no medical svcs	90791	GT			$214.75	$151.86	$151.86	$136.01	$136.01
Psychiatric Diagnostic Evaluation - no medical svcs	90791	U1			$136.01	$136.01	$136.01	N/B	$136.01
Psychiatric Diagnostic Evaluation - no medical svcs	90791	U1	GT		$136.01	$136.01	$136.01	N/B	$136.01
Psychiatric Diagnostic Evaluation - no medical svcs	90791	UD			$136.01	$136.01	$136.01	$136.01	N/B
Psychiatric Diagnostic Evaluation - no medical svcs	90791	UD	GT		$136.01	$136.01	$136.01	$136.01	N/B
Psychiatric Diagnostic Evaluation - w/ medical svcs	90792				$178.62	$151.82	N/B	N/B	$151.82
Psychiatric Diagnostic Evaluation - w/ medical svcs	90792	GT			$178.62	$151.82	N/B	N/B	$151.82
Psychotherapy w/ patient, 30 min	90832				$84.71	$63.38	$63.38	$56.77	$56.77
Psychotherapy w/ patient, 30 min	90832	GT			$84.71	$63.38	$63.38	$56.77	$56.77
Psychotherapy w/ patient, 30 min	90832	U1			$56.77	$56.77	$56.77	N/B	$56.77
Psychotherapy w/ patient, 30 min	90832	U1	GT		$56.77	$56.77	$56.77	N/B	$56.77
Psychotherapy w/ patient, 30 min	90832	UD			$56.77	$56.77	$56.77	$56.77	N/B
Psychotherapy w/ patient, 30 min	90832	UD	GT		$56.77	$56.77	$56.77	$56.77	N/B
Psychotherapy w/ patient, 30 min, w/ E&M svc	+90833				$57.50	$48.88	N/B	N/B	$48.88
Psychotherapy w/ patient, 30 min, w/ E&M svc	+90833	GT			$57.50	$48.88	N/B	N/B	$48.88
Psychotherapy w/ patient, 45 min	90834				$110.47	$95.10	$95.10	$85.17	$85.17
Psychotherapy w/ patient, 45 min	90834	GT			$110.47	$95.10	$95.10	$85.17	$85.17
Psychotherapy w/ patient, 45 min	90834	U1			$85.17	$85.17	$85.17	N/B	$85.17
Psychotherapy w/ patient, 45 min	90834	U1	GT		$85.17	$85.17	$85.17	N/B	$85.17
Psychotherapy w/ patient, 45 min	90834	UD			$85.17	$85.17	$85.17	$85.17	N/B
Psychotherapy w/ patient, 45 min	90834	UD	GT		$85.17	$85.17	$85.17	$85.17	N/B
Psychotherapy w/ patient, 45 min, w/ E&M svc	+90836				$72.87	$61.94	N/B	N/B	$61.94
Psychotherapy w/ patient, 45 min, w/ E&M svc	+90836	GT			$72.87	$61.94	N/B	N/B	$61.94
Psychotherapy w/ patient, 60 min	90837				$140.81	$112.95	$112.95	$101.16	$101.16
Psychotherapy w/ patient, 60 min	90837	GT			$140.81	$112.95	$112.95	$101.16	$101.16
Psychotherapy w/ patient, 60 min	90837	U1			$101.16	$101.16	$101.16	N/B	$101.16
Psychotherapy w/ patient, 60 min	90837	U1	GT		$101.16	$101.16	$101.16	N/B	$101.16
Psychotherapy w/ patient, 60 min	90837	UD			$101.16	$101.16	$101.16	$101.16	N/B
Psychotherapy w/ patient, 60 min	90837	UD	GT		$101.16	$101.16	$101.16	$101.16	N/B
Psychotherapy w/ patient, 60 min, w/ E&M svc	+90838				$108.05	$91.84	N/B	N/B	$91.84
Psychotherapy w/ patient, 60 min, w/ E&M svc	+90838	GT			$108.05	$91.84	N/B	N/B	$91.84
Pharmacologic Management Performed w/Psychotherapy	+90863				N/B	$48.21	N/B	N/B	N/B
Pharmacologic Management Performed w/Psychotherapy	+90863	GT			N/B	$48.21	N/B	N/B	N/B
Psychotherapy for Crisis, initial 60 min	90839				$143.64	$143.64	$143.64	$143.64	$143.64
Psychotherapy for Crisis, initial 60 min	90839	GT			$143.64	$143.64	$143.64	$143.64	$143.64
Psychotherapy for Crisis, initial 60 min	90839	U1			$143.64	$143.64	$143.64	N/B	$143.64
Psychotherapy for Crisis, initial 60 min	90839	U1	GT		$143.64	$143.64	$143.64	N/B	$143.64
Psychotherapy for Crisis, initial 60 min	90839	UD			$143.64	$143.64	$143.64	$143.64	N/B
Psychotherapy for Crisis, initial 60 min	90839	UD	GT		$143.64	$143.64	$143.64	$143.64	N/B

