

**Exhibit D - Covered Services Table
Revised August 1, 2008**

Coverage	1= MCO – All diagnoses		
Responsibility	2= Charter Oak - All diagnoses		
Legend:	3= Charter Oak for Primary Diagnoses 291-316, MCO all other diagnoses		
	4= Not covered		
	Note: PSR = Provider Specific Rate		
Code	General Hospital Inpatient	Coverage	Fee
110	Room & Board- Private	3	PSR
111	Room & Board- Private -Med/Surg/Gyn	3	PSR
112	Room & Board- Private -OB	3	PSR
113	Room & Board- Private -Pediatric	3	PSR
114	Room & Board – Private - Psychiatric	2	PSR
115	Room & Board- Private -Hospice	3	PSR
116	Room & Board – Private - Detox	2	PSR
117	Room & Board- Private -Oncology	3	PSR
118	Room & Board- Private -Rehab	3	PSR
119	Room & Board- Private -Other	3	PSR
120	Room & Board-Semi-Private/2 Bed	3	PSR
121	Room & Board-Semi-Private/ 2 Bed- Med/Surg/Gyn	3	PSR
122	Room & Board-Semi-Private/ 2 Bed -OB	3	PSR
123	Room & Board-Semi-Private/ 2 Bed-Pediatric	3	PSR
124	Room & Board – Semi-Private/2 Bed - Psychiatric	2	PSR
125	Room & Board-Semi-Private/ 2 Bed-Hospice	3	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
127	Room & Board-Semi-Private/ 2 Bed-Oncology	3	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	3	PSR
129	Room & Board-Semi-Private/ 2 Bed-Other	3	PSR
130	Room & Board-Semi-Private/3-4 Bed	3	PSR
131	Room & Board-Semi-Private/3-4 Bed- Med/Surg/Gyn	3	PSR
132	Room & Board-Semi-Private/3-4 Bed-OB	3	PSR
133	Room & Board-Semi-Private/3-4 Bed-Pediatric	3	PSR
134	Room & Board - Semi-Private/3-4 Bed - Psychiatric	2	PSR
135	Room & Board-Semi-Private/3-4 Bed-Hospice	3	PSR
136	Room & Board - Semi-Private/3-4 Bed - Detox	2	PSR
137	Room & Board-Semi-Private/3-4 Bed-Oncology	3	PSR
138	Room & Board-Semi-Private/3-4 Bed-Rehab	3	PSR
139	Room & Board-Semi-Private/3-4 Bed-Other	3	PSR
140	Room & Board-Private-Deluxe	3	PSR
141	Room & Board-Private-Deluxe- Med/Surg/Gyn	3	PSR
142	Room & Board-Private - Deluxe-OB	3	PSR
143	Room & Board-Private - Deluxe-Pediatric	3	PSR
144	Room & Board - Private - Deluxe - Psychiatric	2	PSR
145	Room & Board-Private - Deluxe-Hospice	3	PSR
146	Room & Board – Private – Deluxe – Detox	2	PSR
147	Room & Board-Private - Deluxe-Oncology	3	PSR
148	Room & Board-Private - Deluxe-Rehab	3	PSR
149	Room & Board-Private - Deluxe-Other	3	PSR
150	Room & Board – Ward	3	PSR
151	Room & Board – Ward - Med/Surg/ Gyn	3	PSR
152	Room & Board – Ward – OB	3	PSR
153	Room & Board – Ward – Pediatric	3	PSR
154	Room & Board - Ward - Psychiatric	2	PSR
155	Room & Board – Ward – Hospice	3	PSR
156	Room & Board - Ward - Detox	2	PSR
157	Room & Board – Ward – Oncology	3	PSR
158	Room & Board – Ward – Rehab	3	PSR
159	Room & Board – Ward - Other	3	PSR
160	Other Room & Board	3	PSR
164	Other Room & Board – Sterile Environment	3	PSR
167	Other Room & Board – Self Care	3	PSR
169	Other Room & Board - Other	3	PSR
170	Room & Board- Nursery	3	PSR
171	Room & Board- Nursery – Newborn	3	PSR
172	Room & Board- Nursery – Premature	3	PSR
175	Room & Board- Nursery – Neonatal ICU	3	PSR
179	Room & Board- Nursery - Other	3	PSR
190	Subacute Care	3	PSR
200	Intensive Care	3	PSR

