

SECTION IV Claims and Reimbursement

3. Reimbursement Rate Table

Effective Date: July 1, 2006	Version Date: 10/1/09 corrected
<input type="checkbox"/> Informational Only <input checked="" type="checkbox"/> Requirement	Reference: G.S. 122/C-146
Requirement Applies to Provider Type:	
<input type="checkbox"/> Medicaid Basic Svc (Direct Enrolled)	<input type="checkbox"/> CAP/MRDD
<input checked="" type="checkbox"/> Medicaid Basic Svc (Not Direct Enrolled)	<input type="checkbox"/> Cat. A Licensed Facilities
<input type="checkbox"/> Medicaid Enhanced Svc	<input type="checkbox"/> Cat. B Comm Based Providers
<input checked="" type="checkbox"/> Non-Medicaid Contracted Svcs	<input type="checkbox"/> Cat. C Institutions/Facilities
<input type="checkbox"/> ICF-MR	<input type="checkbox"/> Cat. D Lic/Cert. Outpatient/Day Svcs

Procedure:

1. Services are only reimbursable when the Provider is licensed, certified, or accredited to provide that service, the Provider has received consumer-specific authorization per contract Authorization requirements, AND the Provider has accurately completed required Consumer Enrollment paperwork.
2. Non-Medicaid services are billed on the WCHS Service Billing Form or the NON-MEDICAID BEHAVIORAL HEALTH OUTPATIENT Direct Enrolled Provider Claim Form, and are reimbursed at the listed rates. Non-Medicaid services must be billed using the WCHS Non-Medicaid Billing Code (first column). Rates are subject to change based on State and Medicaid rate changes and changes in availability of funds. Individualized rates may be negotiated in special circumstances.
3. Medicaid services should be billed directly to EDS using the State code, at the Provider's Usual and Customary Rates.
4. The Provider is responsible for ensuring that the services meet Medicaid and IPRS definitions.

CPT Code Services:

Non-Medicaid & State Code	Service Description		MD Rate	Lic-Cert* Rate	Nurse Rate	PhD Psych Rate
90801	Clinical Intake	Expires 09/30/09 Effective 10/01/09	\$140.98 \$128.29	\$101.37 \$96.22	\$114.89 \$109.05	\$135.16 \$128.29
90802	Interactive Evaluation	Expires 09/30/09 Effective 10/01/09	\$150.29 \$136.76	\$107.43 \$102.57	\$121.75 \$116.25	\$143.24 \$136.76
90804	Individual Therapy (20-30 min)	Expires 09/30/09 Effective 10/01/09	\$61.85 \$56.28	\$42.58 \$42.21	\$48.25 \$47.84	\$56.77 \$56.28
90805	Individual Therapy (20-30 min) MD	Expires 09/30/09 Effective 10/01/09	\$74.17 \$67.49	#N/A	#N/A	#N/A
90806	Individual Therapy (45-50 min)	Expires 09/30/09 Effective 10/01/09	\$86.79 \$78.98	\$60.47 \$59.24	\$68.54 \$67.13	\$80.63 \$78.98
90807	Individual Therapy (45-50 min) MD	Expires 09/30/09 Effective 10/01/09	\$104.69 \$95.27	#N/A	#N/A	#N/A
90816	Individual Therapy (30 min)	Expires 09/30/09 Effective 10/01/09	\$57.64 \$52.45	\$40.13 \$44.84	\$45.48 \$44.58	\$53.51 \$52.45
90817	Individual Therapy (30 min) MD	Expires 09/30/09 Effective 10/01/09	\$64.06 \$58.29	#N/A	#N/A	#N/A
90818	Individual Therapy (50 min)	Expires 09/30/09 Effective 10/01/09	\$85.87 \$78.14	\$59.76 \$58.61	\$67.73 \$66.42	\$79.68 \$78.14
90819	Individual Therapy (50 min) MD	Expires 09/30/09 Effective 10/01/09	\$92.20 \$83.90	#N/A	#N/A	#N/A
90846	Family Therapy w/o/patient	Expires 09/30/09 Effective 10/01/09	\$81.00 \$73.71	\$58.91 \$55.28	\$66.76 \$62.65	\$78.54 \$73.71
90847	Family Therapy w/patient	Expires 09/30/09 Effective 10/01/09	\$100.00 \$91.53	\$73.31 \$68.65	\$83.09 \$77.80	\$97.75 \$91.53

