

Certified Clinical Supervisor Fee Schedule**Provider Specialty 129**

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.”

Code	Mod	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
H0001		Behavioral Health Assessment	15 minutes	\$ 19.67	\$ 19.67	11/1/2011
H0004		Behavioral Health Counseling and Therapy	15 minutes	\$ 19.67	\$ 19.67	11/1/2011
H0004	HQ	DMH Outpatient Treatment Group	15 minutes	\$ 7.25	\$ 7.25	11/1/2011
H0004	HR	DMH Outpatient Tx Family Therapy w/Client	15 minutes	\$ 19.67	\$ 19.67	11/1/2011
H0004	HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$ 19.67	\$ 19.67	11/1/2011
H0005		Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$ 7.25	\$ 7.25	11/1/2011
H0031		Mental Health Assessment	15 minutes	\$ 19.67	\$ 19.67	11/1/2011