

SERVICE CODES 2019

The rates come from the DMMA fee schedule for State Plan services.

Community Psychiatric Support and Treatment

HCPCS Code	Modifier			Provider Qual.	Tx Context	Description	Units	Rate per Unit
	(1)	(2)	(3)					
H0036	HN			BA/BS	Ind.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, bachelor's degree level, individual office <i>Note: HR and HS may be utilized in conjunction with this code for informational purposes.</i> <i>HR – Family/couple with client present</i> <i>HS – Family/couple without client present</i>	15 min	\$16.80
H0036	HN	U1		BA/BS	Ind.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, bachelor's degree level <i>Note: HR and HS may be utilized in conjunction with this code for informational purposes.</i>	15 min.	\$21.51
H0036	HN	HQ		BA/BS	Grp.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, bachelor's degree level, Group Max of (1:8), Group Average of (1:3), office	15 min	\$5.60
H0036	HN	HQ	U1	BA/BS	Grp	Community psychiatric supportive treatment, face-to-face, per 15 minutes, bachelor's degree level, Group Max of (1:8), Group Average of (1:3)	15 min	\$7.17
H0036	HO			MA/MS	Ind.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, master's degree level, individual office	15 min	\$20.66

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HCPCS Code	Modifier			Provider Qual.	Tx Context	Description	Units	Rate per Unit
	(1)	(2)	(3)					
						<i>Note: HR and HS may be utilized in conjunction with this code for informational purposes.</i>		
H0036	HO	U1		MA/MS	Ind.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, master's degree level <i>Note: HR and HS may be utilized in conjunction with this code for informational purposes.</i>	15 min	\$26.33
H0036	HO	HQ		MA/MS	Grp.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, master's degree level, Group Max of (1:8), Group Average of (1:3), office	15 min	\$6.89
H0036	HO	HQ	U1	MA/MS	Grp.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, master's degree level, Group Max of (1:8), Group Average of (1:3)	15 min	\$8.78
H2033	HN			BA/BS	Ind.	Multisystemic therapy for juveniles, per 15 minutes, bachelor's degree level, *EBP	15 min	\$43.06
H2033	HO			MA/MS	Ind.	Multisystemic therapy for juveniles, per 15 minutes, *EBP	15 min	\$48.75
H0036	HN	HE		BA/BS	Ind.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, mental health program, bachelor's degree level family functional therapy (FFT), *EBP	15 min	\$40.88
H0036	HO	HE		MA/MS	Ind.	Community psychiatric supportive treatment, face-to-face, per 15 minutes, mental health program, master's degree level (FFT), *EBP	15 min	\$50.61
H2019				Licensed	Ind.	Therapeutic Behavioral Services (Dialectical Behavior Therapy (DBT)) *EBP	15 min	\$33.32

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HCPCS Code	Modifier			Provider Qual.	Tx Context	Description	Units	Rate per Unit
	(1)	(2)	(3)					
H2019	HQ			Licensed	Grp.	Therapeutic Behavioral Services, (Dialectical Behavior Therapy (DBT)) *EBP (1:6)	15 min	\$11.11

Psychosocial Rehabilitation (PSR)

HCPCS Code	Modifier			Provider Qual.	Tx Context	Description	Units	Rate per Unit
	(1)	(2)	(3)					
H2017	HM			HSD	Ind.	PSR services; per 15 minutes, individual office	15 min	\$13.35
H2017	HM	U1		HSD	Ind.	PSR services; per 15 minutes, individual community	15 min	\$17.21

Family Peer Support Services

HCPCS Code	Modifier			Tx Context	Description	Units	Rate Per Unit
	(1)	(2)	(3)				
H0038				Ind	Self-help/peer services, Office	15 min	\$13.83

