

IOWA - MEDICAID

DESCRIPTION	CPT®/HCPCS CODE	PHYSICIAN		PSYCHOLOGIST		MASTER'S LEVEL¹		ARNP²		PHYSICIAN ASSISTANT²		ACADC/CADC	
		Modifier	Rate	Modifier	Rate	Modifier	Rate	Modifier	Rate	Modifier	Rate	Modifier	Rate
		Psychiatric Diagnostic Evaluation - no medical svcs	90791	AF	\$128.30	HP	\$115.47	HO or U3*	\$102.64	SA	\$109.06	U2	\$102.64
Psychotherapy w/ patient and/or family member, 30 min	90832	AF	\$56.96	HP	\$51.26	HO	\$45.57	SA	\$48.42	U2	\$45.57	U1	\$45.57
Psychotherapy w/ patient and/or family member, 45 min	90834	AF	\$87.28	HP	\$78.55	HO	\$69.82	SA	\$74.19	U2	\$69.82	U1	\$69.82
Psychotherapy w/ patient and/or family member, 60 min	90837	AF	\$96.01	HP	\$86.41	HO	\$76.80	SA	\$81.61	U2	\$76.80	U1	\$76.80
Psychotherapy for Crisis, Initial 60 min	90839 **	AF	\$138.17	HP	\$97.85	HO	\$89.30	SA	\$89.30	U2	\$89.30	U1	\$89.30
Psychotherapy for Crisis, Addtl 30 min	+90840 **	AF	\$55.27	HP	\$39.14	HO	\$35.72	SA	\$35.72	U2	\$35.72	U1	\$35.72
Family/Couples Psychotherapy	90846, 90847	AF	\$94.03	HP	\$84.63	HO	\$75.22	SA	\$79.93	U2	\$75.22		N/B
Group Psychotherapy	90849, 90853	AF	\$43.18	HP	\$42.75	HO	\$42.75	SA	\$42.75	U2	\$42.75	U1	\$42.75
Psychiatric Diagnostic Evaluation - w/ medical svcs	90792	AF	\$128.30		N/B		N/B	SA	\$109.06	U2	\$102.64		N/B
Psychotherapy w/ patient and/or family member, 30 min, w/ E&M svc	+90833	AF	\$56.73		N/B		N/B	SA	\$48.22	U2	\$45.38		N/B
Psychotherapy w/ patient and/or family member, 45 min, w/ E&M svc	+90836	AF	\$65.46		N/B		N/B	SA	\$55.64	U2	\$52.37		N/B
Psychotherapy w/ patient and/or family member, 60 min, w/ E&M svc	+90838	AF	\$74.19		N/B		N/B	SA	\$63.06	U2	\$59.35		N/B
Electroconvulsive Therapy (E.C.T.)	90870	AF	\$87.01		N/B		N/B		N/B		N/B		N/B
Office Outpatient Visit, New patient, 30 min	99203	AF	\$50.17		N/B		N/B	TD	\$32.83	U2	\$36.94		N/B
Office Outpatient Visit, New patient, 30 min	99203		N/B		N/B		N/B	SA	\$36.94		N/B		N/B
Office Outpatient Visit, New patient, 45 min	99204	AF	\$74.26		N/B		N/B	SA	\$63.12	U2	\$59.41		N/B
Office Outpatient Visit, New patient, 60 min	99205	AF	\$83.54		N/B		N/B	SA	\$71.01	U2	\$66.83		N/B
Office Outpatient Visit, Established patient, 5 min	99211	AF	\$18.58		N/B		N/B	TD	\$12.16	U2	\$13.68		N/B
Office Outpatient Visit, Established patient, 5 min	99211		N/B		N/B		N/B	SA	\$13.68		N/B		N/B
Office Outpatient Visit, Established patient, 10 min	99212	AF	\$32.52		N/B		N/B	TD	\$21.28	U2	\$23.94		N/B
Office Outpatient Visit, Established patient, 10 min	99212		N/B		N/B		N/B	SA	\$23.94		N/B		N/B
Office Outpatient Visit, Established patient, 15 min	99213	AF	\$46.45		N/B		N/B	TD	\$30.40	U2	\$34.20		N/B
Office Outpatient Visit, Established patient, 15 min	99213		N/B		N/B		N/B	SA	\$34.20		N/B		N/B
Office Outpatient Visit, Established patient, 25 min	99214	AF	\$50.17		N/B		N/B	TD	\$32.83	U2	\$36.94		N/B
