

Prairie View Inc.

Charge Master

As of 1/1/2021

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
ADOLCLIN	ADOL Clinical Review/Coordination	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 811.75	
ADOLREPORT	ADOL Report	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 400.00	
ASAMEVAL	ASAM Assessment	H0001	(blank)	All	(blank)	(blank)	Fixed	0	\$ 180.00	
ATTENDCARE	Attendant Care	T1019	(blank)	All	(blank)	HE or HK	User Defined	15	\$ 7.50	
AUTISMBTP	Autism-Adapt BH Treat by protocol	97153	(blank)	All	(blank)	(blank)	User Defined	15	\$ 13.00	
AUTISMBTPM	Autism-Adapt BH Treat w/ protocol mod	97155	(blank)	All	(blank)	(blank)	User Defined	15	\$ 28.00	
AUTISMBFT	Autism-Family Adapt BH Treat	97156	(blank)	All	(blank)	(blank)	User Defined	15	\$ 40.00	
AUTISMIDA	Autism-Behavior ID Assessment	97151	(blank)	All	(blank)	(blank)	User Defined	15	\$ 47.00	
AUTISMIDSA	Autism-Behavior ID Supporting Assessment	97152	(blank)	All	(blank)	(blank)	User Defined	15	\$ 35.00	
CASECONFW	Case Conference With Patient	99366	(blank)	DO	(blank)	(blank)	User Defined	30	\$ 87.50	
CASECONFW	Case Conference With Patient	99366	(blank)	MD	(blank)	(blank)	User Defined	30	\$ 87.50	
CASECONFW	Case Conference With Patient	99366	(blank)	APRN	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LAC	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LCMFT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LCP	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LCPC	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LCSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LMFT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LMLP	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LMLPT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LMSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LP	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LPC	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LPT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	LSCSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	MA	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	MS	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	MSN	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	MSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	PA	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	PHD	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	PSYD	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFW	Case Conference With Patient	99366	(blank)	ACW	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFW	Case Conference With Patient	99366	(blank)	BA	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFW	Case Conference With Patient	99366	(blank)	BS	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFW	Case Conference With Patient	99366	(blank)	CCM	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFW	Case Conference With Patient	99366	(blank)	MHW	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFWO	Case Conference Without Patient	99367	(blank)	DO	(blank)	(blank)	User Defined	30	\$ 87.50	
CASECONFWO	Case Conference Without Patient	99367	(blank)	MD	(blank)	(blank)	User Defined	30	\$ 87.50	
CASECONFWO	Case Conference Without Patient	99368	(blank)	APRN	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LAC	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LCMFT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LCP	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LCPC	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LCSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LMFT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LMLP	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LMLPT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LMSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LP	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LPC	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LPT	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	LSCSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	MA	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	MS	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	MSN	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	MSW	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	PA	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	PHD	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	PSYD	(blank)	(blank)	User Defined	30	\$ 80.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	ACW	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	BA	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	BS	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	CCM	(blank)	(blank)	User Defined	30	\$ 35.00	
CASECONFWO	Case Conference Without Patient	99368	(blank)	MHW	(blank)	(blank)	User Defined	30	\$ 35.00	
CBSTMTG	CBST Meeting	H0032	(blank)	All	(blank)	HA	Fixed	0	\$ 80.00	