Non-Medicaid & State Code	Service Description		MD Rate	Lic-Cert* Rate	Nurse Rate	PhD Psych Rate
90853	Group Therapy	Expires 09/30/09 Effective 10/01/09	\$28.09 \$26.09	\$20.80 \$19.57	\$23.57 \$22.18	\$27.73 \$26.09
90862	Medication Check - Individual	Expires 09/30/09 Effective 10/01/09	\$55.48 \$50.49	#N/A	#N/A	#N/A
96101	Psychological Testing (per hour)	Expires 09/30/09 Effective 10/01/09	\$78.13 \$71.38	\$57.89 \$53.54	#N/A	\$77.18 \$71.38
96111	Developmental Testing - Extended	Expires 09/30/09 Effective 10/01/09	\$119.30 \$108.56	\$87.02 \$81.42	#N/A	\$116.03 \$108.56
96372	Medication Administration	Expires 09/30/09 Effective 10/01/09	\$18.72 \$17.04	#N/A	#N/A	#N/A
99201	Office Visit-New, minor, approx 10 min		\$33.18	#N/A	#N/A	#N/A
99202	Office Visit-New, minor, approx 20 min		\$57.54	#N/A	#N/A	#N/A
99203	Office Visit-New, minor, approx 30 min		\$83.36	#N/A	#N/A	#N/A
99204	Office Visit-New, minor, approx 45 min		\$129.27	#N/A	#N/A	#N/A
99205	Office Visit-New, minor, approx 60 min		\$163.41	#N/A	#N/A	#N/A
99212	Office Visit-Establish, Minor app 10 min		\$33.50	#N/A	#N/A	#N/A
99213	Office Visit-Establish, Minor approx 15 min		\$55.94	#N/A	#N/A	#N/A
99214	Office Visit-Establish, Minor approx 25 min		\$84.29	#N/A	#N/A	#N/A
99215	Office Visit-Establish, Minor approx 40 min		\$114.00	#N/A	#N/A	#N/A

* Lic-Cert includes LPA, LPC, LCSW, LMFT, CCS, and LCAS

Behavioral Health Outpatient H-Code Rates

WCHS Non-Medicaid Billing Code	State Code	Service Description		Direct Enrolled Provider Rate	Other QP* Rate (Billed through LME)
602	H0001	Behavioral Health Assessment	Expires 09/30/09 Effective 10/01/09	\$22.00 \$20.21	\$15.40 \$14.15
604	H0004	Behavioral Health Counseling and Therapy	Expires 09/30/09 Effective 10/01/09	\$22.00 \$20.21	\$22.00 \$20.21
8004	H0004:HQ	DMH Outpatient Treatment Group	Expires 09/30/09 Effective 10/01/09	\$8.11 \$7.45	\$8.11 \$7.45
8002	H0004:HR	DMH Outpatient Tx Family Therapy w/ Client	Expired 09/30/09 Effective 10/01/09	\$22.00 \$20.21	\$22.00 \$20.21
8003	H0004:HS	DMH Outpatient Tx Family Therapy w/o Client	Expired 09/30/09 Effective 10/01/09	\$22.00 \$20.21	\$22.00 \$20.21
8013	H0005	Alcohol and/or Drug Services; Group Counseling by Clinician	Expired 09/30/09 Effective 10/01/09	\$8.11 \$7.45	\$5.68 \$5.22
8001	H0031	Mental Health Assessment	Expired 09/30/09 Effective 10/01/09	\$22.00 \$20.21	\$15.40 \$14.15

* "Other QP" are practitioners that do not qualify for direct enrollment.