Office Outpatient Visit, Established patient, 25 min	99214		N/B		N/B		N/B	SA	\$36.94		N/B		N/B
Office Outpatient Visit, Established patient, 40 min	99215	AF	\$74.26		N/B		N/B	SA	\$63.12	U2	\$59.41		N/B
Initial Hospital Care -low complexity, 30 min	99221	AF	\$64.32		N/B		N/B	SA	\$74.10	U2	\$74.10		N/B
Initial Hospital Care -moderate complexity, 50 min	99222	AF	\$105.96		N/B		N/B	SA	\$74.10	U2	\$74.10		N/B
Initial Hospital Care -high complexity, 70 min	99223	AF	\$142.17		N/B		N/B	SA	\$74.10	U2	\$74.10		N/B
Subsequent Hospital Care -low complexity, 15 min	99231	AF	\$32.84		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Subsequent Hospital Care -moderate complexity, 25 min	99232	AF	\$51.37		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Subsequent Hospital Care -high complexity, 35 min	99233	AF	\$72.27		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Observation/Inpatient Care -low complexity	99234	AF	\$116.83		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Observation/Inpatient Care - moderate complexity	99235	AF	\$157.92		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Observation/Inpatient Care -high complexity	99236	AF	\$194.21		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Hospital Discharge, 30 min or less	99238	AF	\$61.21		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Hospital Discharge -more than 30 min	99239	AF	\$80.50		N/B		N/B	SA	\$27.55	U2	\$27.55		N/B
Initial Inpatient Consultation, straightforward, 20 min	99251	AF	\$40.06		N/B		N/B	SA	\$55.10	U2	\$55.10		N/B
Initial Inpatient Consultation, straightforward, 40 min	99252	AF	\$69.60		N/B		N/B	SA	\$55.10	U2	\$55.10		N/B
Initial Inpatient Consultation, low complexity, 55 min	99253	AF	\$93.52		N/B		N/B	SA	\$55.10	U2	\$55.10		N/B
Initial Inpatient Consultation, moderate complexity, 80 min	99254	AF	\$131.32		N/B		N/B	SA	\$55.10	U2	\$55.10		N/B
Initial Inpatient Consultation, high complexity, 110 min	99255	AF	\$179.35		N/B		N/B	SA	\$55.10	U2	\$55.10		N/B
ER Visit Department, straightforward	99281	AF	\$18.27		N/B		N/B	SA	\$14.62	U2	\$14.62		N/B
ER Visit Department, low complexity	99282	AF	\$28.69		N/B		N/B	SA	\$22.95	U2	\$22.95		N/B
ER Visit Department, moderate complexity	99283	AF	\$58.54		N/B		N/B	SA	\$46.83	U2	\$46.83		N/B
ER Visit Department, moderate complexity	99284	AF	\$90.13		N/B		N/B	SA	\$72.10	U2	\$72.10		N/B
ER Visit Department, high complexity	99285	AF	\$141.69		N/B		N/B	SA	\$113.35	U2	\$113.35		N/B
Mobile Counseling	99510		N/B	HP	\$74.10	HO	\$74.10		N/B		N/B		N/B
Initial Mobile Counseling	99510		N/B	U1	\$98.80	U1	\$98.80		N/B		N/B		N/B
Mobil Counseling - Post inpatient follow-up	99510		N/B	TG	\$123.50	TG	\$123.50		N/B		N/B		N/B
Psychological Testing	96101		N/B	HP	\$56.05		N/B		N/B		N/B		N/B
Interactive Complexity Add-on	+90785	AF	\$4.00	HP	\$4.00	HO	\$4.00	SA or TD	\$4.00	U2	\$4.00	U1	\$4.00