CHILDCLIN	CHILD Clinical Review/Coordination	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 700.00	
COMMSUPP	Community Psych Support	H0036	(blank)	All	(blank)	HA	User Defined	15	\$ 32.50	
COMMSUPPEB	CPST - EBP Strength Based	H0036	(blank)	All	(blank)	HK	User Defined	15	\$ 33.75	
COMPEVAL	Competency Evaluation	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 315.00	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	DO	(blank)	(blank)	User Defined	15	\$ 81.25	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	MD	(blank)	(blank)	User Defined	15	\$ 81.25	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	APRN	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LAC	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LCMFT	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LCP	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LCPC	(blank)	(blank)	User Defined	15	\$ 62.50	

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LCSW	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LMFT	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LMLPT	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LMSW	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LP	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LPC	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LPT	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	LSCSW	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	MA	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	MS	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	MSN	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	MSW	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	PA	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	PHD	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	PSYD	(blank)	(blank)	User Defined	15	\$ 62.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	ACW	(blank)	(blank)	User Defined	15	\$ 17.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	BA	(blank)	(blank)	User Defined	15	\$ 17.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	BS	(blank)	(blank)	User Defined	15	\$ 17.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	CCM	(blank)	(blank)	User Defined	15	\$ 17.50	
COURT	Court Testimony/Expert Witness	(blank)	(blank)	MHW	(blank)	(blank)	User Defined	15	\$ 17.50	
CRISISADV	Crisis Intervention Advanced Level	H2011	(blank)	All	(blank)	HO	User Defined	15	\$ 43.75	
CRISISBSC	Crisis Intervention Basic Level	H2011	(blank)	All	(blank)	(blank)	User Defined	15	\$ 22.50	
CRISISINTM	Crisis Intervention Intermediate Level	H2011	(blank)	All	(blank)	HK	User Defined	15	\$ 30.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 DO	(blank)	(blank)	Fixed	0	\$ 220.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 MD	(blank)	(blank)	Fixed	0	\$ 220.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 APRN	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LAC	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LCMFT	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LCP	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LCPC	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LCSW	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LMFT	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LMLP	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LMLPT	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LMSW	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LP	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LPC	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LPT	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 LSCSW	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 MA	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 MS	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 MSN	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 MSW	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 PA	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 PHD	(blank)	(blank)	Fixed	0	\$ 200.00	
CRISISTHPY	Crisis Psychotherapy	90839		914 PSYD	(blank)	(blank)	Fixed	0	\$ 200.00	
DRIVEVAL	Driving Capacity Eval	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 175.00	
EVAL	Evaluation	90791		914 DO	(blank)	(blank)	Fixed	0	\$ 250.00	
EVAL	Evaluation	90791		914 MD	(blank)	(blank)	Fixed	0	\$ 250.00	
EVAL	Evaluation	90791		914 APRN	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 LCP	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 LP	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 LPT	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 MSN	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 PA	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 PHD	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 PSYD	(blank)	(blank)	Fixed	0	\$ 200.00	
