

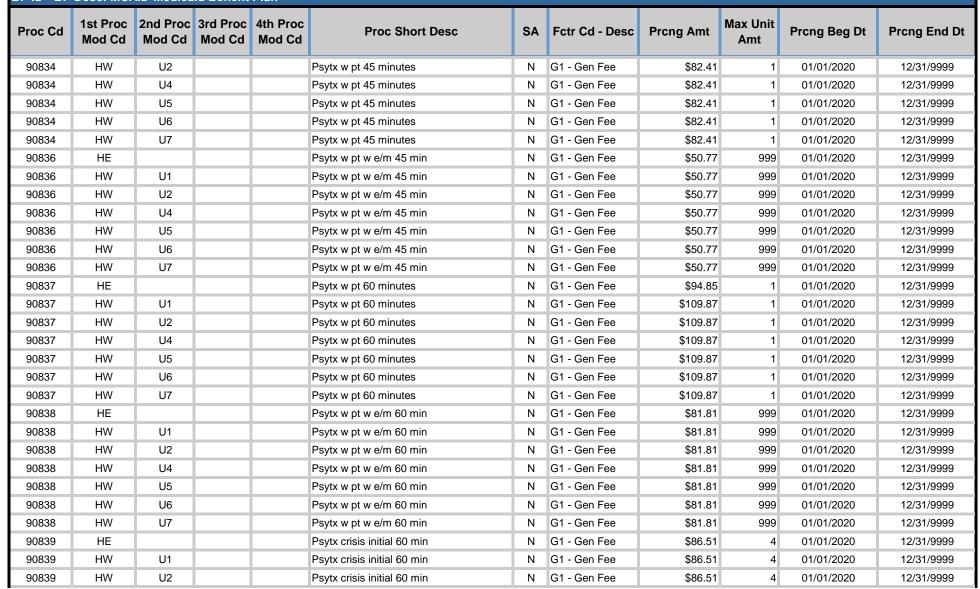


BP ID - BP	P ID - BP Desc: MCAID-Medicaid Benefit Plan 1st Proc 2nd Proc 3rd Proc 4th Proc Para Charles Charles Constitution of Constitu													
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd		4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt			
90791	HE				PSYCH EVAL	N	G1 - Gen Fee	\$90.54	1	01/01/2020	12/31/9999			
90791	HW	U1			PSYCH EVAL	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90791	HW	U2			PSYCH EVAL	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90791	HW	U4			Psych evaluation	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90791	HW	U5			PSYCH EVAL	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90791	HW	U6			PSYCH EVAL	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90791	HW	U7			PSYCH EVAL	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90792	HE				PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$90.54	1	01/01/2020	12/31/9999			
90792	HW	U1			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90792	HW	U2			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90792	HW	U4			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90792	HW	U5			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90792	HW	U6			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90792	HW	U7			PSYCH DIAG EVAL W/ MED SR	N	G1 - Gen Fee	\$164.83	1	01/01/2020	12/31/9999			
90832	HE				Psytx w pt 30 minutes	N	G1 - Gen Fee	\$33.51	1	01/01/2020	12/31/9999			
90832	HW	U1			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$59.60	1	01/01/2020	12/31/9999			
90832	HW	U2			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$59.60	1	01/01/2020	12/31/9999			
90832	HW	U4			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$59.60	1	01/01/2020	12/31/9999			
90832	HW	U5			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$59.60	1	01/01/2020	12/31/9999			
90832	HW	U6			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$59.60	1	01/01/2020	12/31/9999			
90832	HW	U7			Psytx w pt 30 minutes	N	G1 - Gen Fee	\$59.60	1	01/01/2020	12/31/9999			
90833	HE				Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90833	HW	U1			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90833	HW	U2			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90833	HW	U4			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90833	HW	U5			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90833	HW	U6			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90833	HW	U7			Psytx w pt w e/m 30 min	N	G1 - Gen Fee	\$31.28	999	01/01/2020	12/31/9999			
90834	HE				Psytx w pt 45 minutes	N	G1 - Gen Fee	\$67.02	999	01/01/2020	12/31/9999			
90834	HW	U1			Psytx w pt 45 minutes	N	G1 - Gen Fee	\$82.41	1	01/01/2020	12/31/9999			