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Psychotherapy for Crisis, addtl 30 min	+90840				$68.72	$68.72	$68.72	$68.72	$68.72
Psychotherapy for Crisis, addtl 30 min	+90840	GT			$68.72	$68.72	$68.72	$68.72	$68.72
Psychotherapy for Crisis, addtl 30 min	+90840	U1			$68.72	$68.72	$68.72	N/B	$68.72
Psychotherapy for Crisis, addtl 30 min	+90840	U1	GT		$68.72	$68.72	$68.72	N/B	$68.72
Psychotherapy for Crisis, addtl 30 min	+90840	UD			$68.72	$68.72	$68.72	$68.72	N/B
Psychotherapy for Crisis, addtl 30 min	+90840	UD	GT		$68.72	$68.72	$68.72	$68.72	N/B
Family Psychotherapy w/o patient, 50 min	90846				$124.23	$100.69	$100.69	$91.94	$91.94
Family Psychotherapy w/o patient, 50 min	90846	GT			$124.23	$100.69	$100.69	$91.94	$91.94
Family Psychotherapy w/o patient, 50 min	90846	U1			$91.94	$91.94	$91.94	N/B	$91.94
Family Psychotherapy w/o patient, 50 min	90846	U1	GT		$91.94	$91.94	$91.94	N/B	$91.94
Family Psychotherapy w/o patient, 50 min	90846	UD			$91.94	$91.94	$91.94	$91.94	N/B
Family Psychotherapy w/o patient, 50 min	90846	UD	GT		$91.94	$91.94	$91.94	$91.94	N/B
Family Psychotherapy w/ patient, 50 min	90847				$142.87	$115.80	$115.80	$105.73	$105.73
Family Psychotherapy w/ patient, 50 min	90847	GT			$142.87	$115.80	$115.80	$105.73	$105.73
Family Psychotherapy w/ patient, 50 min	90847	U1			$105.73	$105.73	$105.73	N/B	$105.73
Family Psychotherapy w/ patient, 50 min	90847	U1	GT		$105.73	$105.73	$105.73	N/B	$105.73
Family Psychotherapy w/ patient, 50 min	90847	UD			$105.73	$105.73	$105.73	$105.73	N/B
Family Psychotherapy w/ patient, 50 min	90847	UD	GT		$105.73	$105.73	$105.73	$105.73	N/B
Multiple-Family Group Psychotherapy	90849				$30.35	$25.80	$25.80	$22.76	$25.80
Group Psychotherapy	90853				$48.06	$28.83	$28.83	$26.33	$26.33
Group Psychotherapy	90853	GT			$48.06	$28.83	$28.83	$26.33	$26.33
Group Psychotherapy	90853	U1			$26.33	$26.33	$26.33	N/B	$26.33
Group Psychotherapy	90853	U1	GT		$26.33	$26.33	$26.33	N/B	$26.33
Group Psychotherapy	90853	UD			$26.33	$26.33	$26.33	$26.33	N/B
Group Psychotherapy	90853	UD	GT		$26.33	$26.33	$26.33	$26.33	N/B
TMS; initial, incl cortical mapping, motor threshold determination, delivery and management	90867				$178.25	N/B	N/B	N/B	$151.52
TMS; subsequent, delivery and management, per session	90868				$91.80	N/B	N/B	N/B	$78.04
TMS; subsequent, motor threshold re-determination with delivery and management	90869				$165.31	N/B	N/B	N/B	$140.52
Psychophysiological therapy w/ biofeedback, 20-30 min	90875				$48.59	$41.30	$41.30	$36.44	$41.30
Psychophysiological therapy w/ biofeedback, 45-50 min	90876				$84.23	$71.60	$71.60	$63.18	$71.60
Hypnotherapy	90880				$86.59	N/B	N/B	N/B	N/B
Psychiatric eval of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	90885				$33.12	$28.16	$28.16	$24.84	$28.16
Interpretation or explanation of results of psychiatric, other medical exam/procedures, or other accumulated data to family/responsible persons, or advising them how to assist patient	90887				$46.65	$39.65	$39.65	$34.98	$39.65
Preparation of report of patient's psychiatric status, history, treatment, or progress, for other individuals, agencies, or insurance carriers	90889				$46.61	$39.62	$39.62	$34.95	$39.62
Drug test(s), presumptive, any # of drug classes, any # of devices/procedures; read by instrument assisted direct optical observation, includes sample validation when performed	80305				$11.97	$11.97	$11.97	$11.97	$11.97
Drug test(s), presumptive, any # of drug classes, any # of devices/procedures; read by instrument asst direct optical obsrvtn utl immunoassay, incl sample validation when performed	80306				$15.98	$15.98	$15.98	$15.98	$15.98

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Drug test(s), presumptive, any # of drug classes, any # of devices/procedures; read by instrument chemistry analyzers, chromatography and mass spectrometry w/ or w/o chromatography, includes sample validation when performed	80307				$63.93	$63.93	$63.93	$63.93	$63.93
Injection	96372				$19.56	$22.70	N/B	N/B	$19.56
Office Outpatient Visit, New Patient, 15 min	99202				$80.53	$71.14	N/B	N/B	$61.32
Office Outpatient Visit, New Patient, 15 min	99202	GT			$80.53	$71.14	N/B	N/B	$61.32
Office Outpatient Visit, New Patient, 15 min	99202	U1			$61.32	N/B	N/B	N/B	$61.32
Office Outpatient Visit, New Patient, 15 min	99202	U1	GT		$61.32	N/B	N/B	N/B	$61.32
Office Outpatient Visit, New Patient, 30 min	99203				$118.09	$104.30	N/B	N/B	$89.90
Office Outpatient Visit, New Patient, 30 min	99203	GT			$118.09	$104.30	N/B	N/B	$89.90
Office Outpatient Visit, New Patient, 30 min	99203	U1			$89.90	N/B	N/B	N/B	$89.90
Office Outpatient Visit, New Patient, 30 min	99203	U1	GT		$89.90	N/B	N/B	N/B	$89.90
Office Outpatient Visit, New Patient, 45 min	99204				$181.75	$160.49	N/B	N/B	$138.36
Office Outpatient Visit, New Patient, 45 min	99204	GT			$181.75	$160.49	N/B	N/B	$138.36
Office Outpatient Visit, New Patient, 45 min	99204	U1			$138.36	N/B	N/B	N/B	$138.36
Office Outpatient Visit, New Patient, 45 min	99204	U1	GT		$138.36	N/B	N/B	N/B	$138.36
Office Outpatient Visit, New Patient, 60 min	99205				$228.79	$202.05	N/B	N/B	$174.18
Office Outpatient Visit, New Patient, 60 min	99205	GT			$228.79	$202.05	N/B	N/B	$174.18
Office Outpatient Visit, New Patient, 60 min	99205	U1			$174.18	N/B	N/B	N/B	$174.18
Office Outpatient Visit, New Patient, 60 min	99205	U1	GT		$174.18	N/B	N/B	N/B	$174.18
Office Outpatient Visit, Established patient	99211				$22.83	$20.16	N/B	N/B	$17.39
Office Outpatient Visit, Established patient	99211	GT			$22.83	$20.16	N/B	N/B	$17.39
Office Outpatient Visit, Established patient	99211	U1			$17.39	N/B	N/B	N/B	$17.39
Office Outpatient Visit, Established patient	99211	U1	GT		$17.39	N/B	N/B	N/B	$17.39
Office Outpatient Visit, Established Patient, 10 min	99212				$50.35	$42.80	N/B	N/B	$42.80
Office Outpatient Visit, Established Patient, 10 min	99212	GT			$50.35	$42.80	N/B	N/B	$42.80
Office Outpatient Visit, Established Patient, 10 min	99212	U1			$36.54	N/B	N/B	N/B	$36.54
Office Outpatient Visit, Established Patient, 10 min	99212	U1	GT		$36.54	N/B	N/B	N/B	$36.54
Office Outpatient Visit, Established Patient, 20 min	99213				$80.91	$68.77	N/B	N/B	$68.77
Office Outpatient Visit, Established Patient, 20 min	99213	GT			$80.91	$68.77	N/B	N/B	$68.77
Office Outpatient Visit, Established Patient, 20 min	99213	U1			$59.67	N/B	N/B	N/B	$59.67
Office Outpatient Visit, Established Patient, 20 min	99213	U1	GT		$59.67	N/B	N/B	N/B	$59.67
Office Outpatient Visit, Established Patient, 30 min	99214				$117.96	$104.16	N/B	N/B	$97.52
Office Outpatient Visit, Established Patient, 30 min	99214	GT			$117.96	$104.16	N/B	N/B	$97.52
Office Outpatient Visit, Established Patient, 30 min	99214	U1			$89.80	N/B	N/B	N/B	$89.80
Office Outpatient Visit, Established Patient, 30 min	99214	U1	GT		$89.80	N/B	N/B	N/B	$89.80
Office Outpatient Visit, Established Patient, 40 min	99215				$161.05	$141.00	N/B	N/B	$136.90
Office Outpatient Visit, Established Patient, 40 min	99215	GT			$161.05	$141.00	N/B	N/B	$136.90
Office Outpatient Visit, Established Patient, 40 min	99215	U1			$121.55	N/B	N/B	N/B	$121.55
Office Outpatient Visit, Established Patient, 40 min	99215	U1	GT		$121.55	N/B	N/B	N/B	$121.55
Prolonged Outpatient Service, each 15 min	+99417				$23.49	$19.97	N/B	N/B	$19.97
Prolonged Outpatient Service, each 15 min	+99417	GT			$23.49	$19.97	N/B	N/B	$19.97