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201	Intensive Care – Surgical	3	PSR
202	Intensive Care – Medical	3	PSR
203	Intensive Care – Pediatric	3	PSR
204	Intensive Care – Psychiatric	2	PSR
205	Intensive Care – Post ICU	3	PSR
207	Intensive Care – Burn Treatment	3	PSR
208	Intensive Care – Trauma	3	PSR
209	Intensive Care – Other	3	PSR
210	Coronary Care	3	PSR
211	Coronary Care – Myocardial Infarction	3	PSR
212	Coronary Care – Pulmonary	3	PSR
213	Coronary Care – Heart Transplant	3	PSR
214	Coronary Care – Post CCU	3	PSR
219	Coronary Care – Other	3	PSR
224	Late discharge/Medically necessary	4	N/A
	Note: MCOs cover alcohol detoxification on a medical floor.		
Code	General Hospital Emergency Department	Coverage	Fee
450	Emergency Room General Classification	1	N/A
451	EMTALA Emergency Medical Screening Services	1	N/A
452	Emergency Room Beyond EMTALA Screening	1	N/A
456	Urgent Care	1	N/A
459	Other Emergency Room	1	N/A
762	Observation room	3	PSR
981	Professional Fee – Emergency Department	1	N/A
Code	General Hospital Outpatient	Coverage	Fee
490	Ambulatory Surgery	1	N/A
762	Observation room	3	PSR
900	Psychiatric Services General (Evaluation)	2	\$ 106.54
901	Electroconvulsive Therapy**	2	\$ 104.41
905	Intensive Outpatient Services – Psychiatric	2	PSR
906	Intensive Outpatient Services – Chemical Dependency	2	PSR
907	Community Behavioral Health Program (Day Treatment)	2	PSR
913	Partial Hospital	2	PSR
914	Individual Therapy	2	\$ 65.52
915	Group Therapy	2	\$ 34.43
916	Family Therapy	2	\$ 78.53
918	Psychiatric Service – Testing	3	\$ 63.96
919	Other - Med Admin	2	\$ 49.06
961	Professional Fees-Psychiatric	4	N/A
All others		1	N/A
Code	General Hospital Outpatient - Enhanced Care Clinic (ECC)	Coverage	Fee
490	Ambulatory Surgery	1	N/A
762	Observation room	3	PSR
900	Psychiatric Services General (Evaluation)	2	\$ 141.00
901	Electroconvulsive Therapy**	2	\$ 104.41
905	Intensive Outpatient Services – Psychiatric	2	PSR
906	Intensive Outpatient Services – Chemical Dependency	2	PSR
907	Community Behavioral Health Program (Day Treatment)	2	PSR
913	Partial Hospital	2	PSR
914	Individual Therapy	2	\$ 82.03
915	Group Therapy	2	\$ 34.43
916	Family Therapy	2	\$ 98.17
918	Psychiatric Service – Testing	3	\$ 63.96
919	Other - Med Admin	2	\$ 52.76
961	Professional Fees-Psychiatric	4	N/A
All others		1	N/A
Code	Psychiatric Hospital Inpatient (includes state operated hospitals)	Coverage	Fee
100	All inclusive room and board plus ancillary	4	N/A