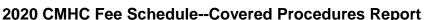
Department of Health and Human Services



BP ID - BP Desc: MCAID-Medicaid Benefit Plan







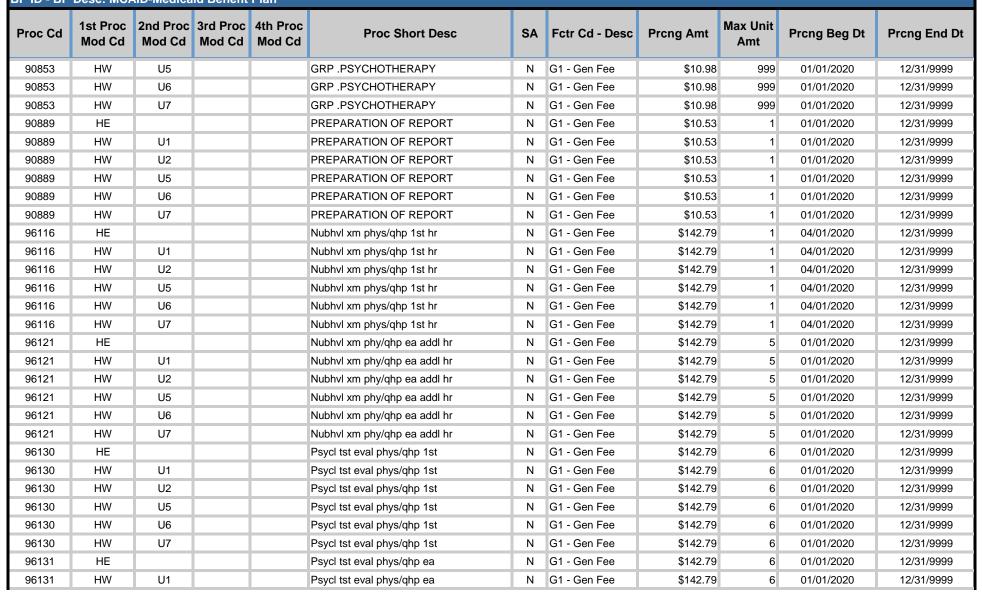










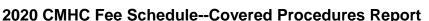




Department of Health and Human Services

Psycl/nrpsyc tst phy/qhp ea

Psycl/nrpsyc tst phy/qhp ea





U5

U6

HW

HW

96137

96137



G1 - Gen Fee

G1 - Gen Fee



6

01/01/2020

01/01/2020

12/31/9999

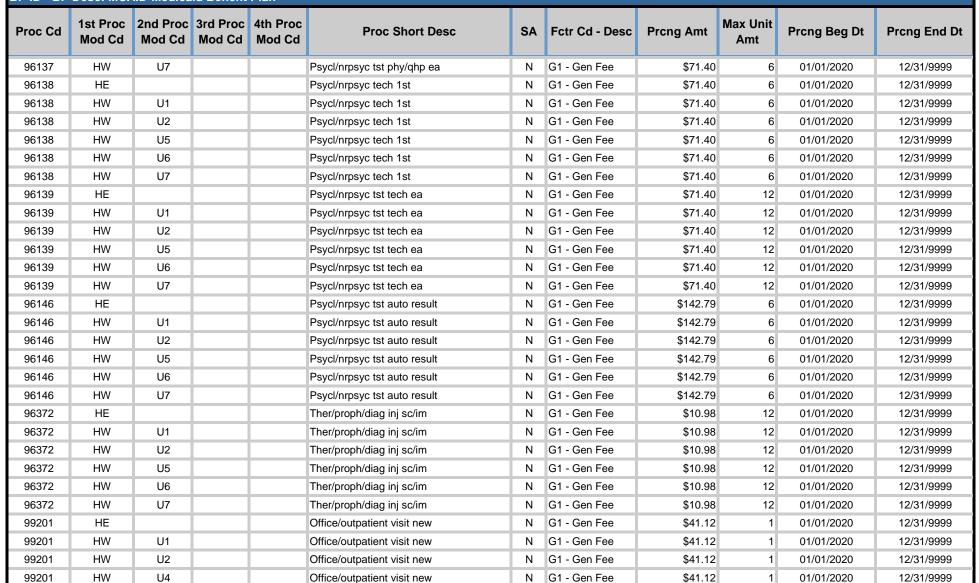
12/31/9999

\$71.40

\$71.40













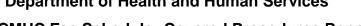


Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99201	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$41.12	1	01/01/2020	12/31/9999
99201	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$41.12	1	01/01/2020	12/31/9999
99201	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$41.12	1	01/01/2020	12/31/9999
99202	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99202	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99202	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99202	HW	U4			Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99202	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99202	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99202	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$70.45	1	01/01/2020	12/31/9999
99203	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99203	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99203	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99203	HW	U4			Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99203	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99203	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99203	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$102.99	1	01/01/2020	12/31/9999
99204	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99204	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99204	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99204	HW	U4			Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99204	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99204	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99204	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$156.74	1	01/01/2020	12/31/9999
99205	HE				Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999
99205	HW	U1			Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999
99205	HW	U2			Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999
99205	HW	U4			Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999
99205	HW	U5			Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999

