

DRAFT

This is a draft rate schedule effective December 1, 2021. Rates have been modified and new services have been added due to the Mecklenburg and Orange transition to Alliance Health on December 1, 2021. This is being published as draft to ensure Alliance has accounted for all services currently being provided in Mecklenburg and Orange counties. Any comments to this schedule can be submitted to ProviderNetwork@alliancehealthplan.org. The schedule will be published as FINAL on November 17, 2021.

Change for July 1, 2021

Updated Medicaid B Facility Based Crisis Rate

Updated Medicaid B Mobile Crisis Rate

Changes for December 1, 2021

As of December 1, 2021, Alliance will assume responsibility for the management of Medicaid and State funded services in Mecklenburg and Orange Counties. The rates herein represent changes as a result of that transition. In addition, there is a Cardinal to Alliance service crosswalk.

Please pay attention to the following:

Rate updates as of December 1, 2021 are noted

COVID rates have been listed

Highlighted CPT rates reflect increases

Cardinal to Alliance Service Code Crosswalk

Alliance Health has created a Cardinal to Alliance Service Code Crosswalk to assist providers with transition of services to members from Mecklenburg and Orange counties. Please use this Crosswalk as a resource when requesting Service Authorization Requests (SARs) and/or submitting claims to Alliance Health as of December 1, 2021.

Service Category	Cardinal Code	Cardinal Service Description	Alliance Code	Alliance Service Description
State Services	H0040 TS	ACTT Encounter	H0040 22	ACTT Encounter
	H0040 TS CR	ACTT Encounter		
	H0040 TS GT CR	ACTT Encounter		
	H2011 HF	Mobile Crisis	H2011	Mobile Crisis
	H2011 HF CR	Mobile Crisis	H2011 CR	Mobile Crisis
	H2011 HF GT CR	Mobile Crisis	H2011 GT CR	Mobile Crisis
	YA341	Assertive Engagement	YA323	Assertive Engagement
	S9484 HA	FBC Child	S9484	Facility Based Crisis
	YM120	Transition Management Services	YM120	Transitions to Community Living

**ALLIANCE HEALTH
STATE FUNDED SERVICES**

Procedure Code	Modifier	Service Description	Billing Unit	Rate	Revised Rates as of 12/1/2021	COVID Rate	CR can be billed	GT CR can be billed	GT can be billed
H0010		Non-Hospital Medical Detoxification	per diem	\$ 325.58					
H0015		Substance Abuse Intensive Outpatient Program	per diem	\$ 131.56			X	X	
H0020		Alcohol and/or Drug Services; methadone administration	per event	\$ 16.60			X		
H0035		Partial Hospitalization	per diem	\$ 132.32					
H0038		Peer Support Individual	15 minutes	\$ 11.97	\$ 12.00		X	X	
H0038	HQ	Peer Support Group	15 minutes	\$ 2.88			X	X	
H0040		Assertive Community Treatment Program	Event, maximum 4 per month	\$ 324.00		\$372.60	X	X	
H0040	22	Assertive Community Treatment Program Encounter	per event	\$ 0.01					
H2011		Mobile Crisis Management (MH/SA)	15 minutes	\$ 90.00			X	X	
H2012	HA	Day Tx Behavior Health Child	per hour	\$ 31.41					
H2014	HA	Developmental Therapies - Professional Individual - Child, 16 unit limit	15 minutes	\$ 8.34					
H2014	HB	Developmental Therapies - Professional Individual - Adult, 16 unit limit	15 minutes	\$ 8.34					
H2014	HM	Developmental Therapies - Paraprofessional Individual, 16 unit limit	15 minutes	\$ 6.61		\$ 7.60			
H2015	HT HO	Community Support Team Licensed Team Lead	15 minutes	\$ 25.91		\$ 29.80	X	X	
H2015	HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	15 minutes	\$ 25.91		\$ 29.80	X	X	
H2015	HT HN	Community Support Team QP/AP	15 minutes	\$ 25.91		\$ 29.80	X	X	
H2015	HT U1	Community Support Team Peer Support	15 minutes	\$ 25.91		\$ 29.80	X	X	
H2015	HT HM	Community Support Team Para Professional	15 minutes	\$ 25.91		\$ 29.80	X	X	
H2017		DMH Psychosocial Rehabilitation	15 minutes	\$ 2.69		\$ 3.09	X	X	
H2022		Intensive In-Home Services	per diem	\$ 239.66					
H2033		Multi-systemic Therapy (MST)	15 minutes	\$ 36.57		\$ 42.06	X	X	
H2034		Substance Abuse Halfway House	per diem	Provider Specific	**				
H2035		SA Comprehensive Outpatient Treatment Program (4 hours only)	per hour	\$ 45.35				X	X
S5145		Therapeutic Foster Care, Therapeutic(HRI Level II)	per diem	\$ 88.58					
S9484		Facility Based Crisis (16 unit/hour limit)	per hour	\$ 30.00			X		
T2016	U8	Behavioral Health Urgent Care Observation	Per event	\$ 413.00					
T2016	U5	Behavioral Health Urgent Care	Per event	\$ 413.00					
YA213		Community Respite	per diem	\$ 160.79					
YA323		Assertive Engagement	15 minutes	\$ 15.00					
YA324		Crisis Eval and Observation	per hour	\$ 13.06					
YA325		Recovery Support	15 minutes	\$ 14.00					
YA343		Peer Support Hosp Discharge/Diversion	15 minutes	\$ 10.14					
YA346		Hosp Discharge Transition	15 minutes	\$ 18.25					
YA363		CAET for Community Group	15 minutes	\$ 2.01					
YA364		CAET for Community Individual	15 minutes	\$ 7.30					
YA377		Comprehensive Screening and Community Connection	15 minutes	\$ 19.45					
YA389		Long Term Vocational Support	15 minutes	\$ 11.21			X	X	