EVAL	Evaluation	90791		914 LAC	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LCMFT	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LCPC	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LCSW	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LMFT	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LMLP	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LMLPT	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LMSW	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LPC	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 LSCSW	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 MA	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 MS	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 MSW	(blank)	(blank)	Fixed	0	\$ 180.00	
EVAL	Evaluation	90791		914 ACW	(blank)	(blank)	Fixed	0	\$ 70.00	
EVAL	Evaluation	90791		914 BA	(blank)	(blank)	Fixed	0	\$ 70.00	
EVAL	Evaluation	90791		914 BS	(blank)	(blank)	Fixed	0	\$ 70.00	
EVAL	Evaluation	90791		914 CCM	(blank)	(blank)	Fixed	0	\$ 70.00	
EVAL	Evaluation	90791		914 MHW	(blank)	(blank)	Fixed	0	\$ 70.00	
EVALDUI	Evaluation - DUI/Court Ordered	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 DO	(blank)	(blank)	Fixed	0	\$ 175.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 MD	(blank)	(blank)	Fixed	0	\$ 175.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 APRN	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LCP	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LP	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LPT	(blank)	(blank)	Fixed	0	\$ 160.00	

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
FAMTHERAPY	Family Therapy With Patient	90847		916 MSN	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 PA	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 PHD	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 PSYD	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LAC	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LCMFT	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LCPC	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LCSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LMFT	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LMLP	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LMLPT	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LMSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LPC	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 LSCSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 MA	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 MS	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 MSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 ACW	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 BA	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 BS	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 CCM	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHERAPY	Family Therapy With Patient	90847		916 MHW	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 DO	(blank)	(blank)	Fixed	0	\$ 175.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 MD	(blank)	(blank)	Fixed	0	\$ 175.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 APRN	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LCP	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LP	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LPT	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 MSN	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 PA	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 PHD	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 PSYD	(blank)	(blank)	Fixed	0	\$ 160.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LAC	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LCMFT	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LCPC	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LCSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LMFT	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LMLP	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LMLPT	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LMSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LPC	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 LSCSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 MA	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 MS	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 MSW	(blank)	(blank)	Fixed	0	\$ 150.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 ACW	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 BA	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 BS	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 CCM	(blank)	(blank)	Fixed	0	\$ 70.00	
FAMTHWOPT	Family Therapy Without Patient	90846		916 MHW	(blank)	(blank)	Fixed	0	\$ 70.00	
FORMS	Prepare Complete Forms	(blank)	(blank)	All	(blank)	(blank)	User Defined	15	\$ 12.50	
GPRA	GPRA Assessment	99202	(blank)	All	(blank)	(blank)	Fixed	0	\$ 11.00	
