

## DHS91073 Rate Table

Last Revised: 5/11/23

Effective Date: 7/1/2023

<b>Psychotherapy Services</b>				
Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Psychiatric Diagnostic Interview Examination	90791	NCA	\$36.14	Quarter Hour
Psychotherapy, 30 minutes, with patient and/or family member	90832	NT2	\$59.27	Session
Psychotherapy, 45 minutes, with patient and/or family member	90834	NT3	\$105.80	Session
Psychotherapy, 60 minutes, with patient and/or family member	90837	NT4	\$131.66	Session
Psychotherapy for crisis, first 60 minutes, with patient and/or family member	90839	NTC	\$118.55	Session
Psychotherapy for crisis, add-on	90840	NTX	\$59.27	Half Hour
Family Psychotherapy - without patient present	90846	NFW	\$29.64	Quarter Hour
Family Psychotherapy - with patient present	90847	NFT	\$29.64	Quarter Hour
Multiple-Family Group Psychotherapy	90849	NFG	\$6.90	Quarter Hour
Group Psychotherapy	90853	NGT	\$6.90	Quarter Hour
Mental Health Assessment By Non Physician	H0031	NCN	\$36.14	Quarter Hour
Clinical Consultation	N/A	NCC	\$20.00	Quarter Hour
Non-Clinical Consultation	N/A	NNC	\$13.30	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

<b>Psychological and Neuropsychological Evaluation Services</b>				
Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Assessment of Aphasia	96105	NXA	\$144.36	Hour
Developmental Testing (Limited)	96110	NDL	\$6.14	Exam
Developmental Test Administration - 1st Hour	96112	NDT	\$144.36	Hour
Developmental Test Administration – Each Additional Half Hour	96113	ND2	\$72.18	Half Hour
Neurobehavioral Status Examination - by Physician or Qualified Health Care Professional - 1st Hour	96116	NXB	\$144.36	Hour
Neurobehavioral Status Examination – by Physician or Qualified Health Care Professional – Each Additional Hour	96121	NB2	\$144.36	Hour
Standardized Cognitive Performance Testing by a Health Care Professional - per hour	96125	NST	\$144.36	Hour
Psychological Testing Evaluation by Physician or Qualified Health Care Professional - 1st Hour	96130	NP1	\$144.36	Hour
Psychological Testing Evaluation by Physician or Qualified Health Care Professional - Each Additional Hour	96131	NP2	\$144.36	Hour
Neuropsychological Testing Evaluation by Physician or Health Care Professional - 1st Hour	96132	NP3	\$144.36	Hour
Neuropsychological Testing Evaluation by Physician or Health Care Professional - Each Additional Hour	96133	NP4	\$144.36	Hour
Psychological or Neuropsychological Testing by Physician or Health Care Professional - 1st Half Hour	96136	NP5	\$72.18	Half Hour
Psychological or Neuropsychological Testing by Physician or Health Care Professional - Each Additional Half Hour	96137	NP6	\$72.18	Half Hour
Psychological or Neuropsychological Testing by Technician - 1st Half Hour	96138	NP7	\$27.30	Half Hour
Psychological or Neuropsychological Testing by Technician - Each Additional Half Hour	96139	NP8	\$27.30	Half Hour
Psychological or Neuropsychological Testing by Electronic Platform - Auto Result	96146	NP9	\$1.58	Exam
Clinical Consultation	N/A	NCC	\$20.00	Quarter Hour

Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile
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### Pharmacologic Evaluation and Management Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Pharmacologic Management, Prescriber (MD/APRN) (based on complexity and time, 5 Minutes typical)	99211 with CG modifier	NM1	\$18.80	Session
Pharmacologic Management, Prescriber (MD/APRN) (based on complexity and time, 10 Minutes typical)	99212 with CG modifier	NM2	\$42.11	Session
Pharmacologic Management, Prescriber (MD/APRN) (based on complexity and time, 15 Minutes typical)	99213 with CG modifier	NM3	\$81.01	Session
Pharmacologic Management, Prescriber (MD/APRN) (based on complexity and time, 25 Minutes typical)	99214 with CG modifier	NM5	\$95.49	Session
Pharmacologic Management, Prescriber (MD/APRN) (based on complexity and time, 40 Minutes typical)	99215 with CG modifier	NM8	\$140.72	Session
Home Services E/M Codes – established patient - 15 Minutes	99347	NH1	\$41.73	Session
Home Services E/M Codes – established patient - 25 Minutes	99348	NH2	\$63.75	Session
Home Services E/M Codes – established patient - 40 Minutes	99349	NH3	\$97.34	Session
Home Services E/M Codes – established patient - 60 Minutes	99350	NH4	\$135.45	Session
Psychiatric Diagnostic Evaluation with Medical Services, by physician or APRN	90792	NPE	\$36.14	Quarter Hour
Psychotherapy add-on code, with a patient and/or family member - 30 mins (added to applicable E/M service code)	90833	NMT	\$59.27	Session
Psychotherapy add-on code, with a patient and/or family member - 45 mins (added to applicable E/M code)	90836	NMI	\$88.91	Session
Psychotherapy add-on code, with a patient and/or family member - 60 mins (added to applicable E/M code)	90838	NMC	\$118.55	Session
Mental Health Assessment	H0031	NCN	\$36.14	Quarter Hour
Nurse Assessment/Evaluation	T1001	NAE	\$44.38	Session
Therapeutic, Prophylactic, or Diagnostic Injection, Subcutaneous/Intramuscular	96372	NDI	\$20.17	Session
Clinical Consultation	N/A	NCC	\$20.00	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