Note: MD's cannot bill Behavioral Health Outpatient H-codes

Service Code and Rate Table

(See above for Behavioral Health Outpatient Codes and Rates)

WCHS Non-Medicaid Billing Code	State Code	Service Description	Unit		WCHS Max. Rate for FY10
776	H0012:HB	SA Non-Medical Community Residential Treatment - Adult	1 day (limit to 30 day/yr)	Expired 09/30/09 Effective 10/01/09	\$175.91 \$158.99
608	H0015	SA Intensive Outpatient Program	1 event	Expired 09/30/09 Effective 10/01/09	\$148.52 \$134.24
8501	H0019	Behavioral Health Long Term Residential (level 3, <5 bed)	1 day	Expired 09/30/09 Effective 10/01/09	\$252.38 \$237.63
8502	H0019	Behavioral Health Long Term Residential (level 3, 5+bed)	1 day	Expired 09/30/09 Effective 10/01/09	\$205.64 \$193.62
8503	H0019	Behavioral Health Long Term Residential (level 4, <5 bed)	1 day	Expired 09/30/09 Effective 10/01/09	\$342.15 \$322.15
8504	H0019	Behavioral Health Long Term Residential (level 4, 5+ bed)	1 day	Expired 09/30/09 Effective 10/01/09	\$342.15 \$322.15
609	H0020	Opioid Treatment (Medicaid Only)	event	Expired 09/30/09 Effective 10/01/09	\$18.74 \$16.94
8103	H0035	Partial Hospitalization MH Tx - Child, min. 3 hrs	1 event	Expired 09/30/09 Effective 10/01/09	\$149.38 \$135.02
8104	H0035	Partial Hospitalization MH Tx - Adult, min. 3 hrs	1 event	Expired 09/30/09 Effective 10/01/09	\$149.38 \$135.02
8024	H0036:HQ	Community Support Group	15 min	Expired 09/30/09	\$4.12
8080	H0036:HA:HP	Community Support Individual- Child – QP-Licensed	15 min	Expired 09/30/09 Effective 10/01/09	\$22.04 \$19.92
8081	H0036:HA:HO	Community Support Individual- Child – QP-Unlicensed	15 min	Expired 09/30/09 Effective 10/01/09	\$18.25 \$16.50
8082	H0036:HA:HN	Community Support Individual- Child- Associate Professional	15 min	Expired 09/30/09 Effective 10/01/09	\$10.29 \$9.30
8083	H0036:HA:UB	Community Support Individual- Child- Paraprofessional	15 min	Expired 09/30/09 Effective 10/01/09	\$5.92 \$5.35
8085	H0036:HB:HP	Community Support Individual- Adult – QP-Licensed	15 min	Expired 09/30/09 Effective 10/01/09	\$22.04 \$19.92
8086	H0036:HB:HO	Community Support Individual- Adult – QP-Unlicensed	15 min	Expired 09/30/09 Effective 10/01/09	\$18.25 \$16.50
8087	H0036:HB:HN	Community Support Individual- Adult - Associate Professional	15 min	Expired 09/30/09 Effective 10/01/09	\$10.29 \$9.30
8088	H0036:HB:UB	Community Support Individual- Adult - Paraprofessional	15 min	Expired 09/30/09 Effective 10/01/09	\$5.92 \$5.35
8090	H0036:HQ:U8	Community Support Individual- Group – QP-Licensed	15 min	Expired 09/30/09 Effective 10/01/09	\$7.09 \$6.41
8091	H0036:HQ:U7	Community Support Individual- Group – QP-Unlicensed	15 min	Expired 09/30/09 Effective 10/01/09	\$5.87 \$5.31
8092	H0036:HQ:U6	Community Support Individual- Group- Associate Professional	15 min	Expired 09/30/09 Effective 10/01/09	\$3.31 \$2.99
8093	H0036:HQ:U5	Community Support Individual- Group- Paraprofessional	15 min	Expired 09/30/09 Effective 10/01/09	\$1.90 \$1.72
8105	H0040	Assertive Community Treatment Team	1 day (4/mo)		\$301.35
8508	H0046	Residential Level 1	1 day	Expired 09/30/09 Effective 10/01/09	\$53.59 \$50.77
8101	H2012:HA	Day Tx, Behavior Health - Child	1 hour	Expired 09/30/09 Effective 10/01/09	\$34.75 \$31.41