Department of Health and Human Services

BP ID - BP Desc: MCAID-Medicaid Benefit Plan







Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99205	HW	U6			Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999
99205	HW	U7			Office/outpatient visit new	N	G1 - Gen Fee	\$196.67	1	01/01/2020	12/31/9999
99211	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99211	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99211	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99211	HW	U4			Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99211	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99211	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99211	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$22.69	1	01/01/2020	12/31/9999
99212	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99212	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99212	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99212	HW	U4			Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99212	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99212	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99212	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$42.46	1	01/01/2020	12/31/9999
99213	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99213	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99213	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99213	HW	U4			Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99213	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99213	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99213	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$68.03	1	01/01/2020	12/31/9999
99214	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999
99214	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999
99214	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999
99214	HW	U4			Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999
99214	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999
99214	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999







BP ID - BP	P ID - BP Desc: MCAID-Medicaid Benefit Plan 1st Proc 2nd Proc 3rd Proc 4th Proc												
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt		
99214	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999		
99215	HE				Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99215	HW	U1			Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99215	HW	U2			Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99215	HW	U4			Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99215	HW	U5			Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99215	HW	U6			Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99215	HW	U7			Office/outpatient visit est	N	G1 - Gen Fee	\$137.76	1	01/01/2020	12/31/9999		
99218	HE				Initial observation care	N	G1 - Gen Fee	\$68.45	1	01/01/2020	12/31/9999		
99218	HW	U1			Initial observation care	N	G1 - Gen Fee	\$68.45	1	01/01/2020	12/31/9999		
99218	HW	U2			Initial observation care	N	G1 - Gen Fee	\$68.45	1	01/01/2020	12/31/9999		
99218	HW	U5			Initial observation care	N	G1 - Gen Fee	\$68.45	1	01/01/2020	12/31/9999		
99218	HW	U6			Initial observation care	N	G1 - Gen Fee	\$68.45	1	01/01/2020	12/31/9999		
99218	HW	U7			Initial observation care	N	G1 - Gen Fee	\$68.45	1	01/01/2020	12/31/9999		
99219	HE				Initial observation care	N	G1 - Gen Fee	\$112.46	1	01/01/2020	12/31/9999		
99219	HW	U1			Initial observation care	N	G1 - Gen Fee	\$112.46	1	01/01/2020	12/31/9999		
99219	HW	U2			Initial observation care	N	G1 - Gen Fee	\$112.46	1	01/01/2020	12/31/9999		
99219	HW	U5			Initial observation care	N	G1 - Gen Fee	\$112.46	1	01/01/2020	12/31/9999		
99219	HW	U6			Initial observation care	N	G1 - Gen Fee	\$112.46	1	01/01/2020	12/31/9999		
99219	HW	U7			Initial observation care	N	G1 - Gen Fee	\$112.46	1	01/01/2020	12/31/9999		
99220	HE				Initial observation care	N	G1 - Gen Fee	\$158.25	1	01/01/2020	12/31/9999		
99220	HW	U1			Initial observation care	N	G1 - Gen Fee	\$158.25	1	01/01/2020	12/31/9999		
99220	HW	U2			Initial observation care	N	G1 - Gen Fee	\$158.25	1	01/01/2020	12/31/9999		
99220	HW	U5			Initial observation care	N	G1 - Gen Fee	\$158.25	1	01/01/2020	12/31/9999		
99220	HW	U6			Initial observation care	N	G1 - Gen Fee	\$158.25	1	01/01/2020	12/31/9999		
99220	HW	U7			Initial observation care	N	G1 - Gen Fee	\$158.25	1	01/01/2020	12/31/9999		
99221	HE				Initial hospital care	N	G1 - Gen Fee	\$95.47	1	01/01/2020	12/31/9999		
99221	HW	U1			Initial hospital care	N	G1 - Gen Fee	\$95.47	1	01/01/2020	12/31/9999		
99221	HW	U2			Initial hospital care	N	G1 - Gen Fee	\$95.47	1	01/01/2020	12/31/9999		