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Prolonged Office Outpatient Service, each 15 min	+G2212				$26.22	$22.28	N/B	N/B	$22.28
Prolonged Office Outpatient Service, each 15 min	+G2212	GT			$26.22	$22.28	N/B	N/B	$22.28
Initial Hospital Inpatient or Observation Care, 40 min	99221				$65.16	$55.39	N/B	N/B	$55.39
Initial Hospital Inpatient or Observation Care, 55 min	99222				$103.54	$88.01	N/B	N/B	$88.01
Initial Hospital Inpatient or Observation Care, 75 min	99223				$137.86	$117.18	N/B	N/B	$117.18
Subsequent Hospital Inpatient Care, 25 min	99231				$39.23	$33.34	N/B	N/B	$33.34
Subsequent Hospital Inpatient Care, 25 min	99231	GT			$39.23	$33.34	N/B	N/B	$33.34
Subsequent Hospital Inpatient Care, 35 min	99232				$62.74	$53.33	N/B	N/B	$53.33
Subsequent Hospital Inpatient Care, 35 min	99232	GT			$62.74	$53.33	N/B	N/B	$53.33
Subsequent Hospital Inpatient Care, 50 min	99233				$94.40	$80.24	N/B	N/B	$80.24
Subsequent Hospital Inpatient Care, 50 min	99233	GT			$94.40	$80.24	N/B	N/B	$80.24
Hospital Inpatient or Observation Care, 45 min	99234				$77.55	$65.92	N/B	N/B	$65.92
Hospital Inpatient or Observation Care, 70 min	99235				$126.90	$107.87	N/B	N/B	$107.87
Hospital Inpatient or Observation Care, 85 min	99236				$165.90	$141.01	N/B	N/B	$141.01
Hospital Discharge Day Management, 30 min or less	99238				$64.42	$54.75	N/B	N/B	$54.75
Hospital Discharge Day Management, more than 30 min	99239				$91.04	$77.38	N/B	N/B	$77.38
Prolonged Inpatient or Observation Service, each 15 min	+99418				$22.00	$18.70	N/B	N/B	$18.70
Prolonged Inpatient or Observation Service, each 15 min	+99418	GT			$22.00	$18.70	N/B	N/B	$18.70
Prolonged Inpatient or Observation Service, each 15 min	+G0316				$25.49	$21.66	N/B	N/B	$21.66
Prolonged Inpatient or Observation Service, each 15 min	+G0316	GT			$25.49	$21.66	N/B	N/B	$21.66
Outpatient Consultation, 20 min	99242				$61.29	$52.09	N/B	N/B	$52.09
Outpatient Consultation, 20 min	99242	GT			$61.29	$52.09	N/B	N/B	$52.09
Outpatient Consultation, 30 min	99243				$92.28	$78.44	N/B	N/B	$78.44
Outpatient Consultation, 30 min	99243	GT			$92.28	$78.44	N/B	N/B	$78.44
Outpatient Consultation, 40 min	99244				$132.19	$112.37	N/B	N/B	$112.37
Outpatient Consultation, 40 min	99244	GT			$132.19	$112.37	N/B	N/B	$112.37
Outpatient Consultation, 55 min	99245				$172.76	$146.85	N/B	N/B	$146.85
Outpatient Consultation, 55 min	99245	GT			$172.76	$146.85	N/B	N/B	$146.85
Hospital Consultation, 35 min	99252				$179.58	$152.64	N/B	N/B	$152.64
Hospital Consultation, 35 min	99252	GT			$179.58	$152.64	N/B	N/B	$152.64
Hospital Consultation, 45 min	99253				$82.06	$69.75	N/B	N/B	$69.75
Hospital Consultation, 45 min	99253	GT			$82.06	$69.75	N/B	N/B	$69.75
Hospital Consultation, 60 min	99254				$113.98	$96.88	N/B	N/B	$96.88
Hospital Consultation, 60 min	99254	GT			$113.98	$96.88	N/B	N/B	$96.88
Hospital Consultation, 80 min	99255				$153.49	$130.47	N/B	N/B	$130.47
Hospital Consultation, 80 min	99255	GT			$153.49	$130.47	N/B	N/B	$130.47
Initial Nursing Facility Consultation, 25 min	99304				$72.74	N/B	N/B	N/B	$61.82
Initial Nursing Facility Consultation, 35 min	99305				$120.50	N/B	N/B	N/B	$102.42
Initial Nursing Facility Consultation, 45 min	99306				$165.23	N/B	N/B	N/B	$140.44
Subsequent Nursing Facility Consultation, 10 min	99307				$35.84	N/B	N/B	N/B	$30.46
Subsequent Nursing Facility Consultation, 10 min	99307	GT			$35.84	N/B	N/B	N/B	$30.46
Subsequent Nursing Facility Consultation, 15 min	99308				$66.96	N/B	N/B	N/B	$56.92