GROUPSUD	Group Therapy SUD	H0005		915 All	(blank)	(blank)	User Defined	15	\$ 13.75	
GROUPTHRYP	Group Therapy	90853		915 All	(blank)	(blank)	Fixed	0	\$ 55.00	
INDPTLVNG	Independent Living/Skill Building	T2038	(blank)	All	(blank)	(blank)	User Defined	60	\$ 45.00	
INDTHERAD2	Individual Therapy - Each Add 30 Min	99355		914 All	(blank)	(blank)	User Defined	30	\$ 120.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 APRN	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 DO	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LCP	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LP	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LPT	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LSCSW	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 MD	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 MSN	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 PA	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 PHD	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 PSYD	(blank)	(blank)	User Defined	60	\$ 200.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LAC	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LCMFT	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LCPC	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LCSW	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LMFT	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LMLP	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LMLPT	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LMSW	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 LPC	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 MA	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 MS	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERADD	Individual Therapy First Additional Hour	99354		914 MSW	(blank)	(blank)	User Defined	60	\$ 180.00	
INDTHERAPY	Individual Therapy	90837		914 APRN	53+	(blank)	User Defined	53+	\$ 200.00	
INDTHERAPY	Individual Therapy	90837		914 DO	53+	(blank)	User Defined	53+	\$ 200.00	
INDTHERAPY	Individual Therapy	90837		914 LCP	53+	(blank)	User Defined	53+	\$ 200.00	

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
INDTHERAPY	Individual Therapy	(blank)	(blank)	PHD	8-15	(blank)	User Defined	8-15	\$ 45.00	
INDTHERAPY	Individual Therapy	(blank)	(blank)	PSYD	8-15	(blank)	User Defined	8-15	\$ 45.00	
INDTHERAPY	Individual Therapy	(blank)	(blank)	APRN	8-15	(blank)	User Defined	8-15	\$ 43.75	
INDTHERAPY	Individual Therapy	(blank)	(blank)	DO	8-15	(blank)	User Defined	8-15	\$ 43.75	
INDTHERAPY	Individual Therapy	(blank)	(blank)	MD	8-15	(blank)	User Defined	8-15	\$ 43.75	
INDTHERAPY	Individual Therapy	(blank)	(blank)	MSN	8-15	(blank)	User Defined	8-15	\$ 43.75	
INDTHERAPY	Individual Therapy	(blank)	(blank)	PA	8-15	(blank)	User Defined	8-15	\$ 43.75	
INQUIRY	Inquiry	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 60.00	
INTERACTCO	Interactive Complexity	90785	(blank)	All	(blank)	(blank)	Fixed	0	\$ 50.00	
IOPGROUP	IOP Group Therapy	H0015	(blank)	All	180+	(blank)	User Defined	180+	\$ 165.00	
IPHOSPITAL	Inpatient Hospital	(blank)		124 All	(blank)	(blank)	Fixed	0	\$ 925.00	
IPLAB	Inpatient Lab	(blank)		300 All	(blank)	(blank)	Fixed	0	Varies	
IPMEDCRD1	Medical Care IP 1st Day-Straight Forward	90792	(blank)	All	(blank)	(blank)	Fixed	0	\$ 210.00	
IPMEDCRD2	Medical Care IP 1st Day-Moderate Complex	90792	(blank)	All	(blank)	(blank)	Fixed	0	\$ 315.00	
IPMEDCRD3	Medical Care IP 1st Day-High Complex	99223	(blank)	All	(blank)	(blank)	Fixed	0	\$ 500.00	
IPMEDCRDC1	Medical Care IP Dschg 1	99238	(blank)	DO	(blank)	(blank)	Fixed	0	\$ 115.00	
IPMEDCRDC1	Medical Care IP Dschg 1	99238	(blank)	MD	(blank)	(blank)	Fixed	0	\$ 115.00	
IPMEDCRDC1	Medical Care IP Dschg 1	99238	(blank)	APRN	(blank)	(blank)	Fixed	0	\$ 105.00	
IPMEDCRDC1	Medical Care IP Dschg 1	99238	(blank)	MSN	(blank)	(blank)	Fixed	0	\$ 105.00	
IPMEDCRDC1	Medical Care IP Dschg 1	99238	(blank)	PA	(blank)	(blank)	Fixed	0	\$ 105.00	
IPMEDCRDC2	Medical Care IP Dschg 2	99239	(blank)	All	(blank)	(blank)	Fixed	0	\$ 210.00	
IPMEDCRSD1	Medical Care IP Sub Day-Straight Forward	99231	(blank)	All	(blank)	(blank)	Fixed	0	\$ 80.00	
IPMEDCRSD2	Medical Care IP Sub Day-Moderate Complex	99232	(blank)	All	(blank)	(blank)	Fixed	0	\$ 115.00	
IPMEDCRSD3	Medical Care IP Sub Day-High Complex	99233	(blank)	All	(blank)	(blank)	Fixed	0	\$ 210.00	
MEDEVAL	Med Eval	90792		900 DO	(blank)	(blank)	Fixed	0	\$ 250.00	
MEDEVAL	Med Eval	90792		900 MD	(blank)	(blank)	Fixed	0	\$ 250.00	
MEDEVAL	Med Eval	90792		900 APRN	(blank)	(blank)	Fixed	0	\$ 200.00	
MEDEVAL	Med Eval	90792		900 MSN	(blank)	(blank)	Fixed	0	\$ 200.00	
MEDEVAL	Med Eval	90792		900 PA	(blank)	(blank)	Fixed	0	\$ 200.00	
MEDICATION	Medication	(blank)		250 (blank)	(blank)	(blank)	Fixed	0	Varies	