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YA390		Supported Employment – Individual	15 minutes	\$ 11.21			X	X	
YM120		Transitions to Community Living	15 minutes	\$ 20.00			X	X	
YM645		Long Term Vocational Support	15 minutes	\$ 14.22					
YM645	DJ	DOJ Long Term Vocational Support	15 minutes	\$ 14.22					
YM686		Guardianship	1 per month	Provider Specific	**				
YM812		Supervised Living – 2 Resident	per diem	\$ 161.99	**				
YM813		Supervised Living – 3 Resident	per diem	\$ 116.15	**				
YM814		Supervised Living – 4 Resident	per diem	\$ 93.17	**				
YM815		Supervised Living – 5 Resident	per diem	\$ 77.67	**				
YM816		Supervised Living – 6 Resident	per diem	\$ 68.83	**				
YP010		Hourly Respite – Individual	15 minutes	\$ 5.00					
YP011		Hourly Respite – Group	15 minutes	\$ 1.67					
YP020		Personal Assistance - Individual	15 minutes	\$ 5.00		\$ 5.50		X	
YP485		Facility Based Crisis Program - Non Medicaid	per diem	\$ 251.67					
YP610		Developmental Day (Inc. Before/After)	15 minutes	\$ 2.50					
YP620		ADVP	15 minutes	\$ 1.57	**	\$ 2.26		X	
YP630	DJ	DOJ Supported Employment	15 minutes	\$ 20.88					
YP640		Supported Employment – Group	15 minutes	\$ 2.53					
YP660		Day Activity	15 minutes	Provider Specific	**		X	X	
YP710		Supervised Living Low	per diem	\$ 28.92		\$ 33.26			
YP730		Community Respite - I/DD	per diem	\$ 160.79					
YP730	HW	Community Respite - MH	per diem	\$ 160.79					
YP760		Group Living - Low	per diem	\$ 55.29	**	\$ 63.58			
YP770		Group Living - Moderate	per diem	\$ 75.48	**	\$ 86.80			
YP780		Group Living – High	per diem	\$ 141.51	**	\$162.74			
YP851		Psychiatric Administration	15 minutes	\$ 25.00	*				
YP852		Psychiatric Consultation	15 minutes	\$ 35.00	*				
Q3014	GT	Telehealth Orig Site Fee	Per event	\$ 21.25					
*		Billed under a special client number established with the LME							
**		Individual Rates are set per provider							
PLEASE NOTE THAT THESE RATES CAN CHANGE BASED ON LME/MCO FUNDING									