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Subsequent Nursing Facility Consultation, 15 min	99308	GT			$66.96	N/B	N/B	N/B	$56.92
Subsequent Nursing Facility Consultation, 25 min	99309				$96.42	N/B	N/B	N/B	$81.96
Subsequent Nursing Facility Consultation, 25 min	99309	GT			$96.42	N/B	N/B	N/B	$81.96
Subsequent Nursing Facility Consultation, 35 min	99310				$138.54	N/B	N/B	N/B	$117.75
Subsequent Nursing Facility Consultation, 35 min	99310	GT			$138.54	N/B	N/B	N/B	$117.75
Nursing facility discharge management, 30 min or less	99315				$73.76	N/B	N/B	N/B	$62.70
Nursing facility discharge management, more than 30 min	99316				$118.76	N/B	N/B	N/B	$100.94
Home or Residence Consultation, new patient, 15 min	99341				$44.73	N/B	N/B	N/B	$38.02
Home or Residence Consultation, new patient, 30 min	99342				$71.38	N/B	N/B	N/B	$60.67
Home or Residence Consultation, new patient, 60 min	99344				$130.80	N/B	N/B	N/B	$111.18
Home or Residence Consultation, new patient, 75 min	99345				$183.53	N/B	N/B	N/B	$156.00
Home or Residence Consultation, est. patient, 20 min	99347				$40.89	N/B	N/B	N/B	$34.75
Home or Residence Consultation, est. patient, 20 min	99347	GT			$40.89	N/B	N/B	N/B	$34.75
Home or Residence Consultation, est. patient, 30 min	99348				$69.41	N/B	N/B	N/B	$59.00
Home or Residence Consultation, est. patient, 30 min	99348	GT			$69.41	N/B	N/B	N/B	$59.00
Home or Residence Consultation, est. patient, 40 min	99349				$115.51	N/B	N/B	N/B	$98.18
Home or Residence Consultation, est. patient, 60 min	99350				$168.61	N/B	N/B	N/B	$143.32
Prolonged Nursing Facility Service, each 15 min	+G0317				$25.96	N/B	N/B	N/B	$22.06
Prolonged Nursing Facility Service, each 15 min	+G0317	GT			$25.96	N/B	N/B	N/B	$22.06
Prolonged Home or Residence Service, each 15 min	+G0318				$25.44	N/B	N/B	N/B	$21.63
Prolonged Home or Residence Service, each 15 min	+G0318	GT			$25.44	N/B	N/B	N/B	$21.63
Assessment of Aphasia, w/ interp & report, per hr	96105				$79.97	$79.97	$79.97	N/B	N/B
Developmental Screening, w/ scoring & documentation, per standardized instr	96110				$6.53	$6.53	$6.53	N/B	$5.55
Developmental test admin by physician or QHP, w/ interp & report, 1st hr	96112				$103.95	$103.95	$103.95	N/B	$88.36
Developmental test admin by physician or QHP, w/ interp & report, each addtl 30 min	+96113				$49.12	$49.12	$49.12	N/B	$41.75
Neurobehavioral status exam, by physician or QHP, both face-to-face time w/ patient & time interp & report, 1st hr	96116				$85.07	$85.07	$85.07	N/B	N/B
Neurobehavioral status exam, by physician or QHP, both face-to-face time w/ patient & time interp & report, 1st hr	96116	GT			$85.07	$85.07	$85.07	N/B	N/B
Neurobehavioral status exam, by physician or QHP, both face-to-face time w/ patient & time interp & report, each addtl hr	+96121				$74.48	$74.48	$74.48	N/B	N/B
Neurobehavioral status exam, by physician or QHP, both face-to-face time w/ patient & time interp & report, each addtl hr	+96121	GT			$74.48	$74.48	$74.48	N/B	N/B
Standardized Cognitive Performance Testing, per hr of a QHP's time, both face-to-face administering tests & time interp tests & report	96125				$84.28	$84.28	$84.28	N/B	N/B
Psychological testing eval svcs by physician or QHP, including patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s)/caregiver(s), 1st hr	96130				$105.95	$105.95	$105.95	N/B	N/B
Psychological testing eval svcs by physician or QHP, each addtl hr	+96131				$80.58	$80.58	$80.58	N/B	N/B
Neuropsychological testing eval svcs by physician or QHP, incl patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s)/caregiver(s), 1st hr	96132				$119.10	$119.10	$119.10	N/B	$119.10

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MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

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Neuropsychological testing eval svcs by physician or QHP, incl patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s)/caregiver(s), 1st hr	96132	GT			$119.10	$119.10	$119.10	N/B	$119.10
Neuropsychological testing eval svcs by physician or QHP, each addtl hr	+96133				$90.85	$90.85	$90.85	N/B	$90.85
Psychological or neuropsychological test admin & scoring by physician or QHP, 2 or more tests, any method, 1st 30 min	96136				$42.70	$42.70	$42.70	N/B	N/B
Psychological or neuropsychological test admin & scoring by physician or QHP, 2 or more tests, any method, each addtl 30 min	+96137				$39.48	$39.48	$39.48	N/B	N/B
Psychological or neuropsychological test admin & scoring by tech, 2 or more tests, any method, 1st 30 min	96138				$33.01	$33.01	$33.01	N/B	N/B
Psychological or neuropsychological test admin & scoring by tech, 2 or more tests, any method, each addtl 30 min	+96139				$34.67	$34.67	$34.67	N/B	N/B
Psychological or neuropsychological test admin, w/ single automated, standardized instrument via electronic platform, w/ automated result only	96146				$1.84	$1.84	$1.84	N/B	N/B
Health Behavior Assessment or re-assessment	96156				$84.16	$84.16	$84.16	$74.28	$84.16
Health Behavior Assessment or re-assessment	96156	GT			$84.16	$84.16	$84.16	$74.28	$84.16
Health Behavior Intervention, individual, 1st 30 min	96158				$57.43	$57.43	$57.43	$50.68	$57.43
Health Behavior Intervention, individual, 1st 30 min	96158	GT			$57.43	$57.43	$57.43	$50.68	$57.43
Health Behavior Intervention, individual, each addtl 15 min	+96159				$20.05	$20.05	$20.05	$17.70	$20.05
Health Behavior Intervention, individual, each addtl 15 min	+96159	GT			$20.05	$20.05	$20.05	$17.70	$20.05
Health Behavior Intervention, group, 1st 30 min	96164				$8.52	$8.52	$8.52	$7.52	$8.52
Health Behavior Intervention, group, each addtl 15 min	+96165				$3.95	$3.95	$3.95	$3.48	$3.95
Health Behavior Intervention, family (w/ patient), 1st 30 min	96167				$61.68	$61.68	$61.68	$54.42	$61.68
Health Behavior Intervention, family (w/ patient), 1st 30 min	96167	GT			$61.68	$61.68	$61.68	$54.42	$61.68
Health Behavior Intervention, family (w/ patient), each addtl 15 min	+96168				$21.87	$21.87	$21.87	$19.31	$21.87
Health Behavior Intervention, family (w/ patient), each addtl 15 min	+96168	GT			$21.87	$21.87	$21.87	$19.31	$21.87
Telephone assessment and management service provided by a nonphysician QHCP to an established patient; 5-10 min	98966				N/B	$10.85	$10.85	$10.85	N/B
Telephone assessment and management service provided by a nonphysician QHCP to an established patient; 11-20 min	98967				N/B	$19.86	$19.86	$19.86	N/B
Telephone assessment and management service provided by a nonphysician QHCP to an established patient; 21-30 min	98968				N/B	$27.96	$27.96	$27.96	N/B
Brief communication technology-based service, by a QHP who cannot report E&M svcs, established patient; 5-10 min	G2251				N/B	$11.50	$11.50	$11.50	N/B
Telehealth originating site facility fee	Q3014				$19.78	$19.78	$19.78	$19.78	$19.78
Family Psychoeducation; per 15 min	H2027				$24.55	$18.37	$18.37	$16.45	$16.45
Family Psychoeducation; per 15 min	H2027	GT			$24.55	$18.37	$18.37	$16.45	$16.45
Family Psychoeducation; per 15 min	H2027	U1			$16.45	$16.45	$16.45	N/B	$16.45
Family Psychoeducation; per 15 min	H2027	U1	GT		$16.45	$16.45	$16.45	N/B	$16.45
Family Psychoeducation; per 15 min	H2027	UD			$16.45	$16.45	$16.45	$16.45	N/B
Family Psychoeducation; per 15 min	H2027	UD	GT		$16.45	$16.45	$16.45	$16.45	N/B
Multiple Family Group Psychoeducation; per 15 min	H2027	HQ			$13.36	$9.16	$9.16	$8.35	$8.35