WCHS Non-Medicaid Billing Code	State Code	Service Description	Unit		WCHS Max. Rate for FY10
8026	H2014	Developmental Therapies- Profes. Individ.	15 min		13.75
8025	H2014:HM	Developmental Therapies- Paraprofessional Individual	15 min		\$6.01
8028	H2014:HQ	Developmental Therapies- Profes. Group	15 min		\$5.00
8027	H2014:U1	Developmental Therapies- Paraprofessional Group	15 min		\$2.01
8030	H2015:HT	Community Support Team	15 min	Expired 09/30/09 Effective 10/01/09	\$17.26 \$15.60
8012	H2017	Psychosocial Rehabilitation	15 min	Expired 09/30/09 Effective 10/01/09	\$3.03 \$2.74
8507	H2020	Therapeutic Behavioral Service Level 2	1 day	Expired 09/30/09 Effective 10/01/09	\$136.04 \$128.89
8040	H2022	Intensive In-home	1 day		\$258.20
8050	H2033	Multi-systemic Therapy	15 min		\$37.32
8107	H2034	SA Halfway House	1 day		\$55.29
8106	H2035	SA Comprehensive Outpatient Program	1 hour (4 hr minimum)	Expired 09/30/09 Effective 10/01/09	\$51.20 \$46.28
8506	S5145	Foster Care Therapeutic Child Level 2	1 day	Expired 09/30/09 Effective 10/01/09	\$95.40 \$90.39
8015	T1017:HI	Targeted Case Management-DD	15 min	Expired 09/30/09 Effective 10/01/09	\$18.75 \$17.67
8016	T1023	Diagnostic Assessment	1 event	Expired 09/30/09 Effective 10/01/09	\$261.13 \$236.02

WCHS Non-Medicaid Billing Code	State Code	Service Description	Unit		WCHS Max. Rate for FY08-09
7125	YA125	Hourly Respite - CTSP Only	15 min		\$5.00
7230	YA230	Psychiatric Resid. Treatment Facility	1 day		\$465.01
7232	YA232	Room & Board Level III (1-4 beds)	1 day		\$20.10
7233	YA233	Room & Board Level III (5+ beds)	1 day		\$20.10
7234	YA234	Room & Board Level II (Age 5 or <)	1 day		\$13.00
7235	YA235	Room & Board Level II (Age 6-12)	1 day		\$14.66
7236	YA236	Room & Board Level II (Age 13 or >)	1 day		\$16.33
7237	YA237	Room & Board Level IV (1-4 beds)	1 day		\$20.10
7238	YA238	Room & Board Level IV (5+ beds)	1 day		\$20.10
7280	YA254	Ther. Leave -Resid Level II -Ther Hme	1 day		\$95.40
7281	YA255	Ther. Leave -Resid Level II -Grp Hme	1 day		\$136.04
7282	YA256	Ther. Leave -Resid Level III(1-4 Beds)	1 day	Expired 09/30/09 Effective 10/01/09	\$252.38 \$237.63
7283	YA257	Ther. Leave -Resid Level III(5+ Beds)	1 day	Expired 09/30/09 Effective 10/01/09	\$205.64 \$193.62
7284	YA258	Ther. Leave -Resid Level IV(1-4 Beds)	1 day	Expired 09/30/09 Effective 10/01/09	\$342.15 \$322.15
7285	YA259	Ther. Leave -Resid Level IV(5+ Beds)	1 day	Expired 09/30/09 Effective 10/01/09	\$342.15 \$322.15
8061	YA341	Assertive Engagement	15 min		15.00
7370	YA370	Specialized Summer Program	15 min		\$3.58
8029	YM050	Personal Care	15 min		\$3.36
778	YM645	Long-term Vocational Supports	15 min		\$11.21
639	YM686	Guardianship	1 unit		Client Specific
810	YM700	Independent Living-MR/MI	1 day		Client Specific
821	YM811	Sup Living – 1 Res- Level A	1 day		\$330.00
9821	YM811	Sup. Living – 1 Res Level A Therap. Leave	1 day		\$330.00
822	YM811	Sup Living – 1 Res- Level B	1 day		\$370.00
9822	YM811	Sup. Living – 1 Res Level B Therap. Leave	1 day		\$370.00
823	YM811	Sup Living – 1 Res- Level C	1 day		\$380.00
9823	YM811	Sup. Living – 1 Res Level C Therap. Leave	1 day		\$380.00
812	YM812	Supervised Living – 2 Resident	1 day		\$161.99
9812	YM812	Superv. Living – 2 Resident Therap. Leave	1 day		\$161.99
813	YM813	Supervised Living – 3 Resident	1 day		\$116.15
9813	YM813	Superv. Living – 3 Resident Therap Leave	1 day		\$116.15
814	YM814	Supervised Living – 4 Resident	1 day		\$93.17
9814	YM814	Superv. Living – 4 Resident Therap Leave	1 day		\$93.17
815	YM815	Supervised Living – 5 Resident	1 day		\$77.67
816	YM816	Supervised Living – 6 Resident	1 day		\$68.83
115	YP010	Hourly Respite – Individual	15 min		\$5.00
117	YP011	Hourly Respite – Group	15 min		\$1.67
684	YP020	Personal Assist – Individual	15 min		\$4.46
663	YP610	Developmental Day (inc. Before/After)	15 min		\$2.50
660	YP620	ADAP/ADVP	15 min		\$1.25
644	YP630	Supported Employment – Individual	15 min		\$11.21
662	YP640	Supported Employment – Group	15 min		\$2.53
630	YP660	Day Activity	15 min		\$3.75
751	YP710	Supervised Living – Low	1 day		\$28.92
9751	YP710	Supervised Living – Low Ther Leave	1 day		\$28.92

