

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	CPT®/ HCPCS CODE	MODIFIER	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST/ PHYSICIAN
							ASSISTANT
Psychiatric Diagnostic Evaluation - no medical svcs	90791	w/ or w/o GT or FQ	\$223.70	\$158.19	\$158.19	\$141.68	\$141.68
Psychiatric Diagnostic Evaluation - no medical svcs	90791	U1 or U1, FR	\$141.68	\$141.68	\$141.68	N/B	\$141.68
Psychiatric Diagnostic Evaluation - no medical svcs	90791	UD or UD, FR	\$141.68	\$141.68	\$141.68	\$141.68	N/B
Psychiatric Diagnostic Evaluation - w/ medical svcs	90792	w/ or w/o GT or FQ	\$186.06	\$158.15	N/B	N/B	\$158.15
Psychotherapy w/ patient, 30 min	90832	w/ or w/o GT or FQ	\$88.24	\$66.02	\$66.02	\$59.14	\$59.14
Psychotherapy w/ patient, 30 min	90832	U1 or U1, FR	\$59.14	\$59.14	\$59.14	N/B	\$59.14
Psychotherapy w/ patient, 30 min	90832	UD or UD, FR	\$59.14	\$59.14	\$59.14	\$59.14	N/B
Psychotherapy w/ patient, 30 min, w/ E&M svc	+90833	w/ or w/o GT or FQ	\$59.90	\$50.92	N/B	N/B	\$50.92
Psychotherapy w/ patient, 45 min	90834	w/ or w/o GT or FQ	\$115.07	\$99.06	\$99.06	\$88.72	\$88.72
Psychotherapy w/ patient, 45 min	90834	U1 or U1, FR	\$88.72	\$88.72	\$88.72	N/B	\$88.72
Psychotherapy w/ patient, 45 min	90834	UD or UD, FR	\$88.72	\$88.72	\$88.72	\$88.72	N/B
Psychotherapy w/ patient, 45 min, w/ E&M svc	+90836	w/ or w/o GT or FQ	\$75.91	\$64.52	N/B	N/B	\$64.52
Psychotherapy w/ patient, 60 min	90837	w/ or w/o GT or FQ	\$146.68	\$117.66	\$117.66	\$105.37	\$105.37
Psychotherapy w/ patient, 60 min	90837	U1 or U1, FR	\$105.37	\$105.37	\$105.37	N/B	\$105.37
Psychotherapy w/ patient, 60 min	90837	UD or UD, FR	\$105.37	\$105.37	\$105.37	\$105.37	N/B
Psychotherapy w/ patient, 60 min, w/ E&M svc	+90838	w/ or w/o GT or FQ	\$112.55	\$95.67	N/B	N/B	\$95.67
Pharmacologic Management Performed w/Psychotherapy	+90863	w/ or w/o GT or FQ	N/B	\$50.22	N/B	N/B	N/B
Psychotherapy for Crisis, initial 60 min	90839	w/ or w/o GT or FQ	\$149.63	\$149.63	\$149.63	\$149.63	\$149.63
Psychotherapy for Crisis, initial 60 min	90839	U1 or U1, FR	\$149.63	\$149.63	\$149.63	N/B	\$149.63
Psychotherapy for Crisis, initial 60 min	90839	UD or UD, FR	\$149.63	\$149.63	\$149.63	\$149.63	N/B
Psychotherapy for Crisis, addtl 30 min	+90840	w/ or w/o GT or FQ	\$71.58	\$71.58	\$71.58	\$71.58	\$71.58
Psychotherapy for Crisis, addtl 30 min	+90840	U1 or U1, FR	\$71.58	\$71.58	\$71.58	N/B	\$71.58
Psychotherapy for Crisis, addtl 30 min	+90840	UD or UD, FR	\$71.58	\$71.58	\$71.58	\$71.58	N/B
Family Psychotherapy w/o patient, 50 min	90846	w/ or w/o GT or FQ	\$129.41	\$104.89	\$104.89	\$95.77	\$95.77
Family Psychotherapy w/o patient, 50 min	90846	U1 or U1, FR	\$95.77	\$95.77	\$95.77	N/B	\$95.77
Family Psychotherapy w/o patient, 50 min	90846	UD or UD, FR	\$95.77	\$95.77	\$95.77	\$95.77	N/B
Family Psychotherapy w/ patient, 50 min	90847	w/ or w/o GT or FQ	\$148.82	\$120.62	\$120.62	\$110.14	\$110.14
Family Psychotherapy w/ patient, 50 min	90847	U1 or U1, FR	\$110.14	\$110.14	\$110.14	N/B	\$110.14
Family Psychotherapy w/ patient, 50 min	90847	UD or UD, FR	\$110.14	\$110.14	\$110.14	\$110.14	N/B
Multiple-Family Group Psychotherapy	90849		\$31.61	\$26.87	\$26.87	\$23.71	\$23.71
Group Psychotherapy	90853	w/ or w/o GT or FQ	\$50.06	\$30.03	\$30.03	\$27.43	\$27.43
Group Psychotherapy	90853	U1 or U1, FR	\$27.43	\$27.43	\$27.43	N/B	\$27.43
Group Psychotherapy	90853	UD or UD, FR	\$27.43	\$27.43	\$27.43	\$27.43	N/B
Electroconvulsive Therapy (E.C.T.)	90870		\$145.94	N/B	N/B	N/B	N/B
Hypnotherapy	90880		\$90.20	N/B	N/B	N/B	N/B
Psychiatric eval of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	90885		\$34.50	\$29.33	\$29.33	\$25.88	\$29.33
Interpretation or explanation of results of psychiatric, other medical exam/procedures, or other accumulated data to family/responsible persons, or advising them how to assist patient	90887		\$48.59	\$41.30	\$41.30	\$36.44	\$41.30
Preparation of report of patient's psychiatric status, history, treatment, or progress, for other individuals, agencies, or insurance carriers	90889		\$48.55	\$41.27	\$41.27	\$36.41	\$41.27

This document is the proprietary information of Magellan.

