

**Provisionally Licensed Clinicians Billing Incident To a Physician  
Billing Through Specialty 113 (LME)**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

<b>Service Code with Modifiers</b>	<b>Service Description</b>	<b>Billing Unit</b>	<b>Rate for Service</b>	<b>Effective Date</b>
H0001	Alcohol and/or Drug Assessment	15 minutes	\$ 13.87	7/1/2012
H0004	Behavioral Health Counseling and Therapy	15 minutes	\$ 19.81	7/1/2012
H0004 HQ	DMH Outpatient Treatment Group	15 minutes	\$ 7.30	7/1/2012
H0004 HR	DMH Outpatient Tx Family Therapy w/ Client	15 minutes	\$ 19.81	7/1/2012
H0004 HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$ 19.81	7/1/2012
H0005	Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$ 5.12	7/1/2012
H0031	Mental Health Assessment	15 minutes	\$ 13.87	7/1/2012