Child and Adolescent Mental Health Division (CAMHD)  Fee Schedule					
CODE	DESCRIPTION	MODIFER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
A0100	Transportation-Ground (car rental not included)				By report
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant No modifier-In State TN Out of State			By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report
Н0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	\$867.70
Н0018	Transitional Family Home (TFH)	HK - Bed hold HA - Therapeutic Pass	ALL	Per Diem	\$305.30
Н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem	HK - Bed hold HA - Therapeutic Pass	ALL	Per diem	\$667.00
	Residential treatment for adolescents, out-of-state. (CBR OOS)				
Н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem	U1-Medicaid level of care 1, as defined by each state HA - Bed hold HK - Therapeutic	ALL	Per diem	\$667.00
	Residential treatment for adolescents that have sexually offended; most often court ordered.	Pass			
Н0019	(CBR1)  Residential treatment program  where stay is typically longer than 30 days), without room and	U2-Medicaid level of care 2, as defined by each state	ALL	Per diem	\$667.00

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	board, per diem  Residential treatment for	HA - Bed hold HK - Therapeutic Pass			
	adolescents with sexualized behaviors; not adjudicated				
	(CBR2)				
н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  General residential treatment services	U3-Medicaid level of care 3, as defined by each state HA - Bed hold HK - Therapeutic Pass	ALL	Per diem	\$667.00
	(CBR3)				
н0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem General residential treatment services	U4-Medicaid level of care 4, as defined by each state HA - Bed hold HK - Therapeutic Pass	ALL	Per diem	\$236.14
	(CBR3 SA)				
н0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential treatment services for girls sex traffic confirmed and at risk.	U5-Medicaid level of care 5, as defined by each state HA - Bed hold HK - Therapeutic Pass	ALL	Per diem	\$236.14
	(CBR3 CSEC)				
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential Crisis Stabilization Program limited to 30 days.	U6-Medicaid level of care 6, as defined by each state HA - Bed hold HK - Therapeutic Pass	ALL	Per diem	\$799.35
	(RCSP)				
H0019	Community-Based Residential treatment- where stay is 30-60 days and treats youth who do not meet criteria for inpatient acute hospital level	U7-Medicaid level of care 7 as defined by each state HA - Bed hold HK - Therapeutic	ALL	Per diem	\$1008.60

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	of care, and are near that	Pass			
	threshold of treatment.				
	Provided in either a hospital				
	or outpatient residential				
	setting.				
	setting.				
	(Subacute)				
H0035	Intensive Outpatient		ALL	Per Diem	\$286.11
H0035			ALL	Let Diem	\$280.11
	Hospitalization (IOH)				
	Also known as Partial				
	Hospitalization or day treatment,				
	the youth go from their residence				
	to the program during the day.				
H0036	Community psychiatric	HP	QMHP	15 min	\$41.90
	supportive treatment face-to-	95	~		
	face, per 15min				
	Intensive In-Home Intervention				
	(IIH)				
н0036	Community psychiatric	но	MHP (Mental	15 min	\$37.99
110030				10 111111	757.99
	supportive treatment face-to-	95	Health		
	face, per 15min		Professional)		
	, ±		, ,		
	Intensive In-Home Intervention				
	(IIH)				
Н0036	Community psychiatric	HN	PARA (PARA	15 min	\$30.20
	supportive treatment face-to-	95	Professional)		
			rioressionar,		
	face, per 15min				
	Intensive In-Home Intervention				
	(IIH)				
	(1111)				
Н0036	Community psychiatric	НР	OMHP	15 min	\$41.90
110020			Amut	TO IIITII	Y + 1 • 20
1	supportive treatment face-to-	HE			
	face, per 15min	95			
	· •				
1					
1	Intensive Independent Living				
1	Skills (IILS)				
	· · · · ·				
	mb				
	The same as above with an				
1	emphasis on transition to				
1	adulthood.				
110026			MILE	15	¢27 00
Н0036	Community psychiatric	НО	MHP	15 min	\$37.99
1	supportive treatment face-to-	HE			
L		L.			

