

**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.

Service Code with Modifiers	Service Description	Billing Unit	Rate for Service	Effective Date
H0001	Alcohol and/or Drug Assessment	15 minutes	\$ 13.78	11/1/2011
H0004	Behavioral Health Counseling and Therapy	15 minutes	\$ 19.67	11/1/2011
H0004 HQ	DMH Outpatient Treatment Group	15 minutes	\$ 7.25	11/1/2011
H0004 HR	DMH Outpatient Tx Family Therapy w/ Client	15 minutes	\$ 19.67	11/1/2011
H0004 HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$ 19.67	11/1/2011
H0005	Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$ 5.08	11/1/2011
H0031	Mental Health Assessment	15 minutes	\$ 13.78	11/1/2011