

# KanCare Behavioral Health Rate Study



\*Gray boxes indicate a rate that was unavailable.  
 \*Codes are in order of paid amount descending.  
 \*Fee schedules are compared at the fee-for-service (FFS) level.

Procedure Code and Modifiers	Description	Medicaid Fee Schedules					Medicare Fee Schedule
		Kansas	Colorado	Iowa	Missouri	Nebraska	
90837	Psychotherapy, 60 Minutes	\$ 115.63	\$ 134.51	\$ 128.09	\$ 149.68	\$ 258.13	\$ 149.88
97153	Adaptive Behavior Treatment By Protocol, Administered By Technician Under Direction Of Qualified Health Care Professional To One Patient, Each 15 Minutes	\$ 16.25	\$ 17.88	\$ 28.59	\$ 17.73	\$ 36.11	
90834	Psychotherapy, 45 Minutes	\$ 77.08	\$ 91.09	\$ 116.13	\$ 101.90	\$ 193.60	\$ 101.22
90791	Psychiatric Diagnostic Evaluation	\$ 136.03	\$ 162.22	\$ 230.29	\$ 177.45	\$ 238.40	\$ 161.71
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a medicare-enrolled opioid treatment program)	\$ 183.12		\$ 199.09		\$ 253.70	
97155	Adaptive Behavior Treatment With Protocol Modification Administered By Qualified Health Care Professional To One Patient, Each 15 Minutes	\$ 24.00	\$ 26.20	\$ 36.81	\$ 25.26	\$ 36.11	
90847	Family Psychotherapy Including Patient, 50 Minutes	\$ 73.68	\$ 90.09	\$ 153.07	\$ 101.11	\$ 173.93	\$ 100.81
97156	Family Adaptive Behavior Treatment Guidance By Qualified Health Care Professional (With Or Without Patient Present), Each 15 Minutes	\$ 37.50		\$ 28.59	\$ 25.26	\$ 54.17	
90832	Psychotherapy, 30 Minutes	\$ 38.54	\$ 68.76	\$ 94.98	\$ 77.20	\$ 129.07	\$ 76.69
96131	Psychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$ 81.68	\$ 106.55	\$ 95.29	\$ 89.51	\$ 135.41	\$ 80.51
90792	Psychiatric Diagnostic Evaluation With Medical Services	\$ 136.03	\$ 181.25	\$ 181.81	\$ 198.50	\$ 333.40	\$ 181.02
97151	Behavior Identification Assessment By Qualified Health Care Professional, Each 15 Minutes	\$ 43.75	\$ 39.61	\$ 35.73	\$ 25.26	\$ 54.17	
90847HK	Family Psychotherapy Including Patient, 50 Minutes	\$ 114.40	\$ 95.09	\$ 255.57	\$ 111.22	\$ 181.36	\$ 100.81
96137	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, Additional 30 Minutes	\$ 51.00	\$ 50.64	\$ 47.65	\$ 39.84	\$ 63.19	\$ 33.81
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	\$ 214.17		\$ 248.00		\$ 280.68	
96130	Psychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$ 82.84	\$ 134.53	\$ 95.29	\$ 120.35	\$ 245.54	\$ 112.63
90853	Group Psychotherapy	\$ 25.21	\$ 24.75	\$ 70.14	\$ 27.11	\$ 52.44	\$ 27.24
90846	Family Psychotherapy, 50 Minutes	\$ 73.68	\$ 87.01	\$ 141.26	\$ 97.65	\$ 164.27	\$ 96.67
90839	Psychotherapy For Crisis, First 60 Minutes	\$ 124.70	\$ 130.06	\$ 194.38	\$ 143.08	\$ 177.03	\$ 143.76
96136	Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, First 30 Minutes	\$ 51.00	\$ 69.19	\$ 47.65	\$ 44.24	\$ 135.41	\$ 38.24
96133	Neuropsychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes	\$ 106.08	\$ 104.22	\$ 100.68	\$ 101.70	\$ 135.38	\$ 90.18
90833	Psychotherapy, 30 Minutes	\$ 44.25	\$ 63.94	\$ 44.37		\$ 92.81	\$ 70.21
96139	Psychological Or Neuropsychological Test Administration And Scoring By Technician, Additional 30 Minutes	\$ 31.33	\$ 19.56	\$ 47.65	\$ 35.10	\$ 63.19	\$ 30.36
96132	Neuropsychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes	\$ 111.18	\$ 136.66	\$ 100.68	\$ 131.16	\$ 245.49	\$ 120.01
90840	Psychotherapy For Crisis	\$ 62.35	\$ 61.66	\$ 92.98	\$ 71.17	\$ 72.18	\$ 70.21
90836	Psychotherapy, 45 Minutes	\$ 56.00	\$ 80.90	\$ 72.13		\$ 111.24	\$ 89.19
96138	Psychological Or Neuropsychological Test Administration And Scoring By Technician, First 30 Minutes	\$ 30.44	\$ 32.93	\$ 47.65	\$ 34.42	\$ 135.41	\$ 30.36
96116	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes	\$ 88.13	\$ 100.04	\$ 95.29	\$ 94.83	\$ 245.49	\$ 85.12