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Multiple Family Group Psychoeducation; per 15 min	H2027	U1	HQ		$8.35	$8.35	$8.35	N/B	$8.35
Multiple Family Group Psychoeducation; per 15 min	H2027	UD	HQ		$8.35	$8.35	$8.35	$8.35	N/B
Multiple Family Group Psychoeducation; per 15 min	H2027	HN	HQ		$7.60	$7.60	$7.60	$7.60	$7.60
Crisis Services									
Crisis Intervention; per 15 min	H2011				$51.56	$38.59	$38.59	$34.55	$34.55
Crisis Intervention; per 15 min	H2011	U1			$34.55	$34.55	$34.55	N/B	$34.55
Crisis Intervention; per 15 min	H2011	UD			$34.55	$34.55	$34.55	$34.55	N/B
Crisis Intervention; per 15 min	H2011	HN			$22.64	$22.64	$22.64	$22.64	$22.64
Crisis Response (Telephonic); per call	H0030				$53.40	$39.96	$39.96	$35.78	$35.78
Crisis Response (Telephonic); per call	H0030	U1			$35.78	$35.78	$35.78	N/B	$35.78
Crisis Response (Telephonic); per call	H0030	UD			$35.78	$35.78	$35.78	$35.78	N/B
Crisis Response (Telephonic); per call	H0030	HN			$25.05	$25.05	$25.05	$25.05	$25.05
Community Based Services									
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032				$33.76	$25.26	$25.26	$22.62	$22.62
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	GT			$33.76	$25.26	$25.26	$22.62	$22.62
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	U1			$22.62	$22.62	$22.62	N/B	$22.62
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	U1	GT		$22.62	$22.62	$22.62	N/B	$22.62
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	UD			$22.62	$22.62	$22.62	$22.62	N/B
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	UD	GT		$22.62	$22.62	$22.62	$22.62	N/B
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	HN			$14.82	$14.82	$14.82	$14.82	$14.82
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	HN	GT		$14.82	$14.82	$14.82	$14.82	$14.82
Functional Assessment Tool; per 15 min	H1011				$30.69	$22.96	$22.96	$20.56	$20.56
Functional Assessment Tool; per 15 min	H1011	GT			$30.69	$22.96	$22.96	$20.56	$20.56
Functional Assessment Tool; per 15 min	H1011	U1			$20.56	$20.56	$20.56	N/B	$20.56
Functional Assessment Tool; per 15 min	H1011	U1	GT		$20.56	$20.56	$20.56	N/B	$20.56
Functional Assessment Tool; per 15 min	H1011	UD			$20.56	$20.56	$20.56	$20.56	N/B
Functional Assessment Tool; per 15 min	H1011	UD	GT		$20.56	$20.56	$20.56	$20.56	N/B
Functional Assessment Tool; per 15 min	H1011	HN			$14.65	$14.65	$14.65	$14.65	$14.65
Functional Assessment Tool; per 15 min	H1011	HN	GT		$14.65	$14.65	$14.65	$14.65	$14.65
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017				$17.17	$17.17	$17.17	$17.17	$17.17
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	GT			$17.17	$17.17	$17.17	$17.17	$17.17
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	UD			$17.17	$17.17	$17.17	$17.17	N/B
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	UD	GT		$17.17	$17.17	$17.17	$17.17	N/B
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	HN			$17.17	$17.17	$17.17	$17.17	$17.17
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	HN	GT		$17.17	$17.17	$17.17	$17.17	$17.17

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Children's Services										
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	HA			$20.56	$20.56	$20.56	$20.56	$20.56
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	HA	GT		$20.56	$20.56	$20.56	$20.56	$20.56
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	U1	HA		$20.56	$20.56	$20.56	N/B	$20.56
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	U1	HA	GT	$20.56	$20.56	$20.56	N/B	$20.56
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	UD	HA		$20.56	$20.56	$20.56	$20.56	N/B
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	UD	HA	GT	$20.56	$20.56	$20.56	$20.56	N/B
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week		H2012				$48.54	$48.54	$48.54	$48.54	$48.54
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week		H2012	U1			$48.54	$48.54	$48.54	N/B	$48.54
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week		H2012	UD			$48.54	$48.54	$48.54	$48.54	N/B
Children's Services - Child and Family Team										
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007				$30.69	$22.96	$22.96	$20.56	$20.56
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	GT			$30.69	$22.96	$22.96	$20.56	$20.56
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	U1			$20.56	$20.56	$20.56	N/B	$20.56
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	U1	GT		$20.56	$20.56	$20.56	N/B	$20.56
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	UD			$20.56	$20.56	$20.56	$20.56	N/B
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	UD	GT		$20.56	$20.56	$20.56	$20.56	N/B
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	HN			$13.48	$13.48	$13.48	$13.48	$13.48
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	HN	GT		$13.48	$13.48	$13.48	$13.48	$13.48
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	HM			$7.47	$7.47	$7.47	$7.47	$7.47
(CFT) Interdisciplinary Team Meeting, per 15 min	0-17	G9007	HM	GT		$7.47	$7.47	$7.47	$7.47	$7.47
Children's Services - Child and Adolescent Needs and Strengths										
(CANS) Functional Assessment; per 15 min	0-17	H0031				$30.69	$22.96	$22.96	$20.56	$20.56
(CANS) Functional Assessment; per 15 min	0-17	H0031	GT			$30.69	$22.96	$22.96	$20.56	$20.56
(CANS) Functional Assessment; per 15 min	0-17	H0031	U1			$20.56	$20.56	$20.56	N/B	$20.56
(CANS) Functional Assessment; per 15 min	0-17	H0031	U1	GT		$20.56	$20.56	$20.56	N/B	$20.56
(CANS) Functional Assessment; per 15 min	0-17	H0031	UD			$20.56	$20.56	$20.56	$20.56	N/B
(CANS) Functional Assessment; per 15 min	0-17	H0031	UD	GT		$20.56	$20.56	$20.56	$20.56	N/B
(CANS) Functional Assessment; per 15 min	0-17	H0031	HN			$14.65	$14.65	$14.65	$14.65	$14.65
(CANS) Functional Assessment; per 15 min	0-17	H0031	HN	GT		$14.65	$14.65	$14.65	$14.65	$14.65
Children's Services - Intensive Home and Community-Based Services										
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5			$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	GT		$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	U1		$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	U1	GT	$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	UD		$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	UD	GT	$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	HN		$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	HN	GT	$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7			$44.39	$39.76	$39.76	$35.61	$35.61