### Psychosocial Rehabilitative Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Individual Skills Training and Development (Psychosocial rehabilitative services with an individual)	H2014	NRI	\$14.50	Quarter Hour
Group Psychosocial Rehabilitative Services	H2017	NRG	\$3.96	Quarter Hour
Group Psychosocial Rehabilitative Services - Intensive	H2017 U1	NRX	\$4.16	Quarter Hour
Non-Clinical Consultation	N/A	NNC	\$13.30	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

### Therapeutic Behavioral Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Individual/Family Therapeutic Behavioral Services	H2019	NBT	\$18.60	Quarter Hour
Group Therapeutic Behavioral Services	H2019 HQ	NBG	5.71	Quarter Hour
Non-Clinical Consultation	N/A	NNC	\$13.30	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

### Family and Youth Peer Support Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Peer Support Services, individual - per 15 mins	H0038	NPS	\$13.64	Quarter Hour
Mileage at Standard Rate of Reimbursement (over 60 miles round trip)	N/A	MSR	<a href="https://hs.utah">https://hs.utah</a>	

### Evidence-Based Program Models for Prevention of Foster Care Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Parent-Child Interaction Therapy - Provided by a therapist who is certified or trained and working toward certification by PCIT International	N/A	PCE	\$37.50	Quarter Hour
Trauma Focused Cognitive Behavior Therapy	N/A	TFT	\$36.24	Quarter Hour
Functional Family Therapy	N/A	FFT	\$220.00	Session
Motivational Interviewing	N/A	MIT	\$36.24	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

### Mentoring Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Mentoring (1:1)	N/A	MT1	\$5.60	Quarter Hour
Mentoring (1:2)	N/A	MT2	\$2.80	Quarter Hour
Mentoring (1:3)	N/A	MT3	\$1.87	Quarter Hour
Mileage at Standard Rate of Reimbursement (over 60 miles round trip)	N/A	MSR	<a href="https://hs.utah">https://hs.utah</a>	

### Day Treatment Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Mileage & Travel Reimbursement	N/A	MIR	\$1.07	Mile
Day Group Skills	N/A	DGR	\$1.80	Quarter Hour
Day Group Skills - Intensive	N/A	DGX	\$3.24	Quarter Hour
Community Group Supports	N/A	CGS	Up to	Daily

<b>Respite Care Services</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
Overnight Respite	N/A	OVR	\$98.00	Daily
Overnight Respite - High Needs	N/A	OVH	\$150.00	Daily
Day Respite	N/A	DAR	\$3.75	Quarter Hour
Day Respite - High Needs	N/A	DAH	\$4.52	Quarter Hour

<b>Behavior Consultation and Adaptive Behavior Treatment Services</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
Behavior Analysis Consultation - Level 2 (Licensed Behavior Analyst)	N/A	BHX	\$20.00	Quarter Hour
Behavior Analysis Consultation - Level 1	N/A	BHA	\$17.94	Quarter Hour
Adaptive Behavior Treatment	N/A	BHT	\$15.00	Half Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

<b>Clinical Consultation</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
Clinical Consultation	N/A	NCC	\$20.00	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

<b>DSPD Eligibility Evaluation and Specialty Psychological Services</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
Psychological Evaluations for DHHS/DSPD Eligibility Determination	N/A	APL	\$662.20	Exam
Special Need Evaluation - Neuropsychological	N/A	APN	\$132.44	Hour
Special Need Evaluation - Psychosexual	N/A	APS	\$132.44	Hour
DSPD Consultation and/or Atypical Evaluation	N/A	APX	\$16.66	Quarter Hour
Defendant No-Show	N/A	DNS	\$125.00	Exam
Psychological Evaluation Court Appearances and Testimony \$200 (Less than 4 hours spent in court) \$300 (At least 4 but less than 6 hours spent in court) \$400 (6 or more hours spent in court. Any request for payment in excess of \$400.00 must be pre-approved in writing)	N/A	APQ	\$200 \$300 \$400	Daily
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

<b>Forensic Evaluation Services</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
Forensic Evaluation for, or Restoration Evaluation of, Competency to Stand Trial	N/A	APC	\$1,000.00	Exam