Version: 2/15/2024 Effective: 7/1/2024

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	CPT®/ HCPCS CODE	MODIFIER	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST/ PHYSICIAN ASSISTANT
Drug test(s), presumptive, any # of drug classes, any # of devices/procedures; read by instrument assisted direct optical observation, includes sample validation when performed	80305		\$12.11	\$12.11	\$12.11	\$12.11	\$12.11
Drug test(s), presumptive, any # of drug classes, any # of devices/procedures; read by instrument asst direct optical obsrvtn utl immunoassay, incl sample validation when performed	80306		\$16.16	\$16.16	\$16.16	\$16.16	\$16.16
Drug test(s), presumptive, any # of drug classes, any # of devices/procedures; read by instrument chemistry analyzers, chromatography and mass spectrometry w/ or w/o chromatography, includes sample validation when performed	80307		\$64.65	\$64.65	\$64.65	\$64.65	\$64.65
Injection	96372		\$19.79	\$22.96	N/B	N/B	\$19.79
Office Outpatient Visit, New Patient, 15 min	99202	w/ or w/o GT or FQ	\$81.44	\$71.94	N/B	N/B	\$62.02
Office Outpatient Visit, New Patient, 15 min	99202	U1 or U1, FR	\$62.02	N/B	N/B	N/B	\$62.02
Office Outpatient Visit, New Patient, 30 min	99203	w/ or w/o GT or FQ	\$119.42	\$105.47	N/B	N/B	\$90.92
Office Outpatient Visit, New Patient, 30 min	99203	U1 or U1, FR	\$90.92	N/B	N/B	N/B	\$90.92
Office Outpatient Visit, New Patient, 45 min	99204	w/ or w/o GT or FQ	\$183.80	\$162.32	N/B	N/B	\$139.93
Office Outpatient Visit, New Patient, 45 min	99204	U1 or U1, FR	\$139.93	N/B	N/B	N/B	\$139.93
Office Outpatient Visit, New Patient, 60 min	99205	w/ or w/o GT or FQ	\$231.38	\$204.35	N/B	N/B	\$176.16
Office Outpatient Visit, New Patient, 60 min	99205	U1 or U1, FR	\$176.16	N/B	N/B	N/B	\$176.16
Office Outpatient Visit, Established patient	99211	w/ or w/o GT or FQ	\$23.09	\$20.39	N/B	N/B	\$17.58
Office Outpatient Visit, Established patient	99211	U1 or U1, FR	\$17.58	N/B	N/B	N/B	\$17.58
Office Outpatient Visit, Established Patient, 10 min	99212	w/ or w/o GT or FQ	\$52.45	\$44.58	N/B	N/B	\$44.58
Office Outpatient Visit, Established Patient, 10 min	99212	U1 or U1, FR	\$36.96	N/B	N/B	N/B	\$36.96
Office Outpatient Visit, Established Patient, 20 min	99213	w/ or w/o GT or FQ	\$84.28	\$71.64	N/B	N/B	\$71.64
Office Outpatient Visit, Established Patient, 20 min	99213	U1 or U1, FR	\$60.35	N/B	N/B	N/B	\$60.35
Office Outpatient Visit, Established Patient, 30 min	99214	w/ or w/o GT or FQ	\$119.50	\$105.35	N/B	N/B	\$101.58
Office Outpatient Visit, Established Patient, 30 min	99214	U1 or U1, FR	\$90.82	N/B	N/B	N/B	\$90.82
Office Outpatient Visit, Established Patient, 40 min	99215	w/ or w/o GT or FQ	\$167.76	\$142.60	N/B	N/B	\$142.60
Office Outpatient Visit, Established Patient, 40 min	99215	U1 or U1, FR	\$122.93	N/B	N/B	N/B	\$122.93
Prolonged Outpatient Service, each 15 min	+99417	w/ or w/o GT or FQ	\$24.47	\$20.80	N/B	N/B	\$20.80
Prolonged Office Outpatient Service, each 15 min	+G2212	w/ or w/o GT or FQ	\$27.31	\$23.21	N/B	N/B	\$23.21
Prolonged Inpatient or Observation Service, each 15 min	+G0316	w/ or w/o GT or FQ	\$27.04	\$22.98	N/B	N/B	\$22.98
Emergency Department Visit	99281		\$9.79	\$8.32	N/B	N/B	\$8.32
Emergency Department Visit, straightforward	99282		\$35.42	\$30.11	N/B	N/B	\$30.11
Emergency Department Visit, low complexity	99283		\$60.74	\$51.63	N/B	N/B	\$51.63
Emergency Department Visit, moderate complexity	99284		\$102.71	\$87.30	N/B	N/B	\$87.30
Emergency Department Visit, high complexity	99285		\$149.13	\$126.76	N/B	N/B	\$126.76
Initiation of medication for the treatment of opioid use disorder in the emergency dept setting, incl assessment, referral to ongoing care, and arranging access to supportive svcs	+G2213		\$55.54	\$47.21	N/B	N/B	\$47.21
Initial Nursing Facility Consultation, 25 min	99304		\$75.77	N/B	N/B	N/B	\$64.40
Initial Nursing Facility Consultation, 35 min	99305		\$125.52	N/B	N/B	N/B	\$106.69
Initial Nursing Facility Consultation, 45 min	99306		\$172.11	N/B	N/B	N/B	\$146.29
Subsequent Nursing Facility Consultation, 10 min	99307	w/ or w/o GT or FQ	\$37.33	N/B	N/B	N/B	\$31.73
Subsequent Nursing Facility Consultation, 15 min	99308	w/ or w/o GT or FQ	\$69.75	N/B	N/B	N/B	\$59.29

This document is the proprietary information of Magellan.

