

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

Effective 01/01/2017

Rates highlighted in yellow effective for dates of service on or after 04/01/2017

**LICENSED PRACTITIONERS**

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>							
<b>Evaluation &amp; Management (E&amp;M) codes</b>							
99201	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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	MD, PMHNP	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
99348	MD, PMHNP	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

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**LICENSED PRACTITIONERS**

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
<b>The following codes are reimbursed on a "per occurrence" basis:</b>							
<b>Evaluation &amp; Management (E&amp;M) codes</b>							
99349	MD, PMHNP	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	MD, PMHNP	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
<b>Initial Psychiatric Evaluation</b>							
90791	QMHP*	No	22	Psychiatric diagnostic evaluation	\$ 188.96	\$ 217.30	1
90792	MD, PMHNP	No	22	Psychiatric diagnostic evaluation with medical services	\$ 386.11	\$ 444.03	1
<b>Interactive Complexity &amp; Prolonged Service</b>							
90785	MD, PMHNP, QMHP*	Yes	n/a	Interactive complexity (List separately in addition to the code for primary procedure)	\$ 15.82		1
99354	MD, PMHNP, QMHP*	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; <b>first hour</b> (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	\$ 92.65		1
99355	MD, PMHNP, QMHP*	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; <b>each additional 30 minutes</b> (List separately in addition to code for prolonged service)	\$ 90.13		1
<b>Outpatient Psychotherapy</b>							
90832	QMHP*	Yes	22	Psychotherapy, 30 mins with patient and/or family member	\$ 85.27	\$ 96.38	1
90833	MD, PMHNP	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	QMHP*	Yes	22	Psychotherapy, 45 mins with patient and/or family member	\$ 118.71	\$ 134.19	1
90836	MD, PMHNP	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	QMHP*	Yes	22	Psychotherapy, 60 mins with patient and/or family member	\$ 174.74	\$ 197.53	1
90838	MD, PMHNP	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
<b>Outpatient Interactive Psychotherapy (time is with patient and/or family)</b>							
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
<b>Other Psychotherapy Codes</b>							
90839	MD, PMHNP, QMHP*	Yes	22	Psychotherapy for crisis; first 60 mins	\$ 187.57	\$ 212.02	1
90840	MD, PMHNP, QMHP*	Yes	n/a	Psychotherapy for crisis; each additional 30 mins (List separately in addition to code for primary service)	\$ 85.27		n/a
<b>Other Psychiatric Services or Procedures</b>							
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
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
BCN05	QMHP	n/a	n/a	Collaborative Assessment and Management of Suicidality (CAMS) assessment (used when individual presents with suicidal ideation)	\$ -		n/a
<b>The following codes are reimbursed on a "per 15 minutes" or "per hour" basis:</b>							
96101	QMHP	No	22	Psychological testing, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	\$ 116.31	\$ 133.76	n/a

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Effective 01/01/2017

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**LICENSED PRACTITIONERS**

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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
<i>The following codes are reimbursed on a "per occurrence" basis:</i>							
<b>Evaluation &amp; Management (E&amp;M) codes</b>							
H0004	QMHP	Yes	22	Behavioral health counseling and therapy, per 15 mins	\$ 32.21	\$ 37.04	n/a
H2010	QMHP/RN	Yes	22	Comprehensive medication services, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2011	QMHP	Yes	22	Crisis intervention service, per 15 minutes	\$ 46.89	\$ 53.01	n/a
H2021	QMHP	No	22	Community-based wrap-around services, per 15 mins	\$ 29.07	\$ 33.44	n/a
H2027	QMHP	Yes	22	Psychoeducational service, per 15 mins	\$ 29.07	\$ 33.44	n/a
T1013	Qual Int	No	22	Sign language or oral interpretive services, per 15 mins	\$ 21.99	\$ 25.28	n/a
<i>T1013 removed for dates of service on or after 2/1/2017</i>							
T1016	QMHP	Yes	22	Case management, per 15 mins	\$ 29.07	\$ 33.44	n/a

\* The asterisk indicates services that may only be billed by a licensed QMHP, not by an unlicensed QMHP.

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

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Effective 01/01/2017

**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
<b>The following codes are reimbursed on a "per occurrence" basis:</b>							
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	No	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	No	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
BCN05	QMHP	n/a	n/a	Collaborative Assessment and Management of Suicidality (CAMS) assessment (used when individual presents with suicidal ideation)	\$ -		n/a
<b>The following codes are reimbursed on a "per 15 minutes" or "per hour" basis:</b>							
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
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
T1013	Qual Int	No	22	Sign language or oral interpretive services, per 15 mins	\$ 21.99	\$ 25.28	n/a
<i>T1013 removed for dates of service on or after 2/1/2017</i>							
T1016	QMHP	Yes	22	Case management, per 15 mins	\$ 29.07	\$ 33.44	n/a
<b>The following code has a maximum weekly limit:</b>							
H0036	QMHP	No	22	Community psychiatric supportive treatment, face-to-face, per 15 mins	\$ 9.61	\$ 11.06	10/week

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

**MVBCN Reimbursement Schedule for In-Panel Providers of Outpatient Mental Health Services**  
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Effective 01/01/2017

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

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<b>The following codes are reimbursed on a "per occurrence" basis:</b>							
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
<b>The following codes are reimbursed on a "per 15 minutes" basis:</b>							
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
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
T1013	Qual Int	No	22	Sign language or oral interpretive services, per 15 mins	\$ 21.99	\$ 25.28	n/a
<i>T1013 removed for dates of service on or after 2/1/2017</i>							
T1016-HN	QMHA	Yes	22	Case management, per 15 mins	\$ 20.58	\$ 23.66	n/a
<b>The following code has a maximum weekly limit:</b>							
H0036	QMHA	No	22	Community psychiatric supportive treatment, face-to-face, per 15 mins	\$ 9.61	\$ 11.06	10/week

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