Community Behavioral Health Services Fee Schedule
January 1, 2026 ~~2025~~

Description of Service	Procedure Code	Mod	Tele-medicine *	Maximum Fee	Reimbursement and Service Limitations
59G-4.028: Behavioral Health Assessment Services Coverage Policy					
Psychiatric evaluation by a physician	H2000	HP	Y	$250.63 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.
Psychiatric evaluation by a non-physician	H2000	HO	Y	$179.02 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.
Brief behavioral health status exam	H2010	HO	Y	$14.79 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses for brief behavioral health status examinations a maximum of 10 quarter-hour units annually (2.5 hours), per recipient, per state fiscal year. A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psychosocial assessment, or in-depth assessment has been completed by a qualified treating practitioner.
Psychiatric review of records	H2000			$31.03 per review	Medicaid reimburses a maximum of two psychiatric reviews of records, per recipient, per state fiscal year. This service may not be billed for review of lab work (see medication management).
In-depth assessment, new patient, mental health	H0031	HO		$126.11 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, mental health	H0031	TS		$100.88 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, new patient, substance abuse	H0001	HO		$126.11 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, substance abuse	H0001	TS		$100.88 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
Bio-psychosocial Evaluation, mental health	H0031	HN	Y	$57.28 per assessment	Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.

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Bio-psychosocial evaluation, substance abuse	H0001	HN	Y	$57.28 per assessment	Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Psychological testing	H2019			$17.90 per quarter hour	Medicaid reimburses a maximum of 40 quarter-hour units (10 hours) of psychological testing per state fiscal year.
Limited functional assessment, mental health	H0031		Y	$17.90 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.
Limited functional assessment, substance abuse	H0001		Y	$15.13 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.
Treatment plan development, new and established patient, mental health	H0032			$97.86 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year. Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan development, new and established patient, substance abuse	T1007			$97.86 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year. Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan review, mental health	H0032	TS		$48.93 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
Treatment plan review, substance abuse	T1007	TS		$48.93 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
59G-4.029: Behavioral Health Medication Management Services Coverage Policy					
Medication management	T1015		Y	$71.61 per event	Medicaid reimburses medication management as medically necessary. Medication management is not reimbursable on the same day, for the same recipient, as brief group medical therapy or brief individual medical psychotherapy.
Behavioral health medical screening, mental health	T1023	HE	Y	$44.01 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year. Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.
Behavioral health medical screening, substance abuse	T1023	HF	Y	$44.01 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year. Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.
Behavioral health-related medical services: verbal interaction, mental health	H0046		Y	$15.13 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year. Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.

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Behavioral health-related medical services: verbal interaction, substance abuse	H0047		Y	$15.13 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year. Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.
Behavioral health-related medical services: medical procedures, mental health	T1015	HE		$10.09 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.
Behavioral health-related medical services: medical procedures, substance abuse	T1015	HF		$10.09 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.
Behavioral health-related medical services: alcohol and other drug screening specimen	H0048			$10.09 per event	Medicaid reimburses 52 behavioral health – related medical services: alcohol and other drug screening specimen collections, per recipient, per state fiscal year.
Medication-assisted treatment services	H0020		Y	$68.08 weekly rate	Medicaid reimburses medication assisted treatment services 52 times, per recipient, per state fiscal year. The service is billed one time per seven days. This service is not reimbursable using any other procedure code.
59G-4.031: Behavioral Health Community Support Services Coverage Policy					
Psychosocial rehabilitation services	H2017			$9.08 per quarter hour	Medicaid reimburses a maximum of 1,920 quarter-hour units (480 hours) of psychosocial rehabilitation services, per recipient, per state fiscal year. These units count against clubhouse service units.
Clubhouse services	H2030			$5.04 per quarter hour	Medicaid reimburses a maximum of 1920 quarter-hour units (480 hours) annually, per recipient, per state fiscal year. These units count against psychosocial rehabilitation units of service.
59G-4.052: Behavioral Health Therapy Services					
Brief individual medical psychotherapy, mental health	H2010	HE	Y	$15.13 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year.* Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.
Brief individual medical psychotherapy, substance abuse	H2010	HF	Y	$15.13 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year. Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.

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Brief group medical therapy	H2010	HQ		$8.73 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 18 quarter-hour units (4.5 hours) of group medical therapy, per recipient, per state fiscal year. Brief group medical therapy is not reimbursable on the same day, for the same recipient as brief individual medical psychotherapy or behavioral health-related medical services: verbal interactions, medication management.
Individual and family therapy	H2019	HR	Y	$21.87 per quarter	Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year. There is a maximum daily limit of four quarter-hour units (1 hour).
Group therapy	H2019	HQ		$6.73 per quarter hour	Medicaid reimburses a maximum of 156 quarter-hour units (39 hours) of group therapy services, per recipient, per state fiscal year.
59G-4.370: Behavioral Intervention Services Coverage Policy					
Therapeutic behavioral on-site services, therapy	H2019	HO		$19.09 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapy services a maximum combined limit of a total of 36 15-minute units per month.
Therapeutic behavioral on-site services, behavior management	H2019	HN		$10.09 per quarter hour	Medicaid reimburses therapeutic behavioral on-site behavior management and therapeutic behavioral on-site therapy services for a maximum combined total of 36 15-minute units per month.
Therapeutic behavioral on-site services, therapeutic support	H2019	HM		$4.04 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapeutic support services for a maximum of 128 quarter-hour units per month (32 hours), per recipient.
Behavioral health day services, mental health	H2012			$12.61 per hour	Medicaid reimburses a maximum of 190-hour units per recipient, per state fiscal year. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
Behavioral health day services, substance abuse	H2012	HF		$12.61 per hour	Medicaid reimburses a maximum of 190-hour units per recipient, per state fiscal year. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
59G-4.127: Florida Assertive Community Treatment (FACT) Services Coverage Policy					
Florida Assertive Community Treatment	H0040			$31.55 per day	Medicaid reimburses 1 unit per day for 365 or 366 days per state fiscal year per recipient.

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