

Medicaid Reimbursement by Service

Rate	Code	Description
\$111.11	90791	AOD Assessment that includes assessments
\$53.64	90832	Psychotherapy, 30 minutes.
\$69.74	90834	Psychotherapy, 45 minutes.
\$102.31	90837	Psychotherapy, 60 minutes.
\$145.95	90839	Psychotherapy for crisis; first 60 minutes.
\$69.65	90840	Psychotherapy for crisis; each additional 30 minutes.
\$149.88	H0015	SUD IOP 2 HR 5 Min Group Alcohol and/or drug services; intensive outpatient.
\$9.37	H0005	SUD IOP Alcohol and/or drug services; group counseling.
\$19.54	H0006	SUD Alcohol and/or drug services; case management.
\$14.48	H0048	Drug testing: Collection and handling only, specimens other than blood. (Urine Drug Screening) INSTANT
\$21.39	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) Subcutaneous or intramuscular.
\$49.38	99201	New Patient Visit.
\$84.67	99202	New Patient Visit.
\$122.93	99203	New Patient Visit.
\$188.51	99204	New Patient Visit.
\$236.92	99205	New Patient Visit.
\$22.31	99211	Established Patient Visit.
\$48.97	99212	Established Patient Visit.
\$82.85	99213	Established Patient Visit.
\$122.27	99214	Established Patient Visit.
\$165.15	99215	Established Patient Visit.
\$19.54	H0036	Community Psychiatric Supportive Treatment-Individual
\$8.99	H0036HQ	Community Psychiatric Supportive Treatment-Group
\$15.84-\$26.42	H2017	Psychosocial Rehabilitation
\$22.47-\$37.17	H2019	Individual Therapeutic Behavioral Services