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IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	GT		$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	U1		$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	U1	GT	$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	UD		$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	UD	GT	$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	HN		$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	HN	GT	$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8			$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	GT		$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	U1		$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	U1	GT	$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	UD		$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	UD	GT	$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	HN		$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	HN	GT	$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9			$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	GT		$44.39	$39.76	$39.76	$35.61	$35.61
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	U1		$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	U1	GT	$35.61	$35.61	$35.61	N/B	$35.61
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	UD		$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	UD	GT	$35.61	$35.61	$35.61	$35.61	N/B
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	HN		$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	HN	GT	$23.96	$23.96	$23.96	$23.96	$23.96
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033				$44.94	$44.94	$44.94	$44.94	$44.94
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	GT			$44.94	$44.94	$44.94	$44.94	$44.94
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	U1			$44.94	$44.94	$44.94	N/B	$44.94
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	U1	GT		$44.94	$44.94	$44.94	N/B	$44.94
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	UD			$44.94	$44.94	$44.94	$44.94	N/B
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	UD	GT		$44.94	$44.94	$44.94	$44.94	N/B
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	HN			$30.24	$30.24	$30.24	$30.24	$30.24
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	HN	GT		$30.24	$30.24	$30.24	$30.24	$30.24
Therapeutic After School and Summer Programs (TASSP)										
TASSP* - Psychotherapy w/ patient, 30 min	0-17	90832	UC			$84.71	$63.38	$63.38	$56.77	$56.77
TASSP* - Psychotherapy w/ patient, 30 min	0-17	90832	UC	GT		$84.71	$63.38	$63.38	$56.77	$56.77
TASSP* - Psychotherapy w/ patient, 30 min	0-17	90832	UC	U1		$56.77	$56.77	$56.77	N/B	$56.77

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MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2026

DESCRIPTION	AGE	CPT®/ HCPCS CODE	Mod 1	Mod 2	Mod 3	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	APRN/ PHYSICIAN ASSISTANT
TASSP* - Psychotherapy w/ patient, 30 min	0-17	90832	UC	U1	GT	$56.77	$56.77	$56.77	N/B	$56.77
TASSP* - Psychotherapy w/ patient, 30 min	0-17	90832	UC	UD		$56.77	$56.77	$56.77	$56.77	N/B
TASSP* - Psychotherapy w/ patient, 30 min	0-17	90832	UC	UD	GT	$56.77	$56.77	$56.77	$56.77	N/B
TASSP* - Psychotherapy w/ patient, 30 min, w/ E&M svc	0-17	+90833	UC			$57.50	$48.88	N/B	N/B	$48.88
TASSP* - Psychotherapy w/ patient, 30 min, w/ E&M svc	0-17	+90833	UC	GT		$57.50	$48.88	N/B	N/B	$48.88
TASSP* - Psychotherapy w/ patient, 45 min	0-17	90834	UC			$110.47	$95.10	$95.10	$85.17	$85.17
TASSP*- Psychotherapy w/ patient, 45 min	0-17	90834	UC	GT		$110.47	$95.10	$95.10	$85.17	$85.17
TASSP* - Psychotherapy w/ patient, 45 min	0-17	90834	UC	U1		$85.17	$85.17	$85.17	N/B	$85.17
TASSP* - Psychotherapy w/ patient, 45 min	0-17	90834	UC	U1	GT	$85.17	$85.17	$85.17	N/B	$85.17
TASSP* - Psychotherapy w/ patient, 45 min	0-17	90834	UC	UD		$85.17	$85.17	$85.17	$85.17	N/B
TASSP* - Psychotherapy w/ patient, 45 min	0-17	90834	UC	UD	GT	$85.17	$85.17	$85.17	$85.17	N/B
TASSP* - Psychotherapy w/ patient, 45 min, w/ E&M svc	0-17	+90836	UC			$72.87	$61.94	N/B	N/B	$61.94
TASSP* - Psychotherapy w/ patient, 45 min, w/ E&M svc	0-17	+90836	UC	GT		$72.87	$61.94	N/B	N/B	$61.94
TASSP* - Psychotherapy w/ patient, 60 min	0-17	90837	UC			$140.81	$112.95	$112.95	$101.16	$101.16
TASSP* - Psychotherapy w/ patient, 60 min	0-17	90837	UC	GT		$140.81	$112.95	$112.95	$101.16	$101.16
TASSP* - Psychotherapy w/ patient, 60 min	0-17	90837	UC	U1		$101.16	$101.16	$101.16	N/B	$101.16
TASSP* - Psychotherapy w/ patient, 60 min	0-17	90837	UC	U1	GT	$101.16	$101.16	$101.16	N/B	$101.16
TASSP* - Psychotherapy w/ patient, 60 min	0-17	90837	UC	UD		$101.16	$101.16	$101.16	$101.16	N/B
TASSP* - Psychotherapy w/ patient, 60 min	0-17	90837	UC	UD	GT	$101.16	$101.16	$101.16	$101.16	N/B
TASSP* - Psychotherapy w/ patient, 60 min, w/ E&M svc	0-17	+90838	UC			$108.05	$91.84	N/B	N/B	$91.84
TASSP* - Psychotherapy w/ patient, 60 min, w/ E&M svc	0-17	+90838	UC	GT		$108.05	$91.84	N/B	N/B	$91.84
TASSP* - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC			$124.23	$100.69	$100.69	$91.94	$91.94
TASSP* - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	GT		$124.23	$100.69	$100.69	$91.94	$91.94
TASSP* - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	U1		$91.94	$91.94	$91.94	N/B	$91.94
TASSP* - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	U1	GT	$91.94	$91.94	$91.94	N/B	$91.94
TASSP* - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	UD		$91.94	$91.94	$91.94	$91.94	N/B
TASSP* - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	UD	GT	$91.94	$91.94	$91.94	$91.94	N/B
TASSP* - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC			$142.87	$115.80	$115.80	$105.73	$105.73
TASSP* - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	GT		$142.87	$115.80	$115.80	$105.73	$105.73
TASSP* - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	U1		$105.73	$105.73	$105.73	N/B	$105.73
TASSP* - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	U1	GT	$105.73	$105.73	$105.73	N/B	$105.73
TASSP* - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	UD		$105.73	$105.73	$105.73	$105.73	N/B
TASSP* - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	UD	GT	$105.73	$105.73	$105.73	$105.73	N/B
TASSP* - Group Psychotherapy	0-17	90853	UC			$48.06	$28.83	$28.83	$26.33	$26.33
TASSP* - Group Psychotherapy	0-17	90853	UC	GT		$48.06	$28.83	$28.83	$26.33	$26.33
TASSP* - Group Psychotherapy	0-17	90853	UC	U1		$26.33	$26.33	$26.33	N/B	$26.33
TASSP* - Group Psychotherapy	0-17	90853	UC	U1	GT	$26.33	$26.33	$26.33	N/B	$26.33
TASSP* - Group Psychotherapy	0-17	90853	UC	UD		$26.33	$26.33	$26.33	$26.33	N/B
TASSP* - Group Psychotherapy	0-17	90853	UC	UD	GT	$26.33	$26.33	$26.33	$26.33	N/B
TASSP* - Individual Assessment and Treatment Plan - Substance Use; per 15 min	0-17	H0001	UC			$18.34	$18.34	$18.34	$18.34	$18.34
TASSP* - Individual Assessment and Treatment Plan - Substance Use; per 15 min	0-17	H0001	UC	GT		$18.34	$18.34	$18.34	$18.34	$18.34
TASSP* - Individual Counseling - Substance Use; per 15 min	0-17	H0004	UC			$19.25	$19.25	$19.25	$19.25	$19.25
TASSP* - Individual Counseling - Substance Use; per 15 min	0-17	H0004	UC	GT		$19.25	$19.25	$19.25	$19.25	$19.25