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124	Room and Board-Psychiatric	2	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	4	N/A
190	Subacute Care	2	PSR
224	Late discharge/Medically necessary	4	N/A
Code Psychiatric Hospital Outpatient Coverage . . . Fee .			
490	Ambulatory Surgery	1	N/A
762	Observation room	2	PSR
900	Psychiatric Services General (Evaluation)	2	\$ 106.54
901	Electroconvulsive Therapy	2	\$ 104.41
905	Intensive Outpatient Services - Psychiatric	2	PSR
906	Intensive Outpatient Services - Chemical Dependency	2	PSR
907	Community Behavioral Health Program (Day Treatment)	2	PSR
913	Partial Hospital-More Intensive	2	PSR
914	Psychiatric Service-Individual Therapy	2	\$ 65.52
915	Psychiatric Service-Group Therapy	2	\$ 34.43
916	Psychiatric Service-Family Therapy	2	\$ 78.53
918	Psychiatric Service-Testing	2	\$ 63.96
919	Other - Med Admin	2	\$ 49.06
Code Alcohol and Drug Abuse Center (Non-hospital Inpatient Detox) Coverage . . . Fee .			
H0011	Acute Detoxification (residential program inpatient)	2	PSR
Code Alcohol and Drug Abuse Center (Ambulatory Detoxification) Coverage . . . Fee .			
H0014	Ambulatory Detoxification	2	\$ 21.48
Code PRTF Coverage . . . Fee .			
T2048	Psychiatric health facility service, per diem	4	PSR
Code DCF Residential Coverage . . . Fee .			
N/A	DCF Funded residential facility	4	PSR
Code Long Term Care Facility Coverage . . . Fee .			
100	Per diem rate	1	N/A
183	Home reserve	1	N/A
185	Inpatient hospital reserve	1	N/A
189	Non-covered reserve	4	N/A
	Note: Includes inpatient at special care hospitals.		

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Code	MH.Clinic	Coverage	Fee
90801	Psychiatric Diagnostic Interview	2	\$ 106.54
90802	Interactive Psychiatric Diagnostic Interview	2	\$ 112.75
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	\$ 45.25
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 50.48
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 65.52
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 73.91
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 96.90
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 101.78
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 50.61
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 54.92
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 82.91
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 76.36
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 101.99
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 106.57
90846	Family Psychotherapy (without the patient present)	2	\$ 63.78
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	\$ 78.53
90849	Multi-group family psychotherapy	2	\$ 30.79
90853	Group psychotherapy	2	\$ 30.91
90857	Interactive group psychotherapy	2	\$ 33.79
90862	Pharmacologic management	2	\$ 44.82
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 52.45
96101	Psychological testing, per hour	2	\$ 71.06
96110	Developmental testing and report, limited	4	\$ 11.95
96111	Developmental testing and report, extended	4	\$ 131.82
96118	Neuropsychological testing battery, per hour	2	\$ 115.79
H0015	Intensive Outpatient-Substance Dependence*	2	PSR
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	2	PSR
H2012	Extended Day Treatment	4	N/A
H2013	Adult Day Treatment	2*	PSR
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS, MST, MDFT, FFT, FST, HVS) (Clients under 21 only)	4	N/A
T1017	Case management, each 15 minutes (part of home-based services only - IICAPS, MST, MDFT, FFT, FST, HVS) (Clients under 21 only)	4	N/A
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	\$ 23.91
S9480	Intensive Outpatient-Mental Health	2	PSR
S9484	Emergency mobile mental health service, follow-up (Clients under 21 only)	4	N/A
S9485	Emergency mobile mental health service, initial evaluation (Clients under 21 only)	4	N/A
T1016	Case Management - Coordination of health care services - each 15 min.	4	N/A
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
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	Note: PSR = Provider Specific Rate		
Code	MH Clinic- Enhanced Care Clinic (ECC)	Coverage	Fee
90801	Psychiatric Diagnostic Interview	2	\$ 141.00
90802	Interactive Psychiatric Diagnostic Interview	2	\$ 140.94
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	\$ 56.56
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 65.12
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 81.90
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 94.44
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 121.13
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 127.23
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 63.27
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 68.65
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 102.61
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 95.46
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 127.49
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 133.21
90846	Family Psychotherapy (without the patient present)	2	\$ 79.72
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	\$ 98.17
90849	Multi-group family psychotherapy	2	\$ 35.86
90853	Group psychotherapy	2	\$ 34.64
90857	Interactive group psychotherapy	2	\$ 37.98
90862	Pharmacologic management	2	\$ 56.03
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 75.25
96101	Psychological testing, per hour	2	\$ 71.06
96110	Developmental testing and report, limited	4	\$ 11.95
96111	Developmental testing and report, extended	4	\$ 131.82
96118	Neuropsychological testing battery, per hour	2	\$ 115.79
H0015	Intensive Outpatient-Substance Dependence*	2	PSR
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	2	PSR
H2012	Extended Day Treatment	4	N/A
H2013	Adult Day Treatment	2*	PSR
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS, MST, MDFT, FFT, FST, HVS) (Clients under 21 only)	4	N/A
T1017	Targeted case management, each 15 minutes (part of home-based services only - IICAPS, MST, MDFT, FFT, FST, HVS) (Clients under 21 only)	4	N/A
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	\$ 29.89
S9480	Intensive Outpatient-Mental Health	2	PSR
S9484	Emergency mobile mental health service, follow-up (Clients under 21 only)	4	N/A
S9485	Emergency mobile mental health service, initial evaluation (Clients under 21 only)	4	N/A
T1016	Case Management - Coordination of health care services - each 15 min.	4	N/A
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A