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	CPT®/ HCPCS CODE	MODIFIER	PHYSICIAN	MEDICAL			CLINICAL NURSE SPECIALIST/ PHYSICIAN ASSISTANT
				PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	
Subsequent Nursing Facility Consultation, 25 min	99309	w/ or w/o GT or FQ	\$100.44	N/B	N/B	N/B	\$85.37
Subsequent Nursing Facility Consultation, 35 min	99310	w/ or w/o GT or FQ	\$144.31	N/B	N/B	N/B	\$122.66
Nursing facility discharge management, 30 min or less	99315		\$76.83	N/B	N/B	N/B	\$65.31
Nursing facility discharge management, more than 30 min	99316		\$123.71	N/B	N/B	N/B	\$105.15
Home or Residence Consultation, new patient, 15 min	99341		\$46.59	N/B	N/B	N/B	\$39.60
Home or Residence Consultation, new patient, 30 min	99342		\$74.35	N/B	N/B	N/B	\$63.20
Home or Residence Consultation, new patient, 60 min	99344		\$136.25	N/B	N/B	N/B	\$115.81
Home or Residence Consultation, new patient, 75 min	99345		\$191.18	N/B	N/B	N/B	\$162.50
Home or Residence Consultation, est. patient, 20 min	99347	w/ or w/o GT or FQ	\$42.59	N/B	N/B	N/B	\$36.20
Home or Residence Consultation, est. patient, 30 min	99348	w/ or w/o GT or FQ	\$72.30	N/B	N/B	N/B	\$61.46
Home or Residence Consultation, est. patient, 40 min	99349		\$120.32	N/B	N/B	N/B	\$102.27
Home or Residence Consultation, est. patient, 60 min	99350		\$175.64	N/B	N/B	N/B	\$149.29
Prolonged Nursing Facility Service, each 15 min	+G0317	w/ or w/o GT or FQ	\$27.04	N/B	N/B	N/B	\$22.98
Prolonged Home or Residence Service, each 15 min	+G0318	w/ or w/o GT or FQ	\$26.50	N/B	N/B	N/B	\$22.53
Assessment of Aphasia, w/ interp & report, per hr	96105		\$83.30	\$83.30	\$83.30	N/B	N/B
Developmental Screening, w/ scoring & documentation, per standardized instr	96110		\$6.80	\$6.80	\$6.80	N/B	N/B
Developmental test admin by physician or QHP, w/ interp & report, 1st hr	96112		\$108.28	\$108.28	\$108.28	N/B	N/B
Developmental test admin by physician or QHP, w/ interp & report, each addtl 30 min	+96113		\$51.17	\$51.17	\$51.17	N/B	N/B
Neurobehavioral status exam, by physician or QHP, both face-to-face time w/ patient & time interp & report, 1st hr	96116	w/ or w/o GT or FQ	\$86.04	\$86.04	\$86.04	N/B	N/B
Neurobehavioral status exam, by physician or QHP, both face-to-face time w/ patient & time interp & report, each addtl hr	+96121	w/ or w/o GT or FQ	\$75.32	\$75.32	\$75.32	N/B	N/B
Standardized Cognitive Performance Testing, per hr of a QHP's time, both face-to-face administering tests & time interp tests & report	96125		\$87.79	\$87.79	\$87.79	N/B	N/B
Psychological testing eval svcs by physician or QHP, including patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s)/caregiver(s), 1st hr	96130		\$107.14	\$107.14	\$107.14	N/B	N/B
Psychological testing eval svcs by physician or QHP, each addtl hr	+96131		\$81.49	\$81.49	\$81.49	N/B	N/B
Neuropsychological testing eval svcs by physician or QHP, incl patient data integration, results interp, clinical decision making, trtmnt planning & report, & interactive feedback to the patient, family members(s)/caregiver(s), 1st hr	96132		\$120.45	\$120.45	\$120.45	N/B	N/B
Neuropsychological testing eval svcs by physician or QHP, each addtl hr	+96133		\$91.88	\$91.88	\$91.88	N/B	N/B
Psychological or neuropsychological test admin & scoring by physician or QHP, 2 or more tests, any method, 1st 30 min	96136		\$43.18	\$43.18	\$43.18	N/B	N/B
Psychological or neuropsychological test admin & scoring by physician or QHP, 2 or more tests, any method, each addtl 30 min	+96137		\$39.93	\$39.93	\$39.93	N/B	N/B
Psychological or neuropsychological test admin & scoring by tech, 2 or more tests, any method, 1st 30 min	96138		\$33.39	\$33.39	\$33.39	N/B	N/B
Psychological or neuropsychological test admin & scoring by tech, 2 or more tests, any method, each addtl 30 min	+96139		\$35.06	\$35.06	\$35.06	N/B	N/B