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EFFECTIVE: 7/1/2026

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TASSP* - Group Counseling - Substance Use; per 15 min	0-17	H0005	UC			$9.04	$9.04	$9.04	$9.04	$9.04
TASSP* - Group Counseling - Substance Use; per 15 min	0-17	H0005	UC	GT		$9.04	$9.04	$9.04	$9.04	$9.04
TASSP* - Skills Training and Development; per 15 min	0-17	H2014	UC			$5.82	$5.82	$5.82	$5.82	$5.82
TASSP* - Skills Training and Development; per 15 min	0-17	H2014	UC	GT		$5.82	$5.82	$5.82	$5.82	$5.82
TASSP* - Skills Building/Community-Based Rehab Svcs (CBRS); per 15 min	0-17	H2017	UC			$14.82	$14.82	$14.82	$14.82	$14.82
TASSP* - Skills Building/Community-Based Rehab Svcs (CBRS); per 15 min	0-17	H2017	UC	GT		$14.82	$14.82	$14.82	$14.82	$14.82
TASSP* - Family Psychoeducation; per 15 min	0-17	H2027	UC			$24.55	$18.37	$18.37	$16.45	$16.45
TASSP* - Family Psychoeducation; per 15 min	0-17	H2027	UC	GT		$24.55	$18.37	$18.37	$16.45	$16.45
TASSP* - Family Psychoeducation; per 15 min	0-17	H2027	UC	U1		$16.45	$16.45	$16.45	N/B	$16.45
TASSP* - Family Psychoeducation; per 15 min	0-17	H2027	UC	U1	GT	$16.45	$16.45	$16.45	N/B	$16.45
TASSP* - Family Psychoeducation; per 15 min	0-17	H2027	UC	UD		$16.45	$16.45	$16.45	$16.45	N/B
TASSP* - Family Psychoeducation; per 15 min	0-17	H2027	UC	UD	GT	$16.45	$16.45	$16.45	$16.45	N/B
TASSP* - Multiple Family Group Psychoeducation; per 15 min	0-17	H2027	UC	HQ		$13.36	$9.16	$9.16	$8.35	$8.35
TASSP* - Multiple Family Group Psychoeducation; per 15 min	0-17	H2027	UC	U1	HQ	$8.35	$8.35	$8.35	N/B	$8.35
TASSP* - Multiple Family Group Psychoeducation; per 15 min	0-17	H2027	UC	UD	HQ	$8.35	$8.35	$8.35	$8.35	N/B
TASSP* - Multiple Family Group Psychoeducation; per 15 min	0-17	H2027	UC	HN	HQ	$7.60	$7.60	$7.60	$7.60	$7.60

DESCRIPTION	AGE	CPT®/HCPCS CODE	Modifier 1	Modifier 2	Modifier 3	RATE
Opioid Treatment Programs						
Medication Assisted Treatment (MAT), methadone - weekly bundle incl dispensing and/or admin, substance use cnslng & toxicology testing	18+	G2067				$179.27
Medication Assisted Treatment (MAT), buprenorphine (oral) - weekly bundle incl dispensing and/or admin, substance use cnslng & toxicology testing	18+	G2068				$223.32
Medication Assisted Treatment (MAT), weekly bundle not incl the drug-weekly bundle incl dispensing and/or admin, substance use cnslng & toxicology	18+	G2074				$139.72
Injection, naltrexone, depot form, 1 mg		J2315				$3.23
Safe and Sober Housing						
Adult Safe and Sober Housing (SSH), per diem	18+	H0044				$11.04
Adult Safe and Sober Housing Program Fees (SSH) (one unit per day of residence)	18+	H0044	SE			$3.20
Adult Enhanced Safe and Sober Housing (ESSH) (includes program fees), per diem	18+	H0044	HF			$76.80
Basic Housing Essentials (per unit not to exceed $125 per treatment episode)		S5199				$0.96
Substance Use Disorder						
Individual Assessment and Treatment Plan - Substance Use; per 15 min		H0001				$18.34
Individual Assessment and Treatment Plan - Substance Use; per 15 min		H0001	GT			$18.34
Individual Counseling - Substance Use; per 15 min		H0004				$19.25
Individual Counseling - Substance Use; per 15 min		H0004	GT			$19.25
Group Counseling - Substance Use; per 15 min		H0005				$9.04
Group Counseling - Substance Use; per 15 min		H0005	GT			$9.04
Aftercare Group - Substance Use; per 15 min		H0047				$9.14
Case Management - Basic and Intensive		H0006				$14.64
Case Management - Basic and Intensive		H0006	GT			$14.64
Case Management - Basic and Intensive-Family w/o client present		H0006	HS			$14.64