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HCPC S Code	Modifier			Tx Context	Description	Units	Rate Per Unit
	(1)	(2)	(3)				
H0038	HQ			Grp	Self-help/peer services, Group (1:4), Office	15 min	\$3.46
H0038	HS			Ind	Self-help/peer services, Family Couple w/o Client Present, Office	15 min	\$13.83
H0038	HS	HQ		Grp	Self-help/peer services, Family Couple w/o Client Present, Group (1:4), Office	15 min	\$3.46
H0038	U1			Ind	Self-help/peer services, Home/Community	15 min	\$15.38
H0038	HQ	U1		Grp	Self-help/peer services, Group (1:4), Home/Community	15 min	\$3.85
H0038	HS	U1		Ind	Self-help/peer services, Family Couple w/o Client Present, Home/Community	15 min	\$15.38
H0038	HS	HQ	U1	Grp	Self-help/peer services, Family Couple w/o Client Present, Group (1:4), Home/Community	15 min	\$3.85
S5110				Ind.	Home care training, family; per 15 minutes	15 min	\$13.83
S5110	U1			Ind.	Home care training, family; per 15 minutes U1 – Medicaid level of care 1, services rendered in a home and community-based setting	15 min	\$15.38
S5110	HQ			Grp.	Home care training, family; per 15 minutes, group setting (maximum group size 1:8)	15 min	\$3.46
S5110	HQ	U1		Grp.	Home care training, family; per 15 minutes, group setting (maximum group size 1:8) U1 – Medicaid level of care 1, services rendered in a home and community-based setting	15 min	\$3.85

Family Based MH Service

HCPCS Code	Modifier			Provider Qual.	Tx Context	Description	Units	Rate Per Unit
	(1)	(2)	(3)					
H0036	U3			MA/PhD	Ind.	Family Based MH	15 min	\$73.03

Crisis Intervention Services

HCPCS Code	Modifier			Provider Qual.	Tx Context	Description	Units	Rate Per Unit
	(1)	(2)	(3)					
H2011					Ind.	CI service, per 15 minutes, (mobile crisis team)	15 min	\$89.52

Residential Rehabilitation

HCPCS Code	Modifier		Provider Qual.	Tx Context	Description	Units	Per Diem Unit
	(1)	(2)					
H0018					BH, short-term residential (non-hospital residential treatment program) without room and board, per diem	Per diem (medical portion only)	\$449.85
H0018	HW				Room and Board (Not for MMIS until DMES)	Per diem	\$53.56

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Day Treatment

HCPCS Code	Modifier		Provider Qual.	Tx Context	Description	Units	Per Diem Unit
	(1)	(2)					
H0037	HQ	HN			Mental health, 3 hours with group size of 3, Bachelor's, per diem	Per diem	\$77.70
H0037	HQ	HO			Mental health, 3 hours with group size of 3, Master's, per diem	Per diem	\$95.97
H0037	HQ	HP			Mental health, 3 hours with group size of 3, licensed, non-MD/non-Psychologist, per diem	Per diem	\$106.01
H0037	HQ				Mental health, 3 hours with group size of 3, licensed MD/Psychologist, per diem	Per diem	\$127.43

Psychiatric Residential Treatment Facility (PRTF)

Revenue Code*	Provider Qual.	Tx Context	Description	Units	Per Diem Unit
0124 0126 0128			PRTF services, including room and board, 80% occupancy, per diem	Per diem	\$ Varies

*Dependent upon number of beds.

Substance Use Disorder Treatment

Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
90785	HF			Interactive complexity (list separately in addition to the code for primary procedure) <i>(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350] and group psychotherapy [90853])</i> <i>(Do not report 90785 in conjunction with 90839, 90840 or in conjunction with E&M services when no psychotherapy service is also reported)</i> <i>Licensed practitioners only</i>		
90832	HF	Psychotherapy, 30 minutes with patient and/or family member <i>Licensed practitioners only for substance abuse program</i>	Per session		\$67.92	\$50.94
90834	HF	Psychotherapy, 45 minutes with patient and/or family member <i>Licensed practitioners only for substance abuse program</i>	Per session		\$90.45	\$67.84
90837	HF	Psychotherapy, 60 minutes with patient and/or family member <i>Licensed practitioners only for substance abuse program.</i>	Per session		\$135.88	\$101.91
90839	HF	Psychotherapy for crisis; first 60 minutes <i>Licensed practitioners only for substance abuse program must be part of certified crisis program</i>	60 minutes		\$141.58	\$106.18