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	CPT®/ HCPCS CODE	MODIFIER	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST/ PHYSICIAN ASSISTANT
Psychological or neuropsychological test admin, w/ single automated, standardized instrument via electronic platform, w/ automated result only	96146		\$1.86	\$1.86	\$1.86	N/B	N/B
Health Behavior Assessment or re-assessment	96156	w/ or w/o GT or FQ	\$85.12	\$85.12	\$85.12	\$75.11	\$85.12
Health Behavior Intervention, individual, 1st 30 min	96158	w/ or w/o GT or FQ	\$58.08	\$58.08	\$58.08	\$51.25	\$58.08
Health Behavior Intervention, individual, each addtl 15 min	+96159	w/ or w/o GT or FQ	\$20.28	\$20.28	\$20.28	\$17.90	\$20.28
Health Behavior Intervention, group, 1st 30 min	96164		\$8.61	\$8.61	\$8.61	\$7.60	\$8.61
Health Behavior Intervention, group, each addtl 15 min	+96165		\$3.99	\$3.99	\$3.99	\$3.52	\$3.99
Health Behavior Intervention, family (w/ patient), 1st 30 min	96167	w/ or w/o GT or FQ	\$62.38	\$62.38	\$62.38	\$55.04	\$62.38
Health Behavior Intervention, family (w/ patient), each addtl 15 min	+96168	w/ or w/o GT or FQ	\$22.12	\$22.12	\$22.12	\$19.52	\$22.12
Interactive Complexity Add-on	+90785	w/ or w/o GT or FQ	\$12.92	\$10.98	\$10.98	\$9.69	\$9.69
Telephone assessment and management service provided by a nonphysician QHCP to an established patient; 5-10 min	98966		N/B	\$11.30	\$11.30	\$11.30	N/B
Telephone assessment and management service provided by a nonphysician QHCP to an established patient; 11-20 min	98967		N/B	\$20.69	\$20.69	\$20.69	N/B
Telephone assessment and management service provided by a nonphysician QHCP to an established patient; 21-30 min	98968		N/B	\$29.13	\$29.13	\$29.13	N/B
Brief communication technology-based service, by a QHP who cannot report E&M svcs, established patient; 5-10 min	G2251		N/B	\$11.98	\$11.98	\$11.98	N/B
Telehealth originating site facility fee	Q3014		\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
Family Psychoeducation; per 15 min	H2027	w/ or w/o GT or FQ	\$24.83	\$18.58	\$18.58	\$16.64	\$16.64
Family Psychoeducation; per 15 min	H2027	U1 or U1, FR	\$16.64	\$16.64	\$16.64	N/B	\$16.64
Family Psychoeducation; per 15 min	H2027	UD or UD, FR	\$16.64	\$16.64	\$16.64	\$16.64	N/B
Multiple Family Group Psychoeducation; per 15 min	H2027	HQ	\$13.51	\$9.26	\$9.26	\$8.45	\$8.45
Multiple Family Group Psychoeducation; per 15 min	H2027	U1, HQ	\$8.45	\$8.45	\$8.45	N/B	\$8.45
Multiple Family Group Psychoeducation; per 15 min	H2027	UD, HQ	\$8.45	\$8.45	\$8.45	\$8.45	N/B
Multiple Family Group Psychoeducation; per 15 min	H2027	HN, HQ	\$7.69	\$7.69	\$7.69	\$7.69	\$7.69
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	w/ or w/o GT or FQ	\$34.14	\$25.54	\$25.54	\$22.88	\$22.88
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	U1 or U1, FR	\$22.88	\$22.88	\$22.88	N/B	\$22.88
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	UD or UD, FR	\$22.88	\$22.88	\$22.88	\$22.88	N/B
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	HN or HN, FR	\$14.99	\$14.99	\$14.99	\$14.99	\$14.99
Crisis Services							
Crisis Intervention; per 15 min	H2011		\$52.15	\$39.02	\$39.02	\$34.94	\$34.94
Crisis Intervention; per 15 min	H2011	U1	\$34.94	\$34.94	\$34.94	N/B	\$34.94
Crisis Intervention; per 15 min	H2011	UD	\$34.94	\$34.94	\$34.94	\$34.94	N/B
Crisis Intervention; per 15 min	H2011	HN	\$22.90	\$22.90	\$22.90	\$22.90	\$22.90
Crisis Response (Telephonic); per call	H0030		\$54.01	\$40.42	\$40.42	\$36.19	\$36.19
Crisis Response (Telephonic); per call	H0030	U1	\$36.19	\$36.19	\$36.19	N/B	\$36.19

This document is the proprietary information of Magellan.