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Code	FQHC Mental Health Clinic	Coverage	Fee
90801	Psychiatric Diagnostic Interview	2	\$ -
90802	Interactive Psychiatric Diagnostic Interview	2	\$ -
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	\$ -
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ -
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ -
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ -
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ -
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ -
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ -
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ -
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ -
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ -
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ -
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ -
90846	Family Psychotherapy (without the patient present)	2	\$ -
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	\$ -
90849	Multi-group family psychotherapy	2	\$ -
90853	Group psychotherapy	2	\$ -
90857	Interactive group psychotherapy	2	\$ -
90862	Pharmacologic management	2	\$ -
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ -
96101	Psychological testing, per hour	2	\$ -
96110	Developmental testing and report, limited	4	\$ -
96111	Developmental testing and report, extended	4	\$ -
96118	Neuropsychological testing battery, per hour	2	\$ -
H0015	Intensive Outpatient-Substance Dependence*	2	PSR
H2012	Extended Day Treatment	4	PSR
H2013	Adult Day Treatment	2*	PSR
H0020	Methodone service; rate includes all services for which the source of service is the methodone maintenance clinic.	4	PSR
J1630	Injection, Haloperidol, up to 5 mg	2	\$ -
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ -
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ -
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	\$ -
S9480	Intensive Outpatient-Mental Health	2	PSR
S9484	Emergency mobile mental health service, follow-up (Clients under 21 only)	4	\$ -
S9485	Emergency mobile mental health service, initial evaluation (Clients under 21 only)	4	\$ -
T1015	Clinic visit/encounter all-inclusive (For use by FQHC MH Clinics)	2	PSR
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A

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Code	Rehabilitation Clinic	Coverage	Fee
90801	Psychiatric Diagnostic Interview	3	\$ 106.54
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	3	\$ 45.25
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	3	\$ 50.48
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	3	\$ 65.52
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	3	\$ 73.91
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	3	\$ 96.90
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	3	\$ 101.78
90846	Family psychotherapy (without the patient present)	3	\$ 63.78
90847	Family psychotherapy (conjoint)	3	\$ 78.53
90853	Group psychotherapy	3	\$ 30.91
90857	Interactive Group therapy	3	\$ 33.79
96118	Neuropsychological testing battery, per hour	3	\$ 115.79
All others		1	N/A
Code	Freestanding Medical Clinic (including non-FQHC School-Based Health Centers)	Coverage	Fee
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
90801	Psychiatric Diagnostic Interview	3	\$ 95.88
90804	Individual psychotherapy (20-30 min)	3	\$ 40.72
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	3	\$ 45.43
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	3	\$ 58.97
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	3	\$ 66.52
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	3	\$ 87.21
90846	Family psychotherapy (without the patient present)	3	\$ 57.40
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	\$ 70.68
90853	Group psychotherapy (other than of a multiple-family group)	3	\$ 27.82
90862	Pharmacologic management	3	\$ 40.34
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision-making. (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A

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Code	FQHC Medical Clinics (including those operating as School-Based Health Centers)	Coverage	Fee
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
90801	Psychiatric Diagnostic Interview	3	\$ -
90804	Individual psychotherapy (20-30 min)	3	\$ -
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	3	\$ -
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	3	\$ -
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	3	\$ -
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	3	\$ -
90846	Family psychotherapy (without the patient present)	3	\$ -
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	\$ -
90853	Group psychotherapy (other than of a multiple-family group)	3	\$ -
90862	Pharmacologic management	3	\$ -
T1015	Clinic visit/encounter all-inclusive (in conjunction with covered code)	3	PSR
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision-making. (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A
Code	Methadone Clinic	Coverage	Fee
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	4	PSR