MHRFRMSCR	Mental Health Reform Screen	90791		914 DO	(blank)	(blank)	Fixed	0	\$ 250.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 MD	(blank)	(blank)	Fixed	0	\$ 250.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 APRN	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LCP	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LP	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LPT	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 MSN	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 PA	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 PHD	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 PSYD	(blank)	(blank)	Fixed	0	\$ 200.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LAC	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LCMFT	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LCPC	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LCSW	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LMFT	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LMLP	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LMLPT	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LMSW	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LPC	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 LSCSW	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 MA	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 MS	(blank)	(blank)	Fixed	0	\$ 180.00	
MHRFRMSCR	Mental Health Reform Screen	90791		914 MSW	(blank)	(blank)	Fixed	0	\$ 180.00	
NEUBHEXAD	Neurobehavioral Status Exam Add On	96121		918 All	31+	(blank)	User Defined	31+	\$ 200.00	
NEUBHEXAM	Neurobehavioral Status Exam	96116		918 All	31+	(blank)	User Defined	31+	\$ 200.00	
NFMHSCRN	NFMH Screen Cont Stay - No Facilitator	T2011	(blank)	All	(blank)	(blank)	Fixed	0	\$ 305.00	
NHDISCDAY	NH Discharge Day < 30 Mins	99315		900 All	(blank)	(blank)	Fixed	0	\$ 150.00	
NHDISCDAY2	NH Discharge Day > 30 Mins	99316		900 All	(blank)	(blank)	Fixed	0	\$ 210.00	
NHMECKN1	Medical Care NH New-Low Complex	99304		900 All	(blank)	(blank)	Fixed	0	\$ 180.00	
NHMECKN2	Medical Care NH New-Moderate Complex	99305		900 All	(blank)	(blank)	Fixed	0	\$ 260.00	
NHMECKN3	Medical Care NH New-High Complex	99306		900 All	(blank)	(blank)	Fixed	0	\$ 330.00	
NHMECDR2	Medical Care NH Sub 2	99307		900 All	(blank)	(blank)	Fixed	0	\$ 65.00	
NHMECDR3	Medical Care NH Sub 3	99308		900 DO	(blank)	(blank)	Fixed	0	\$ 105.00	
NHMECDR3	Medical Care NH Sub 3	99308		900 MD	(blank)	(blank)	Fixed	0	\$ 105.00	
NHMECDR3	Medical Care NH Sub 3	99308		900 APRN	(blank)	(blank)	Fixed	0	\$ 90.00	
NHMECDR3	Medical Care NH Sub 3	99308		900 MSN	(blank)	(blank)	Fixed	0	\$ 90.00	
NHMECDR3	Medical Care NH Sub 3	99308		900 PA	(blank)	(blank)	Fixed	0	\$ 90.00	
NHMECDR4	Medical Care NH Sub 4	99309		900 DO	(blank)	(blank)	Fixed	0	\$ 145.00	
NHMECDR4	Medical Care NH Sub 4	99309		900 MD	(blank)	(blank)	Fixed	0	\$ 145.00	
NHMECDR4	Medical Care NH Sub 4	99309		900 APRN	(blank)	(blank)	Fixed	0	\$ 125.00	
NHMECDR4	Medical Care NH Sub 4	99309		900 MSN	(blank)	(blank)	Fixed	0	\$ 125.00	
NHMECDR4	Medical Care NH Sub 4	99309		900 PA	(blank)	(blank)	Fixed	0	\$ 125.00	
NHMECDR5	Medical Care NH Sub 5	99310		900 DO	(blank)	(blank)	Fixed	0	\$ 200.00	
NHMECDR5	Medical Care NH Sub 5	99310		900 MD	(blank)	(blank)	Fixed	0	\$ 200.00	
NHMECDR5	Medical Care NH Sub 5	99310		900 APRN	(blank)	(blank)	Fixed	0	\$ 170.00	
NHMECDR5	Medical Care NH Sub 5	99310		900 MSN	(blank)	(blank)	Fixed	0	\$ 170.00	
NHMECDR5	Medical Care NH Sub 5	99310		900 PA	(blank)	(blank)	Fixed	0	\$ 170.00	
OCKHAP	Health Action Plan	50280	(blank)	All	(blank)	U1	Fixed	0	\$ 200.00	
OPMEDCK1	OP Med Check 1	99211	(blank)	All	(blank)	(blank)	Fixed	0	\$ 35.00	
OPMEDCK2	OP Med Check 2	99212	(blank)	All	(blank)	(blank)	Fixed	0	\$ 75.00	
OPMEDCK3	OP Med Check 3	99213	(blank)	All	(blank)	(blank)	Fixed	0	\$ 100.00	
OPMEDCK4	OP Med Check 4	99214	(blank)	All	(blank)	(blank)	Fixed	0	\$ 150.00	

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
OPMEDCK5	OP Med Check 5	99215	(blank)	All	(blank)	(blank)	Fixed	0	\$ 200.00	
PARNTSUPGR	Parent Support/Training - Group	S5110	(blank)	All	(blank)	TJ	User Defined	15	\$ 13.75	
PARNTSUPIN	Parent Support/Training - Individual	S5110	(blank)	All	(blank)	(blank)	User Defined	15	\$ 13.75	
PARTIAL	Partial Day Hospital -RU	S0201		912 All	0-359	(blank)	User Defined	60	\$ 80.00	
PARTIAL	Partial Day Hospital -RU	S0201		913 All	360+	(blank)	User Defined	60	\$ 80.00	
PASRRSCRN	PASRR Screen Level II	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 345.00	
PEERSUPGRP	Peer Support Group	H0038	(blank)	All	(blank)	HQ	User Defined	15	\$ 11.25	
PEERSUPIND	Peer Support Individual	H0038	(blank)	All	(blank)	(blank)	User Defined	15	\$ 17.50	
PERCNTCM	Person Centered Case Management	H0006	(blank)	All	(blank)	U5	User Defined	15	\$ 15.00	
PRTF	Turning Point	T2048		1001 All	(blank)	(blank)	Fixed	0	\$ 685.00	
PSYCHREHGR	Psychosocial Rehab Group - Adult	H2017	(blank)	All	(blank)	HQ	User Defined	15	\$ 11.25	