Version: 2/15/2024 Effective: 7/1/2024

Page 4 of 10

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION		CPT®/ HCPCS CODE	MODIFIER	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST/ PHYSICIAN ASSISTANT
Crisis Response (Telephonic); per call		H0030	UD	\$36.19	\$36.19	\$36.19	\$36.19	N/B
Crisis Response (Telephonic); per call		H0030	HN	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33
Intensive Home and Community-Based Services								
Intensive Home and Community Based Service - FFT, MDFT and other evidenced based practice modalities; per 15 min	0-17	H0036		\$44.89	\$40.21	\$40.21	\$36.01	\$36.01
Intensive Home and Community Based Service - FFT, MDFT and other evidenced based practice modalities; per 15 min	0-17	H0036	U1	\$36.01	\$36.01	\$36.01	N/B	\$36.01
Intensive Home and Community Based Service - FFT, MDFT and other evidenced based practice modalities; per 15 min	0-17	H0036	UD	\$36.01	\$36.01	\$36.01	\$36.01	N/B
Intensive Home and Community Based Service - FFT, MDFT and other evidenced based practice modalities; per 15 min	0-17	H0036	HN	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23
Intensive Home and Community Based Service - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	\$44.89	\$40.21	\$40.21	\$36.01	\$36.01
Intensive Home and Community Based Service - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U1, U5	\$36.01	\$36.01	\$36.01	N/B	\$36.01
Intensive Home and Community Based Service - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	UD, U5	\$36.01	\$36.01	\$36.01	\$36.01	N/B
Intensive Home and Community Based Service - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	HN, U5	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23
Intensive Home and Community Based Service - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033		\$46.81	\$46.81	\$46.81	\$46.81	\$46.81
Intensive Home and Community Based Service - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	U1	\$46.81	\$46.81	\$46.81	N/B	\$46.81
Intensive Home and Community Based Service - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	UD	\$46.81	\$46.81	\$46.81	\$46.81	N/B
Intensive Home and Community Based Service - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	HN	\$31.50	\$31.50	\$31.50	\$31.50	\$31.50
Community Support Services								
Child and Adolescent Needs and Strengths (CANS) Functional Assessment; per 15 min	0-17	H0031	w/ or w/o GT or FQ	\$31.97	\$23.92	\$23.92	\$21.42	\$21.42
Child and Adolescent Needs and Strengths (CANS) Functional Assessment; per 15 min	0-17	H0031	U1 or U1, FR	\$21.42	\$21.42	\$21.42	N/B	\$21.42
Child and Adolescent Needs and Strengths (CANS) Functional Assessment; per 15 min	0-17	H0031	UD or UD, FR	\$21.42	\$21.42	\$21.42	\$21.42	N/B
Child and Adolescent Needs and Strengths (CANS) Functional Assessment; per 15 min	0-17	H0031	HN or HN, FR	\$15.26	\$15.26	\$15.26	\$15.26	\$15.26
Child and Adolescent Needs and Strengths (CANS) Update, administered by a Targeted Care Coordinator with a CCM Certification; per 15 min	0-17	H0031	U2	\$16.49	\$16.49	\$16.49	\$16.49	\$16.49
Functional Assessment Tool; per 15 min		H1011		\$31.04	\$23.22	\$23.22	\$20.80	\$20.80
Functional Assessment Tool; per 15 min		H1011	U1	\$20.80	\$20.80	\$20.80	N/B	\$20.80
Functional Assessment Tool; per 15 min		H1011	UD	\$20.80	\$20.80	\$20.80	\$20.80	N/B
Functional Assessment Tool; per 15 min		H1011	HN	\$14.82	\$14.82	\$14.82	\$14.82	\$14.82
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	HA	\$20.80	\$20.80	\$20.80	\$20.80	\$20.80
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	U1, HA	\$20.80	\$20.80	\$20.80	N/B	\$20.80
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	UD, HA	\$20.80	\$20.80	\$20.80	\$20.80	N/B

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	CPT®/ HCPCS CODE	MODIFIER	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	CLINICAL NURSE SPECIALIST/ PHYSICIAN ASSISTANT
Child and Family Team (CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	\$31.04	\$23.22	\$23.22	\$20.80	\$20.80
Child and Family Team (CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	U1	\$20.80	\$20.80	\$20.80	N/B
Child and Family Team (CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	UD	\$20.80	\$20.80	\$20.80	\$20.80
Child and Family Team (CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	HN	\$13.63	\$13.63	\$13.63	\$13.63
Child and Family Team (CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	HM	\$7.55	\$7.55	\$7.55	\$7.55
Case Management, Behavioral Health; per 15 min	T1017	w/ or w/o GT or FQ	\$16.01	\$16.01	\$16.01	\$16.01	\$16.01
Case Management, Behavioral Health; per 15 min	T1017	UD or UD, FR	\$16.01	\$16.01	\$16.01	\$16.01	N/B
Case Management, Behavioral Health; per 15 min	T1017	HN or HN, FR	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97
Case Management, Behavioral Health w/ Care Coordination Activities; per 15 min	T1017	UA	\$16.01	\$16.01	\$16.01	\$16.01	\$16.01
Case Management, Behavioral Health w/ Care Coordination Activities; per 15 min	T1017	UD, UA	\$16.01	\$16.01	\$16.01	\$16.01	N/B
Case Management, Behavioral Health w/ Care Coordination Activities; per 15 min	T1017	HN, UA	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97
Targeted Care Coordination; per 15 min	T1017	U3 or U3, GT or U3, FQ	\$19.24	\$19.24	\$19.24	\$19.24	\$19.24
Targeted Care Coordination; per 15 min	T1017	U3, UD or U3, UD, FR	\$19.24	\$19.24	\$19.24	\$19.24	N/B
Targeted Care Coordination; per 15 min	T1017	U3, HN or U3, HN, FR	\$17.89	\$17.89	\$17.89	\$17.89	\$17.89
Targeted Care Coordination w/ Care Coordination Activities; per 15 min	T1017	U3, UA	\$19.24	\$19.24	\$19.24	\$19.24	\$19.24
Targeted Care Coordination w/ Care Coordination Activities; per 15 min	T1017	U3, UD, UA	\$19.24	\$19.24	\$19.24	\$19.24	N/B
Targeted Care Coordination w/ Care Coordination Activities; per 15 min	T1017	U3, HN, UA	\$17.89	\$17.89	\$17.89	\$17.89	\$17.89
Targeted Care Coordination CCM ; per 15 min	T1017	U2 or U2, GT or U2, FQ	\$20.78	\$20.78	\$20.78	\$20.78	\$20.78
Targeted Care Coordination CCM ; per 15 min	T1017	U2, UD or U2, UD, FR	\$20.78	\$20.78	\$20.78	\$20.78	N/B
Targeted Care Coordination CCM ; per 15 min	T1017	U2, HN or U2, HN, FR	\$19.33	\$19.33	\$19.33	\$19.33	\$19.33
Targeted Care Coordination CCM w/ Care Coordination Activities; per 15 min	T1017	U2, UA	\$20.78	\$20.78	\$20.78	\$20.78	\$20.78
Targeted Care Coordination CCM w/ Care Coordination Activities; per 15 min	T1017	U2, UD, UA	\$20.78	\$20.78	\$20.78	\$20.78	N/B
Targeted Care Coordination CCM w/ Care Coordination Activities; per 15 min	T1017	U2, HN, UA	\$19.33	\$19.33	\$19.33	\$19.33	\$19.33
Individual Assessment and Treatment Plan - Substance Use; per 15 min	H0001		\$18.54	\$18.54	\$18.54	\$18.54	\$18.54
Individual Counseling - Substance Use; per 15 min	H0004		\$19.46	\$19.46	\$19.46	\$19.46	\$19.46
Group Counseling - Substance Use; per 15 min	H0005		\$9.14	\$9.14	\$9.14	\$9.14	\$9.14
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week	H2012		\$49.09	\$49.09	\$49.09	\$49.09	\$49.09
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week	H2012	U1	\$49.09	\$49.09	\$49.09	N/B	\$49.09
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week	H2012	UD	\$49.09	\$49.09	\$49.09	\$49.09	N/B
Transportation and mileage, per mile*	T2002		\$0.67	\$0.67	\$0.67	\$0.67	\$0.67