Exhibit D - Covered Services Table
Revised August 1, 2008

Coverage	1= MCO – All diagnoses		
Responsibility	2= Charter Oak - All diagnoses		
Legend:	3= Charter Oak for Primary Diagnoses 291-316, MCO all other diagnoses		
	4= Not covered		
	Note: PSR = Provider Specific Rate		
Code	MD, DO and APRN other than Psychiatrist or Psychiatric APRN	Coverage	Fee
00104	Anesthesia for electroconvulsive therapy	1	N/A
80100	Drug screen, qualitative, chromatographic method, each procedure	1	N/A
81000	Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1	N/A
83840	Methadone chemistry (quantitative analysis)	1	N/A
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
908XX	Psychotherapy codes	4	N/A
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision making (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A
Code	Psychiatrist (MD or DO)	Coverage	Fee
90801	Diagnostic Interview	2	\$ 156.67
90802	Interactive Diagnostic Interview	2	\$ 157.52
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 63.21
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 69.28
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 91.53
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 99.14
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 135.38
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 142.20
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 67.27
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 76.72
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 99.07
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 106.69
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 142.49
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 148.88
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 60.95
90817	90816 with medical evaluation and management	2	\$ 67.60
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	\$ 91.97
90819	90818 with medical evaluation and management	2	\$ 96.18
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 135.60
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	\$ 139.79
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 65.54
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	\$ 71.89

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	Note: PSR = Provider Specific Rate		
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 97.08
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	\$ 100.68
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 140.66
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	\$ 144.48
90846	Family Psychotherapy (without the patient present)	2	\$ 89.10
90847	Family Psychotherapy (conjoint)	2	\$ 109.72
90849	Multi-group family psychotherapy	2	\$ 32.26
90853	Group Psychotherapy	2	\$ 36.64
90857	Interactive Group psychotherapy	2	\$ 41.93
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	\$ 54.54
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	\$ 154.82
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	\$ 145.87
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 77.43
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 112.04
90880	Hypnotherapy	2	\$ 114.04
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 84.10
96101	Psychological testing, per hour	2	\$ 88.47
96110	Developmental testing with report	4	\$ 14.75
96111	Developmental testing, extended	4	\$ 133.69
96118	Neuropsychological testing battery, per hour	2	\$ 120.90
99201	Office or other outpatient visit, 10 minutes, new patient	2	\$ 40.22
99202	Office or other outpatient visit, 20 minutes, new patient	2	\$ 64.88
99203	Office or other outpatient visit, 30 minutes, new patient	2	\$ 95.77
99204	Office or other outpatient visit, 45 minutes, new patient	2	\$ 144.48
99205	Office or other outpatient visit, 60 minutes, new patient	2	\$ 180.79
99211	Office or other outpatient visit, 5 minutes, established patient	2	\$ 21.54
99212	Office or other outpatient visit, 10 minutes, established patient	2	\$ 38.69
99213	Office or other outpatient visit, 15 minutes, established patient	2	\$ 61.93
99214	Office or other outpatient visit, 25 minutes, established patient	2	\$ 93.74
99215	Office or other outpatient visit, 40 minutes, established patient	2	\$ 126.36
99217	Observation care discharge	2	\$ 67.25
99218	Initial observation care, low severity	2	\$ 63.03
99219	Initial observation care, moderate severity	2	\$ 104.05
99220	Initial observation care, high severity	2	\$ 146.77
99221	Inpatient hospital care, 30 minutes	2	\$ 85.64
99222	Inpatient hospital care, 50 minutes	2	\$ 120.37
99223	Inpatient hospital care, 70 minutes	2	\$ 175.51
99231	Subsequent hospital care, 15 minutes	2	\$ 56.59
99232	Subsequent hospital care, 25 minutes	2	\$ 64.45
99233	Subsequent hospital care, 35 minutes	2	\$ 91.97
99234	Observation of inpatient hospital care, low severity	2	\$ 126.81
99235	Observation of inpatient hospital care, moderate severity	2	\$ 167.09
99236	Observation of inpatient hospital care, high severity	2	\$ 208.26
99238	Hospital discharge day management 30 minutes or less	2	\$ 66.94
99239	Hospital discharge day management more than 30 minutes	2	\$ 96.52
99241	Office consultation for a new or established patient, approximately 15 minutes	2	\$ 50.69
99242	Office consultation for a new or established patient, approximately 30 minutes	2	\$ 92.71
99243	Office consultation for a new or established patient, approximately 40 minutes	2	\$ 126.80
99244	Office consultation for a new or established patient, approximately 60 minutes	2	\$ 185.23
99245	Office consultation for a new or established patient, approximately 80 minutes	2	\$ 229.59