PSYCHREHIN	Psychosocial Rehab - Individual	H2017	(blank)	All	(blank)	(blank)	User Defined	15	\$ 17.50	
PSYREHABGP	Psychosocial Rehab Group - Child	H2017	(blank)	All	(blank)	TJ	User Defined	15	\$ 11.25	
PVCLIN	Child/Adol PV Client Clinical Review/Coo	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 650.00	
REPORTPREP	Psychiatric Report Preparation	(blank)	(blank)	All	(blank)	(blank)	User Defined	15	\$ 180.00	
RESPITEGRP	Respite Care - Group - SED	S5150	(blank)	All	(blank)	(blank)	User Defined	15	\$ 7.50	
RESPIEIND	Respite Care - Individual - SED	S5150	(blank)	All	(blank)	(blank)	User Defined	15	\$ 7.50	
SOTPBASIC	SOTP Basic Adult	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 1,300.00	
STEPSTONES	Stepping Stones Monthly Fee	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 42.00	
SUDEVAL	Alcohol/Drug Evaluation	H0001	(blank)	All	(blank)	(blank)	Fixed	0	\$ 180.00	
TCM	Targeted Case Management	T1017	(blank)	All	(blank)	(blank)	User Defined	15	\$ 17.50	
TMFACILITY	Telemed Facility Fee	Q3014		780 All	(blank)	(blank)	Fixed	0	\$ 28.00	
TMS	TMS	90868	(blank)	All	(blank)	(blank)	Fixed	0	\$ 425.00	
TMSINITIAL	TMS - Initial Visit	90867	(blank)	All	(blank)	(blank)	Fixed	0	\$ 500.00	
TMSREDT	TMS ReDetermine Motor Threshold	90869	(blank)	All	(blank)	(blank)	Fixed	0	\$ 475.00	
TOBACCO1	Tobacco Cessation Intermediate	99406	(blank)	All	(blank)	(blank)	Fixed	0	\$ 25.00	
TOBACCO2	Tobacco Cessation Intensive	99407	(blank)	All	(blank)	(blank)	Fixed	0	\$ 50.00	
UDSCRN	Urine Drug Screen	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 25.00	
UDSCRNCT	Urine Drug Screen Confirmation Testing	(blank)	(blank)	All	(blank)	(blank)	Fixed	0	\$ 35.00	
VNSWPROG	VNS Therapy Simple	95976	(blank)	All	(blank)	(blank)	Fixed	0	\$ 250.00	
VNSWPROGCP	VNS Therapy Complex	95977	(blank)	All	(blank)	(blank)	Fixed	0	\$ 250.00	
WRAPROUND	Wraparound/Facilitation/CS	H2021	(blank)	All	(blank)	(blank)	User Defined	15	\$ 22.00	
NEUROTEVA2	Neuro Test Eval - Add Hour	96133		918 All	(blank)	(blank)	User Defined	60	\$ 225.00	
NEUROTEVAL	Neuro Test Eval - First Hour	96132		918 All	31-74	(blank)	User Defined	60	\$ 225.00	
PSYCHNECOM	Psych / Neuropsych Testing - Computer	96146	(blank)	All	(blank)	(blank)	Fixed	0	\$ 5.00	
PSYCHTEVA2	Psych Testing Eval - Add Hour	96131		918 All	(blank)	(blank)	User Defined	60	\$ 200.00	
PSYCHTEVAL	Psych Testing Eval - First Hour	96130		918 All	31-74	(blank)	User Defined	60	\$ 200.00	
TESTADMINP	Test Admin Prof - First 30 Mins	96136		918 All	16-44	(blank)	User Defined	30	\$ 100.00	
TESTADMINT	Test Admin Tech - First 30 Mins	96138		918 All	16-44	(blank)	User Defined	30	\$ 70.00	
TESTADMIP2	Test Admin Prof - Add 30 Mins	96137		918 All	(blank)	(blank)	User Defined	30	\$ 100.00	
TESTADMIT2	Test Admin Tech - Add 30 Mins	96139		918 All	(blank)	(blank)	User Defined	30	\$ 70.00	
OCKCC	Care Coordination (OCKCC)	S0311	(blank)	All	(blank)	U1	Fixed	0	\$ 350.00	One Care Kansas bundle - multiple services may be provided, one charge of \$350 per mo
OCKCCM	Comprehensive Care Management	S0280	(blank)	All	(blank)	U1	Fixed	0	\$ 350.00	One Care Kansas bundle - multiple services may be provided, one charge of \$350 per mo
OCKCTC	Comprehensive Transitional Care	G9149	(blank)	All	(blank)	U1	Fixed	0	\$ 350.00	One Care Kansas bundle - multiple services may be provided, one charge of \$350 per mo
OCKHP	Health Promotion	G9148	(blank)	All	(blank)	U1	Fixed	0	\$ 350.00	One Care Kansas bundle - multiple services may be provided, one charge of \$350 per mo
OCKPFS	Patient and Family Support	G9150	(blank)	All	(blank)	U1	Fixed	0	\$ 350.00	One Care Kansas bundle - multiple services may be provided, one charge of \$350 per mo
OCKRCS	Referral to Community and Social Support	S0221	(blank)	All	(blank)	U1	Fixed	0	\$ 350.00	One Care Kansas bundle - multiple services may be provided, one charge of \$350 per mo
CMS SHOPPABLE SERVICE NOT PROVIDED	New patient office or other outpatient visit, typically 30 min	99203	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	New patient office or other outpatient visit, typically 45 min	99204	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	New patient office or other outpatient visit, typically 60 min	99205	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Patient office consultation, typically 40 min	99243	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Patient office consultation, typically 60 min	99244	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Initial new patient preventive medicine evaluation (18-39 years)	99385	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Initial new patient preventive medicine evaluation (40-64 years)	99386	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Basic metabolic panel	80048	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Blood test, comprehensive group of blood chemicals	80053	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Obstetric blood test panel	80055	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