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	15 '	Loc	1	I	1
	face, per 15min	95			
	Intensive Independent Living				
	Skills (IILS)				
	The same as above with an				
	emphasis on transition to				
	adulthood.				
н0036	Community psychiatric	HN	PARA-II	15 min	\$30.20
	supportive treatment face-to-	HE			
	face, per 15min	95			
	Intensive Independent Living				
	Skills (IILS)				
	, ,				
	The same as above with an				
	emphasis on transition to				
	adulthood.				
н0036	Community psychiatric	HI	OMHP	15 min	\$43.18
110000	supportive treatment face-to-	HP	ŽIIIII.	10 11111	7 10 1 10
	face, per 15min	95			
	race, per romin				
	Adaptive Behavioral Intervention				
	(ABI)				
н0036	Community psychiatric	HI	MHP	15 min	\$40.13
поозо		HO	MUL	TO WITH	240.13
	supportive treatment face-to-	no no			
	face, per 15min	0.5			
	Adaption Debouismed Tatom 11	95			
	Adaptive Behavioral Intervention				
*****	(ABI)	<u> </u>		1.5	401 00
н0036	Community psychiatric	HI	PARA-II	15 min	\$31.93
	supportive treatment face-to-	HN			
	face, per 15min	95			
	Adaptive Behavioral Intervention				
	(ABI)				
Н0037	Therapeutic Crisis Home (TCH)		ALL	Per diem	\$228.66
	Community psychiatric				
	supportive treatment program,				
	per diem				
	A short-term home for a youth in				
	crisis, often used by CMO.				
Н0038	Peer Support Services (PSS)	<b>HA</b> -Child/Adolescent	Cert. peer	15 min	\$25.33
		program	Specialist		
		95	_		
				1	

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н0038	Peer Support Services (PSS)	HB-Adult Program- Non-Geriatric 95	Cert. Peer Specialist	15min	\$25.33
H0045	Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.		ALL		\$305.30
Н2011	Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
Н2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	НР НО 95	QMHP, MHP	15 min	\$24.15
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based family therapy model	95	QMHP led team	15 min	\$55.00
H2040	HI OnTrack program (if at least 6 visits/month)  Individual and Group Psychotherapy Family Education and Support Peer Support Psychopharmacology Care Coordination and Management				\$1913.00 /month

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H2041	HI OnTrack program (if less than 6 visits/month)  Individual and Group Psychotherapy  Family Education and Support  Peer Support  Psychopharmacology  Care Coordination and Management				\$319.00 /encounter
H2033	Multisystemic Therapy (MST)  A proprietary evidence-based family and community-based treatment model.	95 HP,HO,HN	QMHP led team	15min	\$55.00
T1013	Interpreter Services	95	ALL	15min	\$9.36
T1017	Targeted Case Management (TCM)-case assessment	HA-Child/Adolescent program HP HO 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM) - case planning	U1-Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HP HO 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM) - ongoing monitoring	U2-Medicaid level of care 2, as defined by each state HP HO 95	QMHP, MHP	15 min	\$9.75

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T1019	Personal care services, per 15	на	Para I	15min	\$7.78
	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 provide by				
	home health aide or certified				
	nurse assistant				

Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
HA	Child/Adolescent Program and Bed Hold
HK	Specialized mental health programs for high-risk populations and Therapeutic Pass
HP	QMHP Doctoral Degree (or no mod)
НО	MHP - Master Degree
HN	PARA - Bachelor Degree
HI	Integrated mental health and intellectual disability/developmental disabilities program
HE	Mental Health Program
HB	Adult Program
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
U4	Medicaid Level of Care 4
U5	Medicaid Level of Care 5
U6	Medicaid Level of Care 6
<u>U7</u>	Medicaid Level of Care 7

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Child and Adolescent Mental Health Division (CAMHD)					
CODE	DESCRIPTION	Fee Schedule MODIFER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
A0100	Transportation-Ground (car rental not included)				By report
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant No modifier-In State TN Out of State			By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report
н0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	\$[ <del>960.96</del> ] 867.70
Н0018	Transitional Family Home (TFH)	HK - Bed hold HA - Therapeutic Pass	ALL	Per Diem	\$[ <del>211.80</del> ] 305.30
[H0018	Transitional Family Home (TFH) - Bed Hold	HA - Bedhold	ALL		\$211.80
H0018	Transitional Family Home (TFH) - Therapeutic Pass	HK - Therapeutic Pass	ALL		<del>\$211.80</del> ]
н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem	HK - Bed hold HA - Therapeutic Pass	ALL	Per diem	\$[ <del>236.14</del> ] <u>667.00</u>
	Residential treatment for adolescents, out-of-state. (CBR OOS)				
Н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for	U1-Medicaid level of care 1, as defined by each state HA - Bed hold HK - Therapeutic Pass	ALL	Per diem	\$[ <del>236.14</del> ] <u>667.00</u>