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	4= Not covered		
	Note: PSR = Provider Specific Rate		
99251	Initial inpatient consultation, 20 minutes	2	\$ 46.20
99252	Initial inpatient consultation, 40 minutes	2	\$ 74.42
99253	Initial inpatient consultation, 55 minutes	2	\$ 110.12
99254	Initial inpatient consultation, 80 minutes	2	\$ 158.65
99255	Initial inpatient consultation, 110 minutes	2	\$ 198.08
99271	Confirmatory consultation, limited or minor	2	\$ 37.94
99272	Confirmatory consultation, low severity	2	\$ 62.77
99273	Confirmatory consultation, moderate severity	2	\$ 85.98
99274	Confirmatory consultation, moderate to high severity	2	\$ 115.65
99275	Confirmatory consultation, high severity	2	\$ 146.85
99281	Emergency department visit, minor severity	2	\$ 19.38
99282	Emergency department visit, low to moderate severity	2	\$ 37.13
99283	Emergency department visit, moderate severity	2	\$ 60.75
99284	Emergency department visit, high severity	2	\$ 110.25
99285	Emergency department visit, high severity with significant threat	2	\$ 165.10
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	\$ 32.91
T1016	Case Management - Coordination of health care services - each 15 min.	4	N/A
All others		4	N/A
Code	Psychiatric APRN	Coverage	Fee
90801	Diagnostic Interview	2	\$ 141.00
90802	Interactive Diagnostic Interview	2	\$ 141.77
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 56.89
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 62.36
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 82.38
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical	2	\$ 89.23
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 121.84
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical	2	\$ 127.98
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 60.54
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 69.05
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 89.16
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 96.02
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 128.24
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 134.00
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 54.86
90817	90816 with medical evaluation and management	2	\$ 60.84
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	\$ 82.77
90819	90818 with medical evaluation and management	2	\$ 86.56
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 122.04
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	\$ 125.81
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 58.99
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	\$ 64.70
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 87.37
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	\$ 90.61
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 126.59
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	\$ 130.03