WCHS Non-Medicaid Billing Code	State Code	Service Description	Unit		WCHS Max. Rate for FY08-09
752	YP720	Supervised Living – Moderate	1 day		\$55.11
757	YP720	Intensive Supervised Living	1 day		\$180.23
9757	YP720	Intensive Supervised Living- Ther Leave	1 day		\$180.23
781	YP730	Community Respite	1 day		\$214.38
761	YP740	Family Living – Low	1 day		\$50.00
763	YP750	Family Living – Moderate	1 day		\$52.03
771	YP760	Group Living – Low	1 day		\$55.29
9771	YP760	Group Living – Low Ther Leave	1 day		\$55.29
772	YP770	Group Living – Mod A	1 day		\$70.95
775	YP770	Group Living – Mod B	1 day		\$75.48
9772	YP770	Group Living – Mod A Ther Leave	1 day		\$70.95
9775	YP770	Group Living – Mod B Ther Leave	1 day		\$75.48
773	YP780	Group Living – Hi	1 day		\$141.51
9773	YP780	Group Living – Hi Ther Leave	1 day		\$141.51
625	YP830	Alcohol/Drug Assessment non-licensed SA professional	15 min	Expired 09/30/09 Effective 10/01/09	\$15.40 \$14.15
626	YP831	Behavioral Health Indiv. Counseling non-licensed SA professional	15 min	Expired 09/30/09 Effective 10/01/09	\$22.00 \$20.21
8017	YP832	Behavioral Health Group Therapy non-licensed SA professional	15 min	Expired 09/30/09 Effective 10/01/09	\$8.11 \$7.45
8018	YP833	Family Therapy with Client non-licensed SA professional	15 min	Expired 09/30/09 Effective 10/01/09	\$22.00 \$20.21
8019	YP834	Family Therapy without Client non-licensed SA professional	15 min	Expired 09/30/09 Effective 10/01/09	\$22.00 \$20.21
8014	YP835	Alcohol/Drug Group Counseling non-licensed SA professional	15 min	Expired 09/30/09 Effective 10/01/09	\$5.68 \$5.22
8060	NA	Benefits Eligibility Screening	15 min		\$5.00