

Rate Code	Modifier	Service Description	Facility Rate	Non-Facility Rate	New Facility Rate	New Non-Facility Rate	Billing Unit of Service
90792		Psychiatric Diagnostic Evaluation (medical services)	102.20	107.33	128.80	128.80	Event
H0004		Supportive Counseling Individual	12.40	14.10	14.88	16.92	15 minutes
H0004	HO	Professional Counseling Individual	22.40	25.70	26.88	30.84	15 minutes
H0004	HQ	Supportive Counseling Group	4.00	4.00	4.80	4.80	15 minutes
H0004	HO HQ	Behavioral Counseling Professional Group	5.50	5.50	6.60	6.60	15 minutes
H0031		Mental Health Assessment by a Non-Physician	120.00	120.00	144.00	144.00	Event
H0032		Mental health service plan development by nonphysician	10.50	16.65	12.60	19.98	15 minutes
H0032	AH	Mental health service plan development by nonphysician-Clinical Psychologist	30.00	30.00	36.00	36.00	15 minutes
H0036		Community psychiatric supportive treatment, face-to-face, per 15 minutes	13.40	13.40	16.08	16.08	15 minutes
H2015	U1	Community Focused Treatment	2.25	2.25	2.70	2.70	15 minutes
H2015	U2	Community Focused Treatment	2.65	2.65	3.18	3.18	15 minutes