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
+90840	HF			Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service) (Use 90840 in conjunction with 90839) <i>Licensed practitioners only for substance abuse program must be part of certified crisis program</i>		30 minutes follow-on
90846	HF	Family psychotherapy (without the patient present) <i>Licensed practitioners only for substance abuse program</i>	Per session		\$109.43	\$82.07
90847	HF	Family psychotherapy (conjoint psychotherapy) (with patient present) <i>Licensed practitioners only for substance abuse program</i>	Per session		\$113.70	\$85.28
90849	HF	Multiple-family group psychotherapy			\$41.92	\$31.44
90853	HF	Group psychotherapy (other than of a multiple-family group)	Per session		\$27.18	\$20.39
H0001		Alcohol and/or drug assessment	One session (One hour visit)	\$77.30		
H0001	U1	Alcohol and/or drug assessment, Home/Community	One Session (One hour visit)	\$90.26		
H0004	HF	Behavioral health counseling and therapy (ASAM Level 1) <i>Note: Utilize HR and HS modifiers as needed for family/couple therapy</i>	Per 15 minutes	\$19.33		

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
H0004	HF			U1 Behavioral health counseling and therapy <i>Note: Utilize HR and HS modifiers as needed for family/couple therapy</i>		Per 15 minutes
H0005		Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1) <i>Note: Utilize HR and HS modifiers as needed for family/couple therapy</i>	One session (45 minutes)	\$9.66		
H0005	U1	Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1), Home/Community <i>Note: Utilize HR and HS modifiers as needed for family/couple therapy</i>	One session (45 Minutes)	\$11.28		
H0010		Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM)	Per diem (medical portion)	\$290.70		
H0010	HW	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM). <i>Room and board note: MMIS will not process — not Medicaid</i>	Per diem (room and board portion)	\$58.10		
H0011		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM)	Per diem (medical portion)	\$354.67		
H0011	HW	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM)	Per diem	\$65.84		

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
				<i>Room and board note: MMIS will not process — not Medicaid</i>		(room and board portion)
H0012		Alcohol and/or drug abuse service; subacute detoxification (residential addiction program outpatient) (Level 2-WM 23-hour)	Per diem	\$334.27		
H0014	TD	Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM), Registered Nurse	Per 60 minutes	\$104.45		
H0014		Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM), Unlicensed Practitioner	Per 60 minutes	\$77.30		
H0015		Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention and activity therapies or education Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week <i>Note: Utilize HR and HS modifiers as needed for family/couple therapy</i>	Per hour	\$77.30 per hour		
H0015	HQ	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention and activity therapies or education Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week	Per diem	\$103.09 per diem		

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
H0015	HQ			HK		Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week.
H0015	HQ	U1	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education, Home/community. Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week.	Per diem	\$120.37 per diem	
H0015	HQ	HK TG	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention and activity therapies or education Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week	Per diem	\$190.18 per diem	
H0015	HQ	TG	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.	Per diem	\$154.64 per diem	

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
				Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week.		
H0015	HQ	TG U1 Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education, Home/Community. Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week.	Per diem	\$180.56 per diem		
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) (Limited to one per day) <i>Note: MA-OTPs may bill this code</i>	Per Service		\$4.00	
H0038	HF	Self-help/peer services, substance abuse program	Per 15 minute	\$14.75		
H0048	HF	Alcohol and/or other drug testing: collection and handling only, specimens other than blood Collection and handling of specimens (UAs) for alcohol/drug analysis. To ensure the integrity of the specimen a chain of custody from the point of collection throughout the analysis process is necessary. Service frequency is limited based on medical necessity. **Refer to billing guidance at the end of the section	Per service	\$8.20**		
H2034		Alcohol and/or drug abuse halfway house services, per diem (Level 3.1)	Per diem	\$150.53		

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
						(medical portion)
H2034	HW	Alcohol and/or drug abuse halfway house services, per diem (Level 3.1).	Per diem	\$41.14		
		<i>Room and Board Note: MMIS will not process — not Medicaid</i>	(room and board)			
H2036	HI	Alcohol and/or drug treatment program, per diem	Per diem	\$273.25 (Medicaid 10 and under beds)		
		(Level 3.3 – cognitive impairment)		\$189.44 (Medicaid 11-16 beds)		
			(medical portion)	\$114.05 (Non-Medicaid 47 beds)		
H2036		Alcohol and/or drug treatment program, per diem (Level 3.5 – no cognitive impairment)	Per diem	\$189.44 (Medicaid 11-16 beds)		
			(medical portion)			
H2036	TG	Alcohol and/or drug treatment program, per diem (Level 3.7)	Per diem	\$291.65		
			(medical portion)			