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

		CPT®/ HCPCS						CLINICAL NURSE SPECIALIST/ PHYSICIAN ASSISTANT
DESCRIPTION		CODE	MODIFIER	PHYSICIAN	MEDICAL PSYCHOLOGIST	PSYCHOLOGIST	MASTER'S LEVEL	
Therapeutic After School and Summer Programs (TASSP)								
TASSP** - Psychotherapy w/ patient, 30 min	0-18	90832	UC or UC, GT or UC, FQ	\$88.24	\$66.02	\$66.02	\$59.14	\$59.14
TASSP** - Psychotherapy w/ patient, 30 min	0-18	90832	UC, U1 or UC, U1, FR	\$59.14	\$59.14	\$59.14	N/B	\$59.14
TASSP** - Psychotherapy w/ patient, 30 min	0-18	90832	UC, UD or UC, UD, FR	\$59.14	\$59.14	\$59.14	\$59.14	N/B
TASSP** - Psychotherapy w/ patient, 30 min, w/ E&M svc	0-18	+90833	UC or UC, GT or UC, FQ	\$59.90	\$50.92	N/B	N/B	\$50.92
TASSP** - Psychotherapy w/ patient, 45 min	0-18	90834	UC or UC, GT or UC, FQ	\$115.07	\$99.06	\$99.06	\$88.72	\$88.72
TASSP** - Psychotherapy w/ patient, 45 min	0-18	90834	UC, U1 or UC, U1, FR	\$88.72	\$88.72	\$88.72	N/B	\$88.72
TASSP** - Psychotherapy w/ patient, 45 min	0-18	90834	UC, UD or UC, UD, FR	\$88.72	\$88.72	\$88.72	\$88.72	N/B
TASSP** - Psychotherapy w/ patient, 45 min, w/ E&M svc	0-18	+90836	UC or UC, GT or UC, FQ	\$75.91	\$64.52	N/B	N/B	\$64.52
TASSP** - Psychotherapy w/ patient, 60 min	0-18	90837	UC or UC, GT or UC, FQ	\$146.68	\$117.66	\$117.66	\$105.37	\$105.37
TASSP** - Psychotherapy w/ patient, 60 min	0-18	90837	UC, U1 or UC, U1, FR	\$105.37	\$105.37	\$105.37	N/B	\$105.37
TASSP** - Psychotherapy w/ patient, 60 min	0-18	90837	UC, UD or UC, UD, FR	\$105.37	\$105.37	\$105.37	\$105.37	N/B
TASSP** - Psychotherapy w/ patient, 60 min, w/ E&M svc	0-18	+90838	UC or UC, GT or UC, FQ	\$112.55	\$95.67	N/B	N/B	\$95.67
TASSP** - Family Psychotherapy w/o patient, 50 min	0-18	90846	UC or UC, GT or UC, FQ	\$129.41	\$104.89	\$104.89	\$95.77	\$95.77
TASSP** - Family Psychotherapy w/o patient, 50 min	0-18	90846	UC, U1 or UC, U1, FR	\$95.77	\$95.77	\$95.77	N/B	\$95.77
TASSP** - Family Psychotherapy w/o patient, 50 min	0-18	90846	UC, UD or UC, UD, FR	\$95.77	\$95.77	\$95.77	\$95.77	N/B
TASSP** - Family Psychotherapy w/ patient, 50 min	0-18	90847	UC or UC, GT or UC, FQ	\$148.82	\$120.62	\$120.62	\$110.14	\$110.14
TASSP** - Family Psychotherapy w/ patient, 50 min	0-18	90847	UC, U1 or UC, U1, FR	\$110.14	\$110.14	\$110.14	N/B	\$110.14
TASSP** - Family Psychotherapy w/ patient, 50 min	0-18	90847	UC, UD or UC, UD, FR	\$110.14	\$110.14	\$110.14	\$110.14	N/B
TASSP** - Group Psychotherapy	0-18	90853	UC or UC, GT or UC, FQ	\$50.06	\$30.03	\$30.03	\$27.43	\$27.43
TASSP** - Group Psychotherapy	0-18	90853	UC, U1 or UC, U1, FR	\$27.43	\$27.43	\$27.43	N/B	\$27.43
TASSP** - Group Psychotherapy	0-18	90853	UC, UD or UC, UD, FR	\$27.43	\$27.43	\$27.43	\$27.43	N/B
TASSP** - Individual Assessment and Treatment Plan - Substance Use; per 15 min	0-18	H0001	UC	\$18.54	\$18.54	\$18.54	\$18.54	\$18.54
TASSP** - Individual Counseling - Substance Use; per 15 min	0-18	H0004	UC	\$19.46	\$19.46	\$19.46	\$19.46	\$19.46
TASSP** - Group Counseling - Substance Use; per 15 min	0-18	H0005	UC	\$9.14	\$9.14	\$9.14	\$9.14	\$9.14
TASSP** - Skills Training and Development; per 15 min	0-18	H2014	UC	\$5.88	\$5.88	\$5.88	\$5.88	\$5.88
TASSP** - Skills Building/Community-Based Rehabilitative Services (CBRS); per 15 min	0-18	H2017	UC	\$14.99	\$14.99	\$14.99	\$14.99	\$14.99
TASSP** - Skills Building/Community-Based Rehabilitative Services (CBRS), group; per 15 min	0-18	H2017	UC, HQ	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75
TASSP** - Family Psychoeducation; per 15 min	0-18	H2027	UC or UC, GT or UC, FQ	\$24.83	\$18.58	\$18.58	\$16.64	\$16.64
TASSP** - Family Psychoeducation; per 15 min	0-18	H2027	UC, U1 or UC, U1, FR	\$16.64	\$16.64	\$16.64	N/B	\$16.64
TASSP** - Family Psychoeducation; per 15 min	0-18	H2027	UC, UD or UC, UD, FR	\$16.64	\$16.64	\$16.64	\$16.64	N/B
TASSP** - Multiple Family Group Psychoeducation; per 15 min	0-18	H2027	UC, HQ	\$13.51	\$9.26	\$9.26	\$8.45	\$8.45
TASSP** - Multiple Family Group Psychoeducation; per 15 min	0-18	H2027	UC, U1, HQ	\$8.45	\$8.45	\$8.45	N/B	\$8.45
TASSP** - Multiple Family Group Psychoeducation; per 15 min	0-18	H2027	UC, UD, HQ	\$8.45	\$8.45	\$8.45	\$8.45	N/B
TASSP** - Multiple Family Group Psychoeducation; per 15 min	0-18	H2027	UC, HN, HQ	\$7.69	\$7.69	\$7.69	\$7.69	\$7.69