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DESCRIPTION	AGE	CPT®/HCPCS CODE	Modifier 1	Modifier 2	Modifier 3	RATE
Case Management - Basic and Intensive-Family w/o client present		H0006	HS	GT		$14.64
Life Skills, individual, per 15 min		H2015				$6.30
Life Skills, w/o client present, per 15 min		H2015	HS			$6.30
Life Skills Group, per 15 min		H2015	HQ			$3.78
Life Skills Group, w/o client present, per 15 min		H2015	HQ	HS		$3.78
Staffing (Planned Facilitation), per 15 min		H0022				$5.96
Transportation of Client, per mile		A0080				$1.12
Community Based Services						
Individual respite care; providers contracted to deliver the service; available to members eligible under the 1915(i) State Plan Option; per 15 min	0-17	S5150				$9.71
Group respite care; providers contracted to deliver the service; available to members eligible under the 1915(i) State Plan Option; per 15 min	0-17	S5150	HQ			$4.82
Skills Training and Development; per 15 min	0-17	H2014				$5.82
Skills Training and Development; per 15 min	0-17	H2014	GT			$5.82
Skills Building/Community-Based Rehabilitative Services (CBRS); per 15 min		H2017				$14.82
Skills Building/Community-Based Rehabilitative Services (CBRS); per 15 min		H2017	GT			$14.82
Adult Peer Support; per 15 min	18+	H0038	HB			$14.15
Adult Peer Support; per 15 min	18+	H0038	HB	GT		$14.15
Adult Peer Support, group; per 15 min	18+	H0038	HB	HQ		$7.08
Adult Peer Support, group; per 15 min	18+	H0038	HB	HQ	GT	$7.08
Youth Support; per 15 min	12-17	H0038	HA			$14.15
Youth Support; per 15 min	12-17	H0038	HA	GT		$14.15
Youth Support, group; per 15 min	12-17	H0038	HA	HQ		$7.08
Youth Support, group; per 15 min	12-17	H0038	HA	HQ	GT	$7.08
Family Support ; per 15 min	0-21	H0038	HR			$14.15
Family Support ; per 15 min	0-21	H0038	HR	GT		$14.15
Family Support , group; per 15 min	0-21	H0038	HR	HQ		$7.08
Family Support , group; per 15 min	0-21	H0038	HR	HQ	GT	$7.08
Recovery Coaching; per 15 min	18+	H0038	HF			$14.15
Recovery Coaching; per 15 min	18+	H0038	HF	GT		$14.15
Recovery Coaching, group; per 15 min	18+	H0038	HF	HQ		$7.08
Recovery Coaching, group; per 15 min	18+	H0038	HF	HQ	GT	$7.08
Language Interpretation Services (sign language or oral interpretation); per 15 min		T1013				$11.87
Language Interpretation Services (sign language or oral interpretation); per 15 min		T1013		GT		$11.87
Administratively Necessary Days (AND)		0671				$300.88
Residential Treatment Services						
Adult Halfway House (ASAM Level 3.1) clinically managed, low-intensity residential treatment services, per diem		H0018				$50.01
Adolescent Transitional (ASAM Level 3.1) clinically managed, low-intensity residential treatment services, per diem		H0043				$144.48
Adult Social Detox (ASAM Level 3.2) clinically managed, residential withdrawal management services (IDAPA), per diem		H0008				$177.81
Adult Substance Abuse (ASAM Level 3.3) clinically managed, high-intensity residential treatment services, per diem		H0010				$216.00
Adult Substance Abuse (ASAM Level 3.3) clinically managed, high-intensity residential treatment services, per diem		H0010	1002			$216.00
Subacute Care, Substance Use Disorders-Level II (ASAM 3.5), clinically managed, high-intensity residential services, per diem; Note: only Substance Abuse Rehab facilities may bill this service		H0017				$379.21

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DESCRIPTION	CPT®/HCPCS CODE	Modifier 1	Modifier 2	Modifier 3	RATE
Subacute Care, Substance Use Disorders-Level II (ASAM 3.5), clinically managed, high-intensity residential services, per diem; Note: only Substance Abuse Rehab facilities may bill this service	H0017	0192			$379.21
Subacute Care, Substance Use Disorders-Level III (ASAM 3.7), medically monitored intensive inpatient per diem	H0017		HC		$485.36
Subacute Care, Substance Use Disorders-Level III (ASAM 3.7), medically monitored intensive inpatient per diem	H0017	0193			$485.36
Partial Hospitalization Program					
(PHP), Substance Use Disorders (ASAM 2.5), all-inclusive payment of six or more hours (full day)	H0035		HF	U6	$354.58
(PHP), Substance Use Disorders (ASAM 2.5), all-inclusive payment of six or more hours (full day)	H0035	0913	HF	U6	$354.58
(PHP), all-inclusive payment of six or more hours (full day)	H0035		U6		$354.58
(PHP), all-inclusive payment of six or more hours (full day)	H0035	0913	U6		$354.58
(PHP) - Eating Disorder, all inclusive payment of six or more hours (full day)	H0035		U4	U6	$461.86
(PHP) - Eating Disorder, all inclusive payment of six or more hours (full day)	H0035	0913	U4	U6	$461.86
Intensive Outpatient Program					
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnslng; crisis intervention, and activity therapies or education	H0015				$154.32
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnslng; crisis intervention, and activity therapies or education	H0015	0906			$154.32
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnslng; crisis intervention, and activity therapies or education	H0015		GT		$154.32
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnslng; crisis intervention, and activity therapies or education	H0015	0906	GT		$154.32
(IOP) - Psychiatric Services	S9480				$154.32
(IOP) - Psychiatric Services	S9480	0905			$154.32
(IOP) - Psychiatric Services	S9480		GT		$154.32
(IOP) - Psychiatric Services	S9480	0905	GT		$154.32
(IOP) - Eating Disorder Program	S9480		U4		$305.91
(IOP) - Eating Disorder Program	S9480	0905	U4		$305.91
(IOP) - Eating Disorder Program	S9480		U4	GT	$305.91
(IOP) - Eating Disorder Program	S9480	0905	U4	GT	$305.91

Modifier	Description
EP[1]	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
GT	Via interactive audio and video telecommunication systems
HA	Child/adolescent program
HB	Adult program
HC	Adult program, geriatric
HF	Substance abuse program
HK	Specialized mental health programs for high-risk populations
HM	Provider with less than bachelor's degree operating under supervisory protocol
HN	Bachelor's level provider operating under supervisory protocol
HP	PHD level provider or higher
HQ	Group setting
HR	Family/couple with client present

Modifier	Description
HS	Family/couple without client present
SE	State and/or federally-funded programs/services
UA	Care Coordination Services
UC	Service rendered as a component of the Therapeutic and After School Program
UD	Master's level provider operating under supervisory protocol
U1	Prescriber's under supervision
U4	Eating disorder program
U5	Therapeutic Behavioral Services (TBS) Intervention
U6	Full day (six or more hours)
U7	Functional Family Therapy (FFT)
U8	Multidimensional Family Therapy (MDFT)
U9	Other evidenced based practice modalities for IHCBS

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Notes:

1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits are available to Medicaid eligible individuals under the age of 21. Prior authorization is required and must be billed with modifier "EP" with every service authorized as EPSDT.
2. The rates contained on this schedule may differ from the rates on a provider's contract. The rates on Provider's Exhibit B will control for that provider's contract.
3. Modifiers must be billed in the order that they appear to be reimbursed.
4. Discipline levels will vary from state to state. N/B indicates a non-billable service for this discipline level.
5. Reimbursement is based on the treating provider's licensure and Magellan credentialing requirements for that discipline, and is not based on provider's academic credentials alone.
6. Providers may only provide services and bill for Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Revenue (Rev) codes that fall within the scope of practice allowed by their professional training and state licensure.
7. Rates for all services are subject to the provisions and limitations of the Member's Benefit Plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
8. This reimbursement schedule represents the most frequently utilized CPT/HCPCS/Rev codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code. Rates for CPT/HCPCS/Rev codes not listed can be obtained from Magellan upon request and will be provided at the time services are authorized.
9. Magellan or its claims payers will not accept expired or deleted CPT/HCPCS/Rev codes. Please use and submit current CPT/HCPCS/Rev codes for all services.
10. One professional visit per authorized inpatient day may be billed when the facility per diem is exclusive of this charge.
11. * Services rendered as a component of a Therapeutic After School and Summer Program (TASSP) for ages 0-17.
12. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.
13. Medically Necessary Covered Services rendered by non-Credentialed Providers in the Group to Members with a Benefit Plan that permits self-referral to providers shall be reimbursed in accordance with this reimbursement schedule if the Medically Necessary Covered Services rendered by Credentialed Providers in the Group to Members covered under the same Benefit Plan are reimbursed in accordance with this Schedule.

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