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
H2036	HW			Alcohol and/or drug treatment program, per diem <i>Room and Board Note: MMIS will not process — not Medicaid</i>		Per diem (room and board)
J0571		Buprenorphine, oral, 1 mg	1 unit	Providers should bill actual cost		
J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg <i>Note: Do not enter cubic centimeter (cc) volume</i>	1 unit	Providers should bill actual cost		
J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg <i>Note: Do not enter cubic centimeter (cc) volume</i>	1 unit	Providers should bill actual cost		
J0574		Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg <i>Note: Do not enter cubic centimeter (cc) volume</i>	1 unit	Providers should bill actual cost		
J0575		Buprenorphine/naloxone, oral, greater than 10 mg <i>Note: Do not enter cubic centimeter (cc) volume</i>	1 unit	Providers should bill actual cost		
J2315		Injection, naltrexone, depot form, 1 mg <i>Note: Do not enter cubic centimeter (cc) volume</i>	Per unit	\$3.18 per unit		

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Modifier		Description	Units	Rate Per Unit	2019 Physician	2019 Delaware
(1)	(2)			Unlicensed and Residential		LCSW, LMFT, LPMCH or LCDP (Use HO modifier)
T1502	HF			Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit. This code may only be used for the following medication assisted therapies: buprenorphine (SUBUTEX®), buprenorphine and naloxone (SUBOXONE®), by an alcohol and drug provider type. Frequency max 7 administrations per week (1 unit=1 administration). No modifier = oral <i>Note: MA-OTP may bill this code</i>		Per service
99211	HE	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. 99211 HE for injection of MH medications, including long-acting and acute forms of anti-psychotic medications and medications used to treat acute side effects of antipsychotic medications (e.g., haloperidol, risperidone, benztropine)	Per visit		\$22.99	
99211	HF	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. For Vivitrol up to 1 time per month	Per visit		\$22.99	

* Room and Board rate is not applicable to ASAM 3.3 47-bed homes. Room and board expenses related to this service are paid entirely by DSAMH and not separately paid.

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***H0048 Billing guidance:*

1. H0048 cannot be billed for collection and handling during a residential or other SUD services billed on a per diem basis because the cost of time and supplies were built into those rates.
2. H0048 cannot be billed in addition to separately billing for the time spent by the nurse for the same process (e.g., 99211)
3. Rates are inclusive of expenses for cups, wipes, instant testing and other supplies as well as for sending the specimens to a third-party lab. It does not include the third-party lab expenses.
4. When the specimen is sent to the third-party lab, the third-party lab will bill the Medicaid MCO for MCO members.
5. Only one H0048 may be billed a day with a maximum of 2 units in a week.

**Non-Physician Licensed Behavioral Health Practitioner
 (Psychiatrists and APN/NP added for comparison)**

			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
+90785	Interactive complexity (list separately in addition to the code for primary procedure). (Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management (E&M) service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350] and group psychotherapy [90853]). (Do not report 90785 in conjunction with 90839, 90840 or in conjunction with E&M services when no psychotherapy service is also reported).		\$15.01	\$11.26	X	X	X	X	X	X
90791	Psychiatric diagnostic evaluation.	Per evaluation	\$139.11	\$104.33	X	X	X	X	X	X
90792	Psychiatric diagnostic evaluation with medical services. (Do not report 90791 or 90792 in	Per evaluation	\$156.46	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	conjunction with 99201–99337, 99341–99350, 99366–99368, 99401–99444). (Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services).									
90832	Psychotherapy, 30 minutes with patient and/or family member.	Per evaluation	\$67.92	\$50.94	X	X	X	X	X	X
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).	Per evaluation	\$70.51	N/A	X					X
90834	Psychotherapy, 45 minutes with patient and/or family member.	Per evaluation	\$90.45	\$67.84	X	X	X	X	X	X
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–	Per evaluation	\$89.09	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	99255, 99304–99337, 99341–99350).									
90837	Psychotherapy, 60 minutes with patient and/or family member. (Use the appropriate prolonged services code [99354–99357] for psychotherapy services 90 minutes or longer).	Per evaluation	\$135.88	\$101.91	X	X	X	X	X	X
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)	Per evaluation	\$117.74	N/A	X					X
90839	Psychotherapy for crisis; first 60 minutes.	Per evaluation	\$141.58	\$106.18	X	X	X	X	X	X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
+90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). (Use 90840 in conjunction with 90839.) (Do not report 90839, 90840 in conjunction with 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services or 90785–90899).	Per evaluation	\$67.92	\$50.94	X	X	X	X	X	X
90845	Psychoanalysis.	Per evaluation	\$96.56	N/A	X	X				
90846	Family psychotherapy (without the patient present).	Per evaluation	\$109.43	\$82.07	X	X	X	X	X	X
90847	Family psychotherapy (conjoint psychotherapy) (with patient present).	Per evaluation	\$113.70	\$85.28	X	X	X	X	X	X
90849	Multiple-family group psychotherapy.	Per evaluation	\$41.92	\$31.44	X	X	X	X	X	X
90853	Group psychotherapy (other than of a multiple-family group). (Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity).	Per evaluation	\$27.18	\$20.39	X	X	X	X	X	X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
90870	Electroconvulsive therapy (includes necessary monitoring).	Per treatment	\$177.80	N/A	X					
90885	Psychological evaluation of records.		\$50.55	N/A	X					X
96101	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., Minnesota Multiphasic Personality Inventory [MMPI], Rorschach, Wechsler Adult Intelligence Scale [WAIS]), 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.	Per hour	\$N/A	N/A	X	X				
96102	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g. MMPI and WAIS), with qualified health care professional interpretation and report,	Per hour	\$N/A	N/A	X	X				

