



## Mental Health Codes, Maximum FFS Rates, and Eligible Providers

[This chart provides the current fee for service rates for mental health services.](#) The chart is split between two different groups of providers. The right side of the chart is for providers who received legislated rate enhancements on 7/1/2007, including psychiatrists, Advanced Practice Registered Nurses (APRNs), CMHCs, Rule 29, hospital outpatient psychiatric departments designated as essential community providers and CTSS providers (see note B below). The left side of the chart is for all other mental health providers. The chart is divided into groupings of mental health services. The chart does not include rates for evaluation and management (E&M) services that might be provided by mental health providers who are eligible to use these codes. The E&M rates can be found on the [MHCP Fee Schedule website](#).

The rates posted in these charts are the current maximum allowed, fee-for-service, rate for the code. However, services may be reimbursed at an adjusted rate when one or more of the following apply:

- A. **Services marked with an (a)** are subject to a “cutback” when provided by a master’s level enrolled provider (80% of maximum allowed rate) or a mental health practitioner working as a clinical trainee (100% of the clinical supervisor’s allowed amount). The master’s level cutback does not apply to services provided in a Community Mental Health Center (CMHC).
- B. Some services are adjusted in accordance with legislated rate enhancements. Effective 7/1/07, **services marked with (b)** are reimbursed at 23.7% over the posted rate when the service is provided by one of the provider types listed below and the increased rates are on the right side of the chart (except for CTSS providers):
  - 1) Psychiatrists and Advanced Practice Registered Nurses (APRNs)
  - 2) Community Mental Health Centers (CMHC);
  - 3) Mental health clinics and centers certified under DHS Rule 29 and designated by the MN Department of Health (MDH) as essential community providers (ECP); or,
  - 4) Hospital outpatient psychiatric departments designated by MDH as an ECP; or
  - 5) CTSS providers who did not qualify for the 23.7% rate increase on July 1, 2007 received the 23.7% increase on January 1, 2008 for certain approved services.
- C. Services marked with a (c) are “new” services that are available for reimbursement after September 15, 2015.

### Other general notes:

- 1 Starting in January 2011, many rates for CPT codes (those not starting with an “H” or “S”) were recalculated based on the Center for Medicare and Medicaid (CMS) [Resource Based Relative Value Scale \(RBRVS\)](#).
- 2 An additional 2% over the rate shown is added to cover the MinnesotaCare provider tax unless the service or the agency providing the service is exempt.
- 3 All listed services if provided by the Indian Health Service are reimbursed at the Federal encounter rate. Qualified Tribal Agencies (638) can choose to either receive the Federal encounter rate or the listed rate ([MHCP Manual](#)). Federally Qualified Health Centers (FQHC) reimbursement for a mental health encounter is at the facility specific FQHC medical rate.



Minnesota Department of **Human Services**

## Mental Health Codes, Maximum FFS Rates, and Eligible Providers

<b>Modifier</b>	<b>Definition (Some services require one or more modifiers)</b>
<b>AG</b>	<b>Primary Care Provider receiving Psychiatric Consultation</b>
<b>AM</b>	<b>Consulting Psychiatrist to primary care provider</b>
<b>HA</b>	<b>Child or Adolescent</b>
<b>HE</b>	<b>Mental Health</b>
<b>HK</b>	<b>Intensive or Children's Day Treatment</b>
<b>HN</b>	<b>Mental Health Practitioner or Clinical Trainee</b>
<b>HM</b>	<b>Adult MH Rehabilitation Worker or Mental Health Behavioral Aide Level II</b>
<b>HO</b>	<b>Master's Level- Optional Code- no impact on billing</b>
<b>HQ</b>	<b>Group Modality</b>
<b>HR</b>	<b>Family/Couple with Client Present</b>
<b>TF</b>	<b>Psychiatric Consultation, intermediate</b>
<b>TG</b>	<b>Extended Diagnostic Update/Psychiatric Consultation complex/lengthy</b>
<b>TS</b>	<b>Adult Diagnostic Update</b>
<b>UA</b>	<b>CTSS service package/Children's crisis service package</b>
<b>UD</b>	<b>ARMHS Transitioning to community living</b>
<b>U1</b>	<b>Dialectical Behavior Therapy (DBT)</b>
<b>U4</b>	<b>Service provided via non face-to-face contact, e.g., telephone</b>
<b>U5</b>	<b>Certified Peer Specialist Level II/ Psychiatric Consultation, intermediate</b>
<b>U6</b>	<b>Psychiatric Consultation, complex or lengthy</b>
<b>U7</b>	<b>Physician Extender</b>
<b>52</b>	<b>Brief Diagnostic Assessment</b>



Minnesota Department of **Human Services**

## **Mental Health Codes, Maximum FFS Rates, and Eligible Providers**

<b>Abbreviation</b>	<b>Definition</b>
<b>CNS-MH</b>	<b>Clinical Nurse Specialist in Mental Health</b>
<b>CM</b>	<b>Case Manager</b>
<b>CMA</b>	<b>Case Manager Associate</b>
<b>ED</b>	<b>Emergency Department</b>
<b>LICSW</b>	<b>Licensed Independent Clinical Social Worker</b>
<b>LMFT</b>	<b>Licensed Marriage and Family Therapist</b>
<b>LP</b>	<b>Licensed Psychologist</b>
<b>LPCC</b>	<b>Licensed Professional Clinical Counselor</b>
<b>MH</b>	<b>Mental Health</b>
<b>NP</b>	<b>Nurse Practitioner with psychiatric specialty</b>
<b>POS</b>	<b>Place of Service</b>
<b>SED</b>	<b>Severe emotional disturbance</b>
<b>SPMI</b>	<b>Serious and persistent mental illness</b>