Forensic Evaluation to Determination Exception to Death Penalty	N/A	APD	\$1,200.00	Exam
Forensic Evaluation Services - For A Person Without Intellectual Disabilities - Juvenile	N/A	JFE	\$1,000.00	Exam
Forensic Evaluation Services - For A Person Without Intellectual Disabilities - Juvenile - Extended Evaluation. May be requested for evaluations that require more time with the client or more extensive testing or observation. Requests must be approved in writing by the Juvenile Competency Administrator or designee prior to completion of the evaluation. Requests submitted after completion of the evaluation will not be considered and the evaluation will be paid at the standard evaluation rate.	N/A	JFE	Over \$1,000.00 up to \$1,200.00	Exam
Forensic Evaluation Services - For A Person Without Intellectual Disabilities - Juvenile - Extraordinary Circumstance Evaluation. May be requested for high profile evaluations that require extraordinary time or expertise to prepare. Requests must be approved in writing by either the Juvenile Competency Administrator or designee, prior to completion of the evaluation. Requests submitted after completion of the evaluation will not be considered and the evaluation will be paid at the standard evaluation rate.	N/A	JFE	Over \$1,200.00	Exam
Forensic Evaluation Services - For A Person Without Intellectual Disabilities - Adult	N/A	FOR	\$1,000.00	Exam
Forensic Evaluation Services - For A Person Without Intellectual Disabilities - Adult - Extended Evaluation. May be requested for evaluations that require more time with the client or more extensive testing or observation. Requests must be approved in writing by the Director of Forensic Services at the Utah State Hospital or designee prior to completion of the evaluation. Requests submitted after completion of the evaluation will not be considered and the evaluation will be paid at the standard evaluation rate.	N/A	FOR	Over \$1,000.00 up to \$1,200.00	Exam
Forensic Evaluation Services - For A Person Without Intellectual Disabilities - Adult - Extraordinary Circumstance Evaluation. May be requested for high profile evaluations that require extraordinary time or expertise to prepare. Requests must be approved in writing by either the Director of Forensic Services at the Utah State Hospital, or designee; or the DSAMH Assistant Director, or designee, prior to completion of the evaluation. Requests submitted after completion of the evaluation will not be considered and the evaluation will be paid at the standard evaluation rate.	N/A	FOR	Over \$1,200.00	Exam
DSPD Consultation and/or Atypical Evaluation	N/A	APX	\$16.66	Quarter Hour
Defendant No-Show	N/A	DNS	\$150.00	Exam
Forensic Evaluation Court Appearances and Testimony \$300 (Less than 4 hours spent in court) \$400 (At least 4 but less than 6 hours spent in court) \$500 (6 or more hours spent in court. Any request for payment in excess of \$400.00 must be pre-approved in writing)	N/A	APQ	\$300 \$400 \$500	Daily
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile

### Civil Commitment Services

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
Civil Commitment Examination	N/A	CCE	\$16.66	Quarter Hour
Civil Commitment Court Appearance	N/A	CCC	\$16.66	Quarter Hour
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile
Defendant No-Show	N/A	DNS	\$125.00	Exam

<b>Domestic Violence Treatment Services</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
DV Child/Youth Survivors Behavioral Health Assessment	90791	VCA	\$121.16	Hour
DV Adult Survivors Behavioral Health Assessment	90791	VNA	\$121.16	Hour
DV Offender Evaluation	90791	VOE	\$121.16	Hour
DV Adult Survivors Individual Therapy	90832, 90834, 90837	VNI	\$24.83	Quarter Hour
DV Offender Individual Intervention Services	90832, 90834, 90837	VOI	\$24.83	Quarter Hour
DV Child/Youth Survivors Individual Therapy	90832, 90834, 90837	VCI	\$24.83	Quarter Hour
DV Adult Survivors Group Therapy	90853	VNG	\$6.33	Quarter Hour
DV Child/Youth Survivors Group Therapy	90853	VCG	\$6.33	Quarter Hour
DV Offender Group Intervention Services	90853	VOG	\$6.33	Quarter Hour
DV Adult Survivors Medication Management (MD/APRN) - 15 Minutes	99213 with CG modifier	VNM	\$81.01	Session
DV Child/Youth Survivors Medication Management (MD/APRN) - 15 Minutes	99213 with CG modifier	VCM	\$81.01	Session

<b>Rural Incentive</b>			
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Payment</b>
Special Incentive for Rural In-Home Evidence-Based Programs & Practices	N/A	SIR	Additional

<b>PASRR Level II Evaluation Services</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
PASRR Level II Evaluations	N/A	PAS	\$92.33	Hour
PASRR Level II Evaluations	N/A	PAS	\$377.01	Session

<b>Mileage</b>				
<b>Service Name</b>	<b>Medicaid Billing Code</b>	<b>DHHS Service Code</b>	<b>Unit Rate</b>	<b>Unit</b>
Mileage at Standard Rate of Reimbursement (over 60 miles round trip)	N/A	MSR	<a href="https://hs.utah">https://hs.utah</a>	

<b>In-Home Adaptive Parenting Services</b>				

Service Name	Medicaid Billing Code	DHHS Service Code	Unit Rate	Unit
In-Home Adaptive Parenting Services	N/A	IAP	\$145.00	Session
Mileage & Travel Reimbursement (over 75 miles round trip)	N/A	MIR	\$1.07	Mile