

BHR Fee Schedule ~ Full and Screen Benefit Plans

Effective July 1, 2024

BHC-FULL BENEFIT PLAN					
Service Name	Code	Modifiers	Unit	Rate/Unit	Notes
Targeted Case Management (≥ 21 years)	T1017	GT, HL, HQ, UK	15 minutes	\$20.50	
On-going Case Management (≤ 20 years)	G9012	GT, HL, HQ, UK	15 minutes	\$20.50	
Clinical Assessment - Mental Health	H0031	GT, HL, UK	Session	\$116.17	
Individual Therapy (Agency Based)	H2019	GT, HL, TN, UK	15 minutes	\$20.24	
Family Therapy	H0004	GT, HL, HQ, TN, UK	15 minutes	\$26.86	
Intensive Outpatient Program, Intensive Outpatient Psychiatric services, per diem	S9480		Daily	\$92.73	
Group Therapy - Mental Health Services, not otherwise specified	H0046	GT, TN, UK, HL	120 minutes	\$23.18	
Individual Rehabilitative Services - Skill Training & Development	H2014	HL, HQ	15 minutes	\$7.07	
Psychosocial Rehabilitation Services	H2017	HL	15 minutes	\$10.14	
Telehealth originating site facility fee	Q3014		per svc	\$18.86	
Comprehensive Medication Therapy	H2010	HE, HF	15 minutes	\$20.50	
Medication Management (Office O/P New Straightforward)	99202		15 minutes	\$66.46	Physician, Psychiatrist
Medication Management (Office O/P New Low)	99203		30 minutes	\$95.60	Physician, Psychiatrist
Medication Management (Office O/P New Moderate)	99204		45 minutes	\$146.99	Physician, Psychiatrist
Medication Management (Office O/P New High)	99205		60 minutes	\$185.45	Physician, Psychiatrist
Medication Management (Office O/P Est Straightforward)	99212		10 minutes	\$38.45	Physician, Psychiatrist
Medication Management (Office O/P Est Low)	99213		20 minutes	\$64.33	Physician, Psychiatrist
Medication Management (Office O/P Est Moderate)	99214		30 minutes	\$91.28	Physician, Psychiatrist
Medication Management (Office O/P Est High)	99215		40 minutes	\$130.10	Physician, Psychiatrist
Certified Peer Specialist (Individual)	H0038		15 minutes	\$9.19	
Certified Peer Specialist (Group)	H0038	HQ, UK	15 minutes	\$4.60	
Emergency Care Coordination & Gatekeeping (MH)	90839	HE, HF	60 minutes (initial)	\$126.54	
	90840	AT	30 minutes (add'l)	\$62.62	Must bill 90839 first
On-going Case Management (≥ 21 years)	H0006	GT, HQ	15 minutes	\$20.50	
Crisis Clinical Response	H2011	HE, HF	15 minutes	\$25.64	
After Hours Call Line	H0030	HE, HF	15 minutes	\$5.52	
Member Engagement	H0023	HE, HF, GT	15 minutes	\$20.50	
Medication Assisted Treatment	H2010	HG	15 minutes	\$20.50	
Day Treatment	H2012	HQ	15 minutes	\$15.00	
Supported Employment	H2023	HQ	15 minutes	\$8.07	
Recreation/Socialization - Individual	H2032		15 minutes	\$6.17	
Recreation/Socialization - Group	H2032	HQ	15 minutes	\$3.09	
Alcohol and other substance abuse treatment programs - Intensive Group	H2035	GT, HQ	60 minutes	\$46.37	
Social Detox (SUD) bundled rate	H0010	HF	per diem	\$141.10	
Transitional Group Home (MH)	H0018	HE	per diem	\$83.10	
Transitional Group Home (SUD) bundled rate	H0018	HF	per diem	\$30.82	
Long Term Group Home (MH)	H0019	HE	per diem	\$73.48	
Primary Residential (SUD) bundled rate	H0019	HD	per diem	\$125.00	
Sub-Acute Crisis Residential bundled rate	H0037		per diem	\$240.75	
Supervised Living (MH)	H0043	HE, HF	per diem	\$22.06	
Justice Involved Psychological Testing & Assessment	96130		60 minutes	\$126.54	
	96131		add'l 60 minutes	\$62.62	Must bill 96130 first

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BHC-SCREEN BENEFIT PLAN

Service Name	Code	Modifiers	Unit	Rate/Unit	Notes
Eligibility Assessment (MH)	T2024	HE	60 minutes	\$116.17	4 units/year
Clinical Assessment - Substance Use Disorder	96125	HF	60 minutes	\$94.52	4 unit limit/calendar year
Justice Involved Psychological Testing & Assessment	96130	HE, HF	60 minutes	\$126.54	Must bill 96130 first Limit 4 assessments per calendar year
	96131	HE, HF	add'l 60 minutes	\$62.62	

These services are shared with the Wyoming Medicaid Behavioral Health program. For more information, please see the CMS-1500 manual, Chapter 12.

Key to Modifiers:

AT=Acute Treatment

GT = Telehealth

HD=Pregnant/Parenting Women's Program

HE = Mental Health Program

HF=Substance use program

HG=Opioid Addiction Tx Program

HL= Intern

HN=Bachelor's degree level

HO=Master's Level

HP=Doctoral Level

HQ = Group Setting

TN = Rural/outside provider's customary service area

UK = Services provided on behalf of the client to someone other than the client