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1	adolescents that have sexually offended; most often court				
	ordered.				
	(CBR1)				
H0019	Residential treatment program	U2-Medicaid level of	ALL	Per diem	\$[ <del>236.14</del> ] 667.00
	where stay is typically longer	care 2, as defined			
	than 30 days), without room and	by each state			
	board, per diem	<b>HA</b> - Bed hold			
		<b>HK</b> - Therapeutic Pass			
	Residential treatment for				
	adolescents with sexualized				
	behaviors; not adjudicated				
	(CBR2)				
Н0019	Residential treatment program		ALL	Per diem	\$[ <del>236.14</del> ] <u>667.00</u>
	where stay is typically longer	<b>U3-</b> Medicaid level of			
	than 30 days), without room	care 3, as defined			
	and board, per diem	4			
		_			
	services	Pass			
	(CBR3)				
H0019	Residential treatment program	<b>U4</b> -Medicaid level of	ALL	Per diem	\$236.14
	where stay is typically longer	care 4, as defined			
	than 30 days without room and	by each state			
	board per diem	<b>HA</b> - Bed hold			
	General residential treatment	<b>HK</b> - Therapeutic Pass			
	services				
110010	· ·	77F Madianid land a 6	7.7.7	D 1 1	6026 14
H0019			ALL	Per diem	\$236.14
		2			
	1				
		=			
		1 433			
	and do libh.				
	(CBR3 CSEC)				
Н0019			ALL	Per	\$[ <del>236.14</del> ] <u>799.35</u>
		care 6, as defined		diem	
		_			
	I hoard ner diem	IHA - Bed hold	ı	1	
H0019 H0019	and board, per diem  General residential treatment services  (CBR3)  Residential treatment program where stay is typically longer than 30 days without room and board per diem General residential treatment services  (CBR3 SA)  Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential treatment services for girls sex traffic confirmed and at risk.	by each state  HA - Bed hold  HK - Therapeutic  Pass  U4-Medicaid level of  care 4, as defined  by each state  HA - Bed hold  HK - Therapeutic Pass  U5-Medicaid level of  care 5, as defined  by each state  HA - Bed hold  HK - Therapeutic  Pass  U6-Medicaid level of	ALL	Per diem	\$236.14

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[NEW]

	Residential Crisis Stabilization	HK - Therapeutic Pass	1		
	Program	inclupedele lass			
	limited to 30 days.				
	Timiced to 30 days.				
	(RCSP)				
Н0019	Community-Based Residential	U7-Medicaid level of	ALL	Per	\$ [ <del>236.14</del> ]
	treatment- where stay is 30-60	care 7 as defined by		diem	1008.60
	days and treats youth who do	each state			
	not meet criteria for	HA - Bed hold			
	inpatient acute hospital level	HK - Therapeutic			
	of care, and are near that	Pass			
	threshold of treatment.				
	Provided in either a hospital				
	or outpatient residential				
	setting.				
	(Subacute)				
Н0035	Intensive Outpatient		ALL	Per Diem	\$286.11
	Hospitalization (IOH)				
	Also known as Partial				
	Hospitalization or day treatment,				
	the youth go from their residence				
	to the program during the day.				
H0036	Community psychiatric	<u>HP</u> 95	QMHP	<u>15 min</u>	\$41.90
	supportive treatment face-to-	<u>95</u>			
	face, per 15min				
	Intensive In-Home Intervention				
	(IIH)				
н0036	Community psychiatric	HO	MHP (Mental	15 min	\$[ <del>24.15</del> ] <u>37.99</u>
	supportive treatment face-to-	95	Health		
	face, per 15min		Professional)		
	Intensive In-Home Intervention				
	(IIH)				
н0036	Community psychiatric	HN	PARA (PARA	15 min	\$[ <del>14.04</del> ] <u>30.20</u>
	supportive treatment face-to-	95	Professional)		
	face, per 15min				
	Intensive In-Home Intervention				
	(IIH)				

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н0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to	HP HE 95	QMHP	15 min	\$[ <del>27.15</del> ]41.90
	adulthood.				
н0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive Independent Living Skills (IILS)	HO HE 95	MHP	15 min	\$[ <del>24.15</del> ] <u>37.99</u>
	The same as above with an emphasis on transition to adulthood.				
н0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living	HN HE 95	PARA-II	15 min	\$[ <del>14.04</del> ] <u>30.20</u>
	Skills (IILS)  The same as above with an emphasis on transition to adulthood.				
н0036	Community psychiatric supportive treatment face-to-face, per 15min	HI HP 95	QMHP	15 min	\$[ <del>27.15</del> ] <u>43.18</u>
	Adaptive Behavioral Intervention (ABI)				
н0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention	ні но <u>95</u>	MHP	15 min	\$[ <del>24.15</del> ] <u>40.13</u>
	(ABI)				
н0036	Community psychiatric supportive treatment face-to-	HI [ <del>HP</del> ] <u>HN</u>	PARA-II	15 min	\$[ <del>14.04</del> ] <u>31.93</u>