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	CPT®/HCPCS CODE	MODIFIER	RATE
Opioid Treatment Programs			
Medication Assisted Treatment (MAT), methadone - weekly bundle incl dispensing and/or admin, substance use cnsIng & toxicology testing	G2067		\$186.74
Medication Assisted Treatment (MAT), buprenorphine (oral) - weekly bundle incl dispensing and/or admin, substance use cnsIng & toxicology testing	G2068		\$232.62
Medication Assisted Treatment (MAT), weekly bundle not incl the drug-weekly bundle incl dispensing and/or admin, substance use cnsIng & toxicology	G2074		\$145.54
Applied Behavior Analysis (ABA) Services			
Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 min of the physician's or other	97151		\$18.20
qualified healthcare professional's time face-to-face w/ patient and/or guardian(s)/caregiver(s) administering assessments and discussing	97151	HP	\$28.39
findings/recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151	HN	\$16.17
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care	97152		\$13.65
professional, face-to-face with the patient, each 15 min			
Behavior identification supporting assessment, each 15 min of technicians' time face-to-face with a patient, requiring the following components:	0362T		\$14.51
- administered by the physician or other qualified healthcare professional who is on site;			
- with the assistance of two or more technicians;			
- for a patient who exhibits destructive behavior;			
- completed in an environment that is customized to the patient's behavior			
Adaptive behavior treatment w/ protocol modification admin by physician or other qualified health care professional, which may include simultaneous	97155		\$18.36
direction of technician, face-to-face w/ one patient, each 15 min	97155	HN	\$12.85
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-	97153		\$20.59
face with one patient, each 15 min	97153	HN	\$15.34
	97153	HM	\$13.16
Adaptive behavior treatment with protocol modification, each 15 min of technicians' time face-to-face with a patient, requiring the following	0373T		\$22.63
components:			
- administered by the physician or other qualified healthcare professional who is on site;			
- with the assistance of two or more technicians;			
- for a patient who exhibits destructive behavior;			
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face w/	97158		\$8.24
multiple patients, each 15 min	97158	HN	\$6.18
Group adaptive behavior treatment by protocol, administered by technician under the supervision of a physician or other qualified healthcare	97154		\$4.78
professional, face-to-face w/ two or more patients, each 15 min tech time			
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present),	97156		\$16.78
face-to-face with guardian(s)/caregiver(s), each 15 min	97156	HN	\$12.48
Multiple family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (w/o the patient	97157		\$8.45
present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 min	97157	HN	\$7.69
Partial Hospitalization, Intensive Outpatient			
Partial Hospitalization Program (PHP), all inclusive payment three to five hours (half day)	H0035 or rev code 0912 w/ H0035		\$292.50
Partial Hospitalization Program (PHP), all-inclusive payment of six or more hours (full day)	H0035 or rev code 0913 w/ H0035	U6	\$405.00
Partial Hospitalization, Substance Use Disorders (ASAM 2.5), all inclusive payment three to five hours (half day)	H0035 or rev code 0912 w/ H0035	HF	\$292.50
Partial Hospitalization, Substance Use Disorders (ASAM 2.5), all-inclusive payment of six or more hours (full day)	H0035 or rev code 0913 w/ H0035	HF, U6	\$405.00
Partial Hospitalization Program (PHP) - Eating Disorder, all inclusive payment three to five hours (half day)	H0035 or rev code 0912 w/ H0035	U4	\$381.01
Partial Hospitalization Program (PHP) - Eating Disorder, all inclusive payment of six or more hours (full day)	H0035 or rev code 0913 w/ H0035	U4, U6	\$527.54
Intensive Outpatient Program (IOP) - Psychiatric Services	S9480 or rev code 0905 w/ S9480	w/ or w/o GT or FQ	\$166.47
Intensive Outpatient Program (IOP) - Substance Use; incl assessment, cnsIng; crisis intervention, and activity therapies or education	H0015 or rev code 0906 w/ H0015	w/ or w/o GT or FQ	\$166.47
Intensive Outpatient Program (IOP) - Eating Disorder Program	S9480 or rev code 0905 w/ S9480	U4 or U4, GT	\$330.00