**Exhibit D - Covered Services Table
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	4= Not covered		
	Note: PSR = Provider Specific Rate		
90846	Family Psychotherapy (without the patient present)	2	\$ 80.19
90847	Family Psychotherapy (conjoint)	2	\$ 98.74
90849	Multi-group family psychotherapy	2	\$ 29.04
90853	Group Psychotherapy	2	\$ 32.98
90857	Interactive Group psychotherapy	2	\$ 37.73
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	\$ 49.09
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	\$ 139.34
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	\$ 131.29
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 69.69
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 100.84
90880	Hypnotherapy	2	\$ 102.63
90887	Interpretation or explanation of results of psychiatric or other medical	2	\$ 75.69
96101	Psychological testing, per hour	2	\$ 79.63
96110	Developmental testing with report	4	\$ 13.27
96111	Developmental testing, extended	4	\$ 120.32
96118	Neuropsychological testing battery, per hour	2	\$ 108.81
99201	Office or other outpatient visit, 10 minutes, new patient	2	\$ 36.20
99202	Office or other outpatient visit, 20 minutes, new patient	2	\$ 58.39
99203	Office or other outpatient visit, 30 minutes, new patient	2	\$ 86.19
99204	Office or other outpatient visit, 45 minutes, new patient	2	\$ 130.03
99205	Office or other outpatient visit, 60 minutes, new patient	2	\$ 162.72
99211	Office or other outpatient visit, 5 minutes, established patient	2	\$ 19.38
99212	Office or other outpatient visit, 10 minutes, established patient	2	\$ 34.82
99213	Office or other outpatient visit, 15 minutes, established patient	2	\$ 55.74
99214	Office or other outpatient visit, 25 minutes, established patient	2	\$ 84.36
99215	Office or other outpatient visit, 40 minutes, established patient	2	\$ 113.72
99217	Observation care discharge	2	\$ 60.53
99218	Initial observation care, low severity	2	\$ 56.73
99219	Initial observation care, moderate severity	2	\$ 93.65
99220	Initial observation care, high severity	2	\$ 132.09
99221	Inpatient hospital care, 30 minutes	2	\$ 77.08
99222	Inpatient hospital care, 50 minutes	2	\$ 108.33
99223	Inpatient hospital care, 70 minutes	2	\$ 157.96
99231	Subsequent hospital care, 15 minutes	2	\$ 50.93
99232	Subsequent hospital care, 25 minutes	2	\$ 58.00
99233	Subsequent hospital care, 35 minutes	2	\$ 82.77
99234	Observation of inpatient hospital care, low severity	2	\$ 114.13
99235	Observation of inpatient hospital care, moderate severity	2	\$ 150.38
99236	Observation of inpatient hospital care, high severity	2	\$ 187.43
99238	Hospital discharge day management 30 minutes or less	2	\$ 60.24
99239	Hospital discharge day management more than 30 minutes	2	\$ 86.87
99241	Office consultation for a new or established patient, approximately 15 minutes	2	\$ 45.62
99242	Office consultation for a new or established patient, approximately 30 minutes	2	\$ 83.44
99243	Office consultation for a new or established patient, approximately 40 minutes	2	\$ 114.12
99244	Office consultation for a new or established patient, approximately 60 minutes	2	\$ 166.71
99245	Office consultation for a new or established patient, approximately 80 minutes	2	\$ 206.63
99251	Initial inpatient consultation, 20 minutes	2	\$ 41.58
99252	Initial inpatient consultation, 40 minutes	2	\$ 66.98
99253	Initial inpatient consultation, 55 minutes	2	\$ 99.11
99254	Initial inpatient consultation, 80 minutes	2	\$ 142.79
99255	Initial inpatient consultation, 110 minutes	2	\$ 178.28
99271	Confirmatory consultation, limited or minor	2	\$ 34.14
99272	Confirmatory consultation, low severity	2	\$ 56.49

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	4= Not covered		
	Note: PSR = Provider Specific Rate		
99273	Confirmatory consultation, moderate severity	2	\$ 77.38
99274	Confirmatory consultation, moderate to high severity	2	\$ 104.08
99275	Confirmatory consultation, high severity	2	\$ 132.17
99281	Emergency department visit, minor severity	2	\$ 17.44
99282	Emergency department visit, low to moderate severity	2	\$ 33.41
99283	Emergency department visit, moderate severity	2	\$ 54.68
99284	Emergency department visit, high severity	2	\$ 99.22
99285	Emergency department visit, high severity with significant threat	2	\$ 148.59
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 1.90
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 4.73
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.34
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	\$ 29.62
T1016	Case Management - Coordination of health care services - each 15 min.	4	N/A
All others		4	N/A
Code	Psychologist and Psychologist Group	Coverage	Fee
90801	Diagnostic Interview	2	\$ 133.17
90802	Interactive Diagnostic Interview	2	\$ 133.89
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 53.73
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 77.80
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 115.07
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 57.18
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 84.21
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 121.12
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 51.81
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	\$ 78.18
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 115.26
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 55.71
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 82.52
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 119.56
90846	Family Psychotherapy (without the patient present)	2	\$ 75.74
90847	Family Psychotherapy (conjoint)	2	\$ 93.26
90849	Multi-group family psychotherapy	2	\$ 27.42
90853	Group Psychotherapy	2	\$ 31.15
90857	Interactive Group psychotherapy	2	\$ 35.64
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 65.82
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 95.24
90880	Hypnotherapy	2	\$ 96.93
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 84.10
96101	Psychological testing, per hour	2	\$ 75.20
96110	Developmental testing with report	4	\$ 12.53
96111	Developmental testing, extended	4	\$ 113.64
96118	Neuropsychological testing battery, per hour	2	\$ 102.76
T1016	Case Management - Coordination of health care services - each 15 min.	4	N/A