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			Practitioner Type (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	administered by technician, per hour of technician time, face-to-face.									
96103	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g. MMPI), administered by a computer, with qualified health care professional interpretation and report.	Per test	\$N/A	N/A	X	X				
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Scoring Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the	Per hour	\$N/A	N/A	X	X				

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	patient and time interpreting these test results and preparing the report.									
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Weschler Memory Scales and Wisconsin Card Sorting Test), with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	Per hour	\$N/A	N/A	X	X				
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by computer, with qualified healthcare professional interpretation and report.		\$N/A	N/A	X	X				

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
96150	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psychophysiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.	15 minutes	\$23.26	N/A	X	X				
96151	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psycho-physiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.	Per 15 minutes	\$22.93	N/A	X	X				
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual.	Per 15 minutes	\$21.11	N/A	X	X				
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients).	Per 15 minutes	\$5.03	N/A	X	X				
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).	Per 15 minutes	\$20.76	N/A	X	X				

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99211 HE	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	Per visit	\$22.99	N/A	X					X
	99211 HE for MH medications (e.g., haloperidol, risperidone, fluphenazine, benztropine and diphenhydramine).									
99201	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a problem focused history; 2) a problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or	Per evaluation	\$46.40	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.									
99202	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or	Per evaluation	\$77.26	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.									
99203	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$109.66	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99204	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$166.35	N/A	X					X
99205	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of	Per evaluation	\$209.06	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.									
99211	Office or other outpatient visit for the E&M of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	Per evaluation	\$22.99	N/A	X					X
99212	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a problem-focused history; 2) a problem focused examination; and	Per evaluation	\$45.65	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.									
99213	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's or	Per evaluation	\$75.06	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.									
99214	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$109.84	N/A	X					X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99215	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$147.20	N/A	X					X
+99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient E&M service). Use 99354 in conjunction	First Hour	\$131.66	\$75.33	X	X*	X*	X*	X*	X

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	with 90837, 99201-99215, 99241-99245, 99324-99337, 99341-99350. The practitioner types in bold* can use +99354 only in conjunction with 90837.									
+99355	Each additional 30 minutes (list separately in addition to code for prolonged service). Use in conjunction with 99354. The practitioner types in bold* can use +99354 only in conjunction with 90837.	30 minutes	\$100.44	\$75.33	X	X*	X*	X*	X*	X
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.	Per evaluation	\$36.21	N/A	X	X				
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.	Per evaluation	\$69.91	N/A	X	X				

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			<i>Practitioner Type</i> (Note: Psychiatrists is for non-Medicaid only and not included under Medicaid OLP State Plan.)							
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
Q3014	Telehealth Facility Fee note: The originating site, with the consumer present, may bill code Q3014 (telemedicine originating site facility fee).		\$23.76	\$17.82 (no modifier)						