90838	Psychotherapy, 60 Minutes	\$ 75.80	\$ 107.10	\$ 116.11		\$ 159.88	\$ 118.15
93005	Routine Electrocardiogram (Ekg) With Tracing Using At Least 12 Leads	\$ 14.59	\$ 6.55	\$ 15.61	\$ 12.10	\$ 18.28	\$ 5.45
96127	Brief Emotional Or Behavioral Assessment	\$ 3.37	\$ 18.68	\$ 52.28		\$ 45.70	\$ 3.98
90870	Shock Treatment And Monitoring	\$ 104.11	\$ 89.64	\$ 87.88	\$ 174.40	\$ 79.84	\$ 157.34
96110	Developmental Screening	\$ 31.50	\$ 18.68	\$ 95.29	\$ 24.20	\$ 16.45	
96161	Administration And Interpretation Of Caregiver-Focused Health Risk Assessment	\$ 21.86		\$ 64.12	\$ 25.40		\$ 2.64
93000	Routine Ekg Using At Least 12 Leads Including Interpretation And Report	\$ 24.16	\$ 15.05	\$ 25.65	\$ 18.75	\$ 52.09	\$ 12.88
96121	Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes	\$ 85.56	\$ 79.54	\$ 95.29	\$ 79.20	\$ 135.38	\$ 70.66
T1017	Targeted Case Management, Each 15 Minutes	\$ 10.83	\$ 27.29	\$ 15.00	\$ 24.82		
96146	Psychological Or Neuropsychological Test Administration And Scoring By Single Standardized Instrument Via Electronic Platform With Automated Result	\$ 27.04	\$ 9.98		\$ 20.88	\$ 31.99	\$ 1.93
T1019HE	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, Icf/Mr Or Imd, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurse Assistant)	\$ 6.96	\$ 6.23	\$ 10.50	\$ 8.17		
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room And Board, Per Diem	\$ 205.92			\$ 262.65	\$ 263.77	
H0005U5	Alcohol And/Or Drug Services; Group Counseling By A Clinician	\$ 8.84	\$ 16.15		\$ 7.43		
H0015U5	Alcohol And/Or Drug Services; Intensive Outpatient (Treatment Program That Operates At Least 3 Hours/Day And At Least 3 Days/Week And Is Based On An Individualized Treatment Plan), Including Assessment, Counseling; Crisis Intervention, And Activity Therapies Or Education	\$ 137.28	\$ 185.00			\$ 38.69	
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes	\$ 22.00	\$ 27.00	\$ 22.64	\$ 53.19		
H0038	Self-Help/Peer Services, Per 15 Minutes	\$ 16.02	\$ 7.71		\$ 26.23	\$ 15.30	
H0001	Alcohol And/Or Drug Assessment	\$ 135.20	\$ 113.42			\$ 325.05	
H0019	Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care In A Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), Without Room And Board, Per Diem	\$ 131.04	\$ 133.96	\$ 94.26	\$ 113.51	\$ 216.98	
H2016	Comprehensive Community Support Services, Per Diem	\$ 246.65			\$ 220.54		
H0038HQ	Self-Help/Peer Services, Per 15 Minutes	\$ 8.01	\$ 7.71		\$ 26.23	\$ 10.52	
H2016HK	Comprehensive Community Support Services, Per Diem	\$ 309.50			\$ 262.50		
H0037	Community Psychiatric Supportive Treatment Program, Per Diem	\$ 246.65			\$ 166.75		
H0006U5	Alcohol And/Or Drug Services; Case Management	\$ 13.00	\$ 8.59				
H2011HK	Crisis Intervention Service, Per 15 Minutes	\$ 36.20	\$ 13.05	\$ 25.47	\$ 24.11	\$ 27.02	
H0036HK	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$ 34.74			\$ 31.98	\$ 15.93	

Procedure Code and Modifiers	Description	Kansas	Colorado	Iowa	Missouri	Nebraska	Fee Schedule
H0037HK	Community Psychiatric Supportive Treatment Program, Per Diem	\$ 309.50			\$ 79.14		
H2011	Crisis Intervention Service, Per 15 Minutes	\$ 22.62	\$ 13.05	\$ 25.47	\$ 24.11	\$ 27.02	
H0031HO	Mental Health Assessment, By Non-Physician	\$ 180.96		\$ 125.00	\$ 951.27	\$ 164.25	
H0049	Alcohol And/Or Drug Screening	\$ 24.00	\$ 11.87	\$ 15.29	\$ 19.77		
H0036HB	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$ 24.89			\$ 31.98	\$ 15.93	
H2027	Psychoeducational Service, Per 15 Minutes	\$ 10.00				\$ 15.60	
H0036HA	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$ 24.89			\$ 31.98	\$ 15.93	
H2011HO	Crisis Intervention Service, Per 15 Minutes	\$ 45.24	\$ 13.05	\$ 85.22	\$ 24.11	\$ 27.02	