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

DESCRIPTION	Ages	CPT®/HCPCS CODE	MODIFIER	RATE
Community Support Services				
Individual respite care; for providers contracted to deliver the service; available to members eligible under the 1915(i) State Plan Option; per		S5150		\$9.82
Group respite care; for providers contracted to deliver the service; available to members eligible under the 1915(i) State Plan Option; per 15		S5150	HQ	\$4.88
Skills Training and Development; per 15 min		H2014		\$5.88
Skills Building/Community-Based Rehabilitative Services (CBRS); per 15 min	0-17	H2017		\$14.99
Skills Building/Community-Based Rehabilitative Services (CBRS), group; per 15 min	0-17	H2017	HQ	\$3.75
Adult Peer Support; per 15 min	18+	H0038	HB	\$14.31
Adult Peer Support, group; per 15 min	18+	H0038	HB, HQ	\$7.16
Youth Support; per 15 min	12-17	H0038	HA	\$14.31
Youth Support, group; per 15 min	12-17	H0038	HA, HQ	\$7.16
Recovery Coaching provided by an IBADCC certified Recovery Coach (must have completed their required trainings); per 15 min	18+	H0038	HF	\$14.31
Recovery Coaching provided by an IBADCC certified Recovery Coach (must have completed their required trainings), group; per 15 min	18+	H0038	HF, HQ	\$7.16
Family Support by Certified Family Support Partner; per 15 min	0-21	H0038	HR	\$14.31
Family Support by Certified Family Support Partner, group; per 15 min	0-21	H0038	HR, HQ	\$7.16
Language Interpretation Services (sign language or oral interpretation); per 15 min		T1013		\$12.00

Modifier	Description
FQ	A telehealth service was furnished using real-time audio-only communication technology
FR	A supervising practitioner was present through a real-time two-way, audio/video communication technology
GT	Via interactive audio and video telecommunication systems
HA	Child/adolescent program
HB	Adult program, nongeriatric
HF	Substance abuse program
HK	Specialized mental health programs for high-risk populations
HM	Provider with less than bachelor's degree operating under supervisory protocol
HN	Bachelor's level provider operating under supervisory protocol
HP	PHD level provider or higher
HQ	Group setting
HR	Family/couple with client present
UA	Care Coordination Services
UC	Service rendered as a component of the Therapeutic and After School Program
UD	Master's level provider operating under supervisory protocol
U1	Prescriber's under supervision
U2	Service rendered by a Certified Case Manager
U3	Service rendered by an endorsed Targeted Care Coordinator
U4	Eating disorder program
U5	Therapeutic Behavioral Services (TBS) Intervention
U6	Full day (six or more hours)

MAGELLAN IDAHO BEHAVIORAL HEALTH PLAN RATES

EFFECTIVE: 7/1/2024

Notes:

1. The rates contained on this schedule may differ from the rates on a provider's contract. The rates on Provider's Exhibit B will control for that provider's contract.
2. Modifiers must be billed in the order that they appear to be reimbursed.
3. Discipline levels will vary from state to state. N/B indicates a non-billable service for this discipline level.
4. Reimbursement is based on the treating provider's licensure and Magellan credentialing requirements for that discipline, and is not based on provider's academic credentials alone.
5. Providers may only provide services and bill for Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes that fall within the scope of practice allowed by their professional training and state licensure.
6. Rates for all services are subject to the provisions and limitations of the Member's Benefit Plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
7. This reimbursement schedule represents the most frequently utilized CPT/HCPCS for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code. Rates for CPT/HCPCS codes not listed can be obtained from Magellan upon request and will be provided at the time services are authorized.
8. Magellan or its claims payers will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
9. One professional visit per authorized inpatient day may be billed when the facility per diem is exclusive of this charge.
10. *Transportation and mileage, per mile, only reimbursable in conjunction with the following services: 90791, 90792, 90846, 90847, 90832, 90833, 90834, 90836, 90837, 90838, H1011, H0031, H0036, H2033, S5150 and T1017.
11. ** Services rendered as a component of a Therapeutic After School and Summer Program (TASSP) for ages 0-18.
12. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.
13. Medically Necessary Covered Services rendered by non-Credentialed Providers in the Group to Members with a Benefit Plan that permits self-referral to providers shall be reimbursed in accordance with this reimbursement schedule if the Medically Necessary Covered Services rendered by Credentialed Providers in the Group to Members covered under the same Benefit Plan are reimbursed in accordance with this Schedule.