BP ID - BP	P ID - BP Desc: MCAID-Medicaid Benefit Plan 1st Proc 2nd Proc 3rd Proc 4th Proc 8 Class 8 Cla													
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd		4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt			
99221	HW	U5			Initial hospital care	N	G1 - Gen Fee	\$95.47	1	01/01/2020	12/31/9999			
99221	HW	U6			Initial hospital care	N	G1 - Gen Fee	\$95.47	1	01/01/2020	12/31/9999			
99221	HW	U7			Initial hospital care	N	G1 - Gen Fee	\$95.47	1	01/01/2020	12/31/9999			
99222	HE				Initial hospital care	N	G1 - Gen Fee	\$131.44	1	01/01/2020	12/31/9999			
99222	HW	U1			Initial hospital care	N	G1 - Gen Fee	\$131.44	1	01/01/2020	12/31/9999			
99222	HW	U2			Initial hospital care	N	G1 - Gen Fee	\$131.44	1	01/01/2020	12/31/9999			
99222	HW	U5			Initial hospital care	N	G1 - Gen Fee	\$131.44	1	01/01/2020	12/31/9999			
99222	HW	U6			Initial hospital care	N	G1 - Gen Fee	\$131.44	1	01/01/2020	12/31/9999			
99222	HW	U7			Initial hospital care	N	G1 - Gen Fee	\$131.44	1	01/01/2020	12/31/9999			
99223	HE				Initial hospital care	N	G1 - Gen Fee	\$193.29	1	01/01/2020	12/31/9999			
99223	HW	U1			Initial hospital care	N	G1 - Gen Fee	\$193.29	1	01/01/2020	12/31/9999			
99223	HW	U2			Initial hospital care	N	G1 - Gen Fee	\$193.29	1	01/01/2020	12/31/9999			
99223	HW	U5			Initial hospital care	N	G1 - Gen Fee	\$193.29	1	01/01/2020	12/31/9999			
99223	HW	U6			Initial hospital care	N	G1 - Gen Fee	\$193.29	1	01/01/2020	12/31/9999			
99223	HW	U7			Initial hospital care	N	G1 - Gen Fee	\$193.29	1	01/01/2020	12/31/9999			
99231	HE				Subsequent hospital care	N	G1 - Gen Fee	\$39.84	1	01/01/2020	12/31/9999			
99231	HW	U1			Subsequent hospital care	N	G1 - Gen Fee	\$39.84	1	01/01/2020	12/31/9999			
99231	HW	U2			Subsequent hospital care	N	G1 - Gen Fee	\$39.84	1	01/01/2020	12/31/9999			
99231	HW	U5			Subsequent hospital care	N	G1 - Gen Fee	\$39.84	1	01/01/2020	12/31/9999			
99231	HW	U6			Subsequent hospital care	N	G1 - Gen Fee	\$39.84	1	01/01/2020	12/31/9999			
99231	HW	U7			Subsequent hospital care	N	G1 - Gen Fee	\$39.84	1	01/01/2020	12/31/9999			
99232	HE				Subsequent hospital care	N	G1 - Gen Fee	\$71.27	1	01/01/2020	12/31/9999			
99232	HW	U1			Subsequent hospital care	N	G1 - Gen Fee	\$71.27	1	01/01/2020	12/31/9999			
99232	HW	U2			Subsequent hospital care	N	G1 - Gen Fee	\$71.27	1	01/01/2020	12/31/9999			
99232	HW	U5			Subsequent hospital care	N	G1 - Gen Fee	\$71.27	1	01/01/2020	12/31/9999			
99232	HW	U6			Subsequent hospital care	N	G1 - Gen Fee	\$71.27	1	01/01/2020	12/31/9999			
99232	HW	U7			Subsequent hospital care	N	G1 - Gen Fee	\$71.27	1	01/01/2020	12/31/9999			
99233	HE				Subsequent hospital care	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999			
99233	HW	U1			Subsequent hospital care	N	G1 - Gen Fee	\$102.13	1	01/01/2020	12/31/9999			