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	4= Not covered		
	Note: PSR = Provider Specific Rate		
Code	Independent Practice Behavioral Health Professional (LCSW; LMFT; LPC, LADC)	Coverage	Fee
90801	Diagnostic Interview	2	\$ 109.67
90802	Interactive Diagnostic Interview	2	\$ 110.26
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 44.25
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 64.07
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 94.76
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 47.09
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 69.35
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 99.74
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 42.67
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	\$ 64.38
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 94.92
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 45.88
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 67.96
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 98.46
90846	Family Psychotherapy (without the patient present)	2	\$ 62.37
90847	Family Psychotherapy (conjoint)	2	\$ 76.80
90849	Multi-group family psychotherapy	2	\$ 22.58
90853	Group Psychotherapy	2	\$ 25.65
90857	Interactive Group psychotherapy	2	\$ 29.35
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 54.20
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 78.43
90880	Hypnotherapy	2	\$ 79.83
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 58.87
96110	Developmental testing with report	4	\$ 10.32
96111	Developmental testing, extended	4	\$ 93.59
T1016	Case Management - Coordination of health care services - each 15 min.	4	N/A
Code	Home Health Care Agencies	Coverage	Fee
RCG/HPCG			
421	Physical Therapy	1	N/A
424	Physical Therapy Evaluation	1	N/A
431	Occupational Therapy	1	N/A
434	Occupational Therapy Evaluation	1	N/A
441	Speech Therapy	1	N/A
444	Speech Therapy Evaluation	1	N/A
570/T1004	Services of a qualified nursing aide, up to 15 minutes	4	\$ 5.25
580/S9123	Nursing care, in the home by an RN, per hour	3	\$ 86.20
580/S9124	Nursing Care, in the home by an LPN, per hour	3	\$ 86.20
580/T1001	Nursing Assessment/Evaluation	3	\$ 93.15
580/T1002	RN Services, up to 15 minutes	4	\$ 21.55
580/T1003	LPN/LVN services, up to 15 minutes	4	\$ 21.55
580/T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	3	\$ 59.81
Code	Independent Occupational Therapist	Coverage	Fee
All codes		1	N/A
Code	Independent Physical Therapist	Coverage	Fee
All codes		1	N/A
Code	Medical Transportation	Coverage	Fee

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	Note: PSR = Provider Specific Rate		
All codes		1	N/A
Code Emergency Medical Transportation Coverage . . . Fee . .			
All codes		1	N/A
Code Independent Laboratory Services Coverage . . . Fee . .			
80100	Drug screen, qualitative, chromatographic method, each procedure	1	N/A
81000	Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1	N/A
83840	Methadone chemistry (quantitative analysis)	1	N/A
All other codes		1	N/A
Code Pharmacy Coverage . . . Fee . .			
All codes		1	N/A
Code Other Community Services Coverage . . . Fee . .			
H2017	Psychosocial Rehabilitation services, per 15 minutes	4	PSR
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS, MST, MDFT, FFT, FST, HBV) (Clients under 21 only)	4	N/A
T1017	Targeted case management, each 15 minutes (part of home-based services only - IICAPS, MST, MDFT, FFT, FST, HBV) (Clients under 21 only)	4	N/A
H2032	Activity Therapy, per 15 minutes (Therapeutic Mentoring/Behavioral Management Service) (Clients under 21 only)	4	N/A
			N/A
Legend -	Day and visit limits		
	15 day limit for alcohol (303.XX, 291.XX, 305.00)		
	20 day limit for drug (304.XX, 292.XX, 305.10, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)		
	30 visit limit (in aggregate, across all yellow codes, regardless of type and specialty, for alcohol/drug diagnoses only (291-292, 303-305)		
	30 visit limit (in aggregate, across all orange codes, regardless of diagnosis)		