CMS SHOPPABLE SERVICE NOT PROVIDED	Blood test, lipids (cholesterol and triglycerides)	80061	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Kidney function panel test	80069	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Liver function blood test panel	80076	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Manual urinalysis test with examination using microscope	81000	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Automated urinalysis test	81002	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	PSA (prostate specific antigen)	84153	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Blood test, thyroid stimulating hormone (TSH)	84443	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Complete blood cell count, with differential white blood cells, automated	85025	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Complete blood count, automated	85027	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Blood test, clotting time	85610	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Coagulation assessment blood test	85730	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	CT scan, head or brain, without contrast	70450	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	MRI scan of brain before and after contrast	70553	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	X-Ray, lower back, minimum four views	72110	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	MRI scan of lower spinal canal	72148	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	CT scan, pelvis, with contrast	72193	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	MRI scan of leg joint	73721	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	CT scan of abdomen and pelvis with contrast	74177	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Ultrasound of abdomen	76700	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Ultrasound pelvis through vagina	76830	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Mammography of one breast	77065	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Mammography of both breasts	77066	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Mammography, screening, bilateral	77067	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	460	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	743	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of 1 or more breast growth, open procedure	19120	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Shaving of shoulder bone using an endoscope	29826	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of one knee cartilage using an endoscope	29881	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of tonsils and adenoid glands patient younger than age 12	42820	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Diagnostic examination of large bowel using an endoscope	45378	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Biopsy of large bowel using an endoscope	45380	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of polyps or growths of large bowel using an endoscope	45385	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Ultrasound examination of lower large bowel using an endoscope	45391	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of gallbladder using an endoscope	47562	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Repair of groin hernia patient age 5 years or older	49505	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Biopsy of prostate gland	55700	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Routine obstetric care for vaginal delivery, including pre-and post-delivery care	59400	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Routine obstetric care for cesarean delivery, including pre-and post-delivery care	59510	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care	59610	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of recurring cataract in lens capsule using laser	66821	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital

Service Code	Service Code Description	CPT Code	UB-04 Code (Revenue Code)	Practitioner Category	Duration Range	Modifiers For Cross Reference	Type of Fee	Minutes per unit	Total	Comments
CMS SHOPPABLE SERVICE NOT PROVIDED	Removal of cataract with insertion of lens	66984	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Electrocardiogram, routine, with interpretation and report	93000	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Insertion of catheter into left heart for diagnosis	93452	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Sleep study	95810	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital
CMS SHOPPABLE SERVICE NOT PROVIDED	Physical therapy, therapeutic exercise	97110	N/A	N/A	N/A	N/A	N/A	N/A		Not provided/billed by hospital