**ALLIANCE HEALTH
STATE FUNDED SERVICES**

Rates effective December 1, 2021

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC /LMFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/C CS	Spec 210 - PA	CR	GT CR
90785	Interactive Complexity	per event	\$ 3.96	\$ 3.96	\$ 2.97	\$ 2.97	\$ 3.37	\$ 3.37	\$ 2.97	\$ 2.85	X	X
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	\$ 137.93	\$ 137.93	\$ 103.44	\$ 103.44	\$ 117.24	\$ 117.24	\$ 103.44	\$ 99.43	X	X
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 115.04				\$ 97.78	\$ 97.78		\$ 82.50	X	X
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 57.46	\$ 57.46	\$ 43.10	\$ 43.10	\$ 48.84	\$ 48.84	\$ 43.10	\$ 41.37	X	X
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	\$ 34.91				\$ 29.67			\$ 25.04	X	X
90834	Psychotherapy - 45 Minutes	38-52 minutes	\$ 74.64	\$ 74.64	\$ 55.98	\$ 55.98	\$ 63.44	\$ 63.44	\$ 55.98	\$ 53.55	X	X
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 56.72				\$ 48.21			\$ 40.68	X	X
90837	Psychotherapy - 60 Minutes	53+ minutes	\$ 109.36	\$ 109.36	\$ 82.03	\$ 82.03	\$ 92.96	\$ 92.96	\$ 82.03	\$ 78.42	X	X
90838	Psychotherapy - 53+ Minutes Add on to E & M	53+ minutes	\$ 91.59				\$ 77.85			\$ 77.85	X	X
90840	Psychotherapy for Crisis - each add'l 30 mins beyond 74 mins	74+ minutes	\$ 105.47	\$ 105.47	\$ 79.10	\$ 79.10	\$ 89.65	\$ 89.65	\$ 79.10	\$ 89.65	X	X
90846	Family Therapy wo/patient	per event	\$ 73.71	\$ 72.24	\$ 54.17	\$ 54.17	\$ 61.40	\$ 61.40	\$ 54.17	\$ 73.71	X	X
90847	Family Therapy w/patient	per event	\$ 91.53	\$ 89.70	\$ 67.28	\$ 67.28	\$ 76.24	\$ 76.24	\$ 67.28	\$ 91.53	X	X
90853	Group Therapy non Multiple Family Group - MH	per event	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	X	X
90853 HF	Group Therapy non Multiple Family Group - SA	per event	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	\$ 36.00	X	X
96130	Psychological Testing Eval first hour	per event	\$ 107.58	\$ 99.96		\$ 74.97						
96131	Psychological Testing Eval each additional hour	per event	\$ 107.58	\$ 83.94		\$ 62.96						
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	per event	\$ 53.79	\$ 41.97		\$ 31.48						X
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	per event	\$ 53.79	\$ 41.97		\$ 31.48						X
96146	Psychological or neuropsychological test, automated result	per event		\$ 1.66								
96372	Medication Administration	per event	\$ 17.04				\$ 14.19			\$ 17.04		
99201	New patient office or other outpatient visit, typically 10 minutes	per event	\$ 33.18				\$ 28.20			\$ 33.18	X	X
99202	New patient office or other outpatient visit, typically 20 minutes	per event	\$ 57.54				\$ 48.91			\$ 57.54	X	X
99203	New patient office or other outpatient visit, typically 30 minutes	per 30 mins	\$ 89.36				\$ 70.86			\$ 83.36	X	X
99204	New patient office or other outpatient visit, typically 45 minutes	per 45 mins	\$ 142.20				\$ 120.87			\$ 142.20	X	X
99205	New patient office or other outpatient visit, typically 60 minutes	per 60 mins	\$ 163.41				\$ 138.90			\$ 163.41	X	X
99211	Established patient office or other outpatient visit, typically 5 minutes	per event	\$ 16.82				\$ 14.30			\$ 16.82	X	X
99212	Established patient office or other outpatient visit, typically 10 minutes	per event	\$ 33.50				\$ 28.48			\$ 33.50	X	X

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99213	Established patient office or other outpatient visit, typically 15 minutes	per 15 mins	\$ 75.00				\$ 47.55			\$ 63.75	X		X
99214	Established patient office or other outpatient, visit typically 25 minutes	per 25 mins	\$ 105.00				\$ 78.82			\$ 92.72	X		X
99215	Established patient office or other outpatient, visit typically 40 minutes	per 25 mins	\$ 114.00				\$ 96.90			\$ 114.00	X		X
99221	Initial hospital inpatient care, typically 30 minutes per day	per event	\$ 83.05				\$ 70.59			\$ 83.05			
99222	Initial hospital inpatient care, typically 50 minutes per day	per event	\$ 113.34				\$ 96.34			\$ 113.34			
99223	Initial hospital inpatient care, typically 70 minutes per day	per event	\$ 166.89				\$ 141.86			\$ 166.89			
99231	Subsequent hospital inpatient care, typically 15 minutes per day	per event	\$ 34.30				\$ 29.16			\$ 34.30			X
99232	Subsequent hospital inpatient care, typically 25 minutes per day	per event	\$ 61.81				\$ 52.54			\$ 61.81			X
99233	Subsequent hospital inpatient care, typically 35 minutes per day	per event	\$ 88.53				\$ 75.25			\$ 88.53			X
Q3014 GT	Telehealth Orig Site Fee	per event		\$ 21.25	\$ 21.25		21.25			\$ 21.25			

NOTE: All services are clinician based and must be billed with the clinician as the attending provider.

COVID Rates for the Following Services Only

Procedure Code	CPT Code Description	Unit	MD/ Psychiatrist	Spec 109 - LP	Spec 110 - LCSW/LPC /LMFT	Spec 128 - LPA	Spec 112 - Nurse Pract	Spec 111 - Nurse Spec	Spec 129 - LCAS/C CS	Spec 210 - PA	CR	GT	CR
90837	Psychotherapy - 60 Minutes	53+ minutes	\$ 136.70	\$ 136.70	\$ 102.54	\$ 102.54	\$ 116.20	\$ 116.20	\$ 102.54	\$ 98.03	X		X
99213	Established patient office or other outpatient visit, typically 15 minutes	per 15 mins	\$ 93.75				\$ 59.44			\$ 79.69	X		X
99214	Established patient office or other outpatient, visit typically 25 minutes	per 25 mins	\$ 131.25				\$ 98.53			\$ 115.90	X		X