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face, per 15min	<u>95</u>			
Adaptive Behavioral Intervention (ABI)				
Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in Crisis often used by CMO		ALL	Per diem	\$228.66
Peer Support Services (PSS)	HA-Child/Adolescent program 95	Cert. peer Specialist	15 min	\$[ <del>15.19</del> ] <u>25.33</u>
Peer Support Services (PSS)	HB-Adult Program- Non-Geriatric 95	Cert. Peer Specialist	15min	\$[15.19]25.33
Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.		ALL		\$[ <del>211.80</del> ] <u>\$305.30</u>
Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
Comprehensive Community Support Services (Transitional Support Services-TSS)	НР НО 95	QMHP, MHP	15 min	\$24.15
Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based	95	QMHP led team	15 min	\$55.00
	Adaptive Behavioral Intervention (ABI)  Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.  Peer Support Services (PSS)  Peer Support Services (PSS)  Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.  Crisis Mobile Outreach (CMO)  Comprehensive Community Support Services (Transitional Support Services-TSS)  Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter	Adaptive Behavioral Intervention (ABI)  Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.  Peer Support Services (PSS)  Peer Support Services (PSS)  HA-Child/Adolescent program 95  Peer Support Services (PSS)  HB-Adult Program- Non-Geriatric 95  Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.  Crisis Mobile Outreach (CMO)  Comprehensive Community Support Services (Transitional Support Services-TSS)  Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based	Adaptive Behavioral Intervention (ABI)  Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.  Peer Support Services (PSS)  Peer Support Services (PSS)  HA-Child/Adolescent program 95  HB-Adult Program- Non-Geriatric 95  Therapeutic Respite Home (TRH) A short-term home for respite purposes to protect the long-term home.  Crisis Mobile Outreach (CMO)  Comprehensive Community Support Services (Transitional Support Services-TSS)  Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based	Adaptive Behavioral Intervention (ABI)  Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.  Peer Support Services (PSS)  Peer Support Services (PSS)  HA-Child/Adolescent program 95  HB-Adult Program- Non-Geriatric 95  Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.  Crisis Mobile Outreach (CMO)  Comprehensive Community Support Services (Transitional Support Services (Transitional Support Services (Transitional Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based

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H2040	HI OnTrack program (if at least 6 visits/month)  Individual and Group Psychotherapy  Family Education and Support  Peer Support  Psychopharmacology  Care Coordination and Management				\$1913.00 /month
H2041	HI OnTrack program (if less than 6 visits/month)  Individual and Group Psychotherapy Family Education and Support Peer Support Psychopharmacology Care Coordination and Management				\$319.00 /encounter
н2033	Multisystemic Therapy (MST)  A proprietary evidence-based family and community-based treatment model.	95 HP,HO,HN	QMHP led team	15min	\$[ <del>50.00</del> ] <u>55.00</u>
T1013	Interpreter Services	95	ALL	15min	\$9.36
T1017	Targeted Case Management (TCM)-case assessment	HA-Child/Adolescent program HP HO 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM) - case planning	<pre>U1-Medicaid level of care 1, as defined by each state (tracking modifier</pre>	QMHP, MHP	15 min	\$9.75

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		"Mental health program") HP HO 95			
T1017	Targeted Case Management (TCM) - ongoing monitoring	U2-Medicaid level of care 2, as defined by each state HP HO 95	ОМНР, МНР	15 min	\$9.75
T1019	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 provide by home health aide or certified nurse assistant	HA	Para I	<u>15min</u>	\$7.78

Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
НА	Child/Adolescent Program and Bed Hold
HK	Specialized mental health programs for high-risk populations and Therapeutic Pass
HP	QMHP Doctoral Degree (or no mod)
НО	MHP - Master Degree
HN	PARA - Bachelor Degree
HI	Integrated mental health and intellectual disability/developmental disabilities program
HE	Mental Health Program
HB	Adult Program
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
U4	Medicaid Level of Care 4
U5	Medicaid Level of Care 5
U6	Medicaid Level of Care 6
<u>U7</u>	Medicaid Level of Care 7

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	[NEW]		

- d. Services provided by a certified substance abuse counselor are reimbursed according to Attachment 4.19-B, page 1.
- e. Services provided by a certified peer specialist shall be reimbursed according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B.

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REDLINE ATTACHMENT 4.19-B

d. Services provided by a certified substance abuse counselor are reimbursed according to [at fifty per cent of the Medicaid reimbursement rate for a psychologist as specified in] Attachment 4.19-B, page 1[, item 1(d)].

e. Services provided by a certified peer specialist shall be reimbursed according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B

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	[ <del>13-</del> <del>004c</del> ]			