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		Modifier	Rate	Modifier	Rate	Modifier	Rate	Modifier	Rate	Modifier	Rate	Modifier	Rate
Home Health Nursing	S9123		N/B		N/B		N/B	TD	\$80.00		N/B		N/B
Initial Home Health Nursing	S9123		N/B		N/B		N/B	U1	\$105.00		N/B		N/B
Home Health Nursing ³ - Post inpatient follow-up	S9123, 99341 ⁴		N/B		N/B		N/B	TG	\$125.00		N/B		N/B
Psych Nursing Service ⁴	S9123		N/B		N/B		N/B	TF	\$80.00		N/B		N/B
Emergency Nursing Assessment - Mental Health	S9485		N/B		N/B		N/B	TD	\$148.20		N/B		N/B
Emergency Nursing Assessment - Substance Abuse	H0007		N/B		N/B		N/B	TD	\$148.20		N/B		N/B

Modifier	Description
AF	Specialty Physician
HO	Masters degree level
HP	Doctoral level
SA	ARNP
TD	RN
TF	Intermediate level of care/RN
TG	Complex/high tech level of care
U1	Medicaid care level 1, as defined by each state
U2	Medicaid care level 2, as defined by each state
U3	Medicaid care level 3, as defined by each state

Footnotes:

1. Master's level professionals must be independently licensed to provide services.
*Licensed Master of Social Work (LMSW) practitioners contracted through a group or with their own contract may only be reimbursed for an assessment to determine if a remedial service plan should be developed and must meet the supervision requirement of the licensure board for social work professionals. LMSWs employed by an organization/agency may render all the services under Master's Level Professional but still must meet the supervision requirement of the licensure board for social work professionals.
2. Nurses and Physical Assistants may only provide services and bill for Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes that fall within the scope of practice allowed by their professional training and state licensure. ARNPs must have the ANCC credential and meet Magellan policy for Iowa Plan for provision of inpatient services.
3. ⁴An Iowa licensed registered nurse (RN) with at least three years of mental health experience performs this service. This service, CPT code 99341, must be performed under the written order and coordination of an Iowa-licensed psychiatrist.
4. Only Medicare certified providers are to administer Psych Nursing Services.

General Notes:

1. Please refer to the Provider Manual for service requirements.
2. Discipline levels will vary from state to state. N/B indicates a non-billable service for this discipline level.
3. This reimbursement schedule represents the most frequently CPT/HCPCS codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code. Rates for CPT/HCPCS codes not listed can be obtained from Magellan upon request and will be provided at the time services are authorized.
4. Magellan or its claims payers will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
5. One professional visit per authorized inpatient day may be billed when the facility per diem is exclusive of this charge.
6. Rates for all services are subject to the provisions and limitations of the Member's benefit plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
7. **Requires authorization to be reimbursed.
8. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.
9. Medically Necessary Covered Services rendered by non-Credentialed Providers in the Group to Members with a Benefit Plan that permits self-referral to providers shall be reimbursed in accordance with the reimbursement schedule set forth above if the Medically Necessary Covered Services rendered by Credentialed Providers in the Group to Members covered under the same Benefit Plan are reimbursed in accordance with this Schedule.

Payor: IOWA PLAN

If specified, this exhibit applies only to the Payor/Client Organization listed.
 In accordance with Section 2.4 of the Agreement, the reimbursement rates set forth on this Exhibit apply to Medically Necessary Covered Services rendered to Members of Payors in the MEDICAID category, unless this Exhibit applies to a specific Payor as indicated above, or a separate Exhibit attached hereto applies to a specific Payor as indicated therein.
 This reimbursement rates set forth in this Exhibit are applicable to Payors in the MEDICAID category that generally serves persons eligible to receive benefits under a federal program administered by state welfare or health departments, or by a department of the federal government in its administrative capacity, to provide health services, through a health maintenance organization (HMO) or otherwise, to the indigent and underserved.
 Provider may be eligible to receive referrals of Members for one or more Payors or one or more categories of Payors. Therefore, the applicable reimbursement schedule for a Member may be set forth on a separate Exhibit attached hereto. Provider will be notified of the applicable reimbursement rate at the time of reimbursement.
 The fact that a particular category is indicated above does not signify that Provider meets the special account requirements, which may exist for particular Payors, or that Provider is eligible to receive referrals from such Payors.