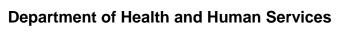














BP ID - BP Desc: MCAID-Medicaid Benefit Plan												
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt	
99239	HW	U1			Hospital discharge day	N	G1 - Gen Fee	\$104.78	1	01/01/2020	12/31/9999	
99239	HW	U2			Hospital discharge day	N	G1 - Gen Fee	\$104.78	1	01/01/2020	12/31/9999	
99239	HW	U5			Hospital discharge day	N	G1 - Gen Fee	\$104.78	1	01/01/2020	12/31/9999	
99239	HW	U6			Hospital discharge day	N	G1 - Gen Fee	\$104.78	1	01/01/2020	12/31/9999	
99239	HW	U7			Hospital discharge day	N	G1 - Gen Fee	\$104.78	1	01/01/2020	12/31/9999	
99281	HE				Emergency dept visit	N	G1 - Gen Fee	\$21.74	1	01/01/2020	12/31/9999	
99281	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$21.74	1	01/01/2020	12/31/9999	
99281	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$21.74	1	01/01/2020	12/31/9999	
99281	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$21.74	1	01/01/2020	12/31/9999	
99281	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$21.74	1	01/01/2020	12/31/9999	
99281	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$21.74	1	01/01/2020	12/31/9999	
99282	HE				Emergency dept visit	N	G1 - Gen Fee	\$40.88	1	01/01/2020	12/31/9999	
99282	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$40.88	1	01/01/2020	12/31/9999	
99282	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$40.88	1	01/01/2020	12/31/9999	
99282	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$40.88	1	01/01/2020	12/31/9999	
99282	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$40.88	1	01/01/2020	12/31/9999	
99282	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$40.88	1	01/01/2020	12/31/9999	
99283	HE				Emergency dept visit	N	G1 - Gen Fee	\$65.72	1	01/01/2020	12/31/9999	
99283	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$65.72	1	01/01/2020	12/31/9999	
99283	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$65.72	1	01/01/2020	12/31/9999	
99283	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$65.72	1	01/01/2020	12/31/9999	
99283	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$65.72	1	01/01/2020	12/31/9999	
99283	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$65.72	1	01/01/2020	12/31/9999	
99284	HE				Emergency dept visit	N	G1 - Gen Fee	\$121.54	1	01/01/2020	12/31/9999	
99284	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$121.54	1	01/01/2020	12/31/9999	
99284	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$121.54	1	01/01/2020	12/31/9999	
99284	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$121.54	1	01/01/2020	12/31/9999	
99284	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$121.54	1	01/01/2020	12/31/9999	
99284	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$121.54	1	01/01/2020	12/31/9999	





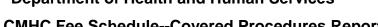
BP ID - BP	PID - BP Desc: MCAID-Medicaid Benefit Plan 1st Proc 2nd Proc 3rd Proc 4th Proc												
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt		
99285	HE				Emergency dept visit	N	G1 - Gen Fee	\$181.17	1	01/01/2020	12/31/9999		
99285	HW	U1			Emergency dept visit	N	G1 - Gen Fee	\$181.17	1	01/01/2020	12/31/9999		
99285	HW	U2			Emergency dept visit	N	G1 - Gen Fee	\$181.17	1	01/01/2020	12/31/9999		
99285	HW	U5			Emergency dept visit	N	G1 - Gen Fee	\$181.17	1	01/01/2020	12/31/9999		
99285	HW	U6			Emergency dept visit	N	G1 - Gen Fee	\$181.17	1	01/01/2020	12/31/9999		
99285	HW	U7			Emergency dept visit	N	G1 - Gen Fee	\$181.17	1	01/01/2020	12/31/9999		
99304	HE				Nursing facility care init	N	G1 - Gen Fee	\$93.52	1	01/01/2020	12/31/9999		
99304	HW	U1			Nursing facility care init	N	G1 - Gen Fee	\$93.52	1	01/01/2020	12/31/9999		
99304	HW	U2			Nursing facility care init	N	G1 - Gen Fee	\$93.52	1	01/01/2020	12/31/9999		
99304	HW	U5			Nursing facility care init	N	G1 - Gen Fee	\$93.52	1	01/01/2020	12/31/9999		
99304	HW	U6			Nursing facility care init	N	G1 - Gen Fee	\$93.52	1	01/01/2020	12/31/9999		
99304	HW	U7			Nursing facility care init	N	G1 - Gen Fee	\$93.52	1	01/01/2020	12/31/9999		
99305	HE				Nursing facility care init	N	G1 - Gen Fee	\$131.05	1	01/01/2020	12/31/9999		
99305	HW	U1			Nursing facility care init	N	G1 - Gen Fee	\$131.05	1	01/01/2020	12/31/9999		
99305	HW	U2			Nursing facility care init	N	G1 - Gen Fee	\$131.05	1	01/01/2020	12/31/9999		
99305	HW	U5			Nursing facility care init	N	G1 - Gen Fee	\$131.05	1	01/01/2020	12/31/9999		
99305	HW	U6			Nursing facility care init	N	G1 - Gen Fee	\$131.05	1	01/01/2020	12/31/9999		
99305	HW	U7			Nursing facility care init	N	G1 - Gen