Certified Clinical Supervisor Fee Schedule

Provider Specialty 129

Code	Mod	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
H0001		Behavioral Health Assessment	15 minutes	$ 19.94	$ 19.94	9/1/2010
H0004		Behavioral Health Counseling and Therapy	15 minutes	$ 19.94	$ 19.94	9/1/2010
H0004	HQ	DMH Outpatient Treatment Group	15 minutes	$ 7.35	$ 7.35	9/1/2010
H0004	HR	DMH Outpatient Tx Family Therapy w/Client	15 minutes	$ 19.94	$ 19.94	9/1/2010
H0004	HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	$ 19.94	$ 19.94	9/1/2010
H0005		Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	$ 7.35	$ 7.35	9/1/2010
H0031		Mental Health Assessment	15 minutes	$ 19.94	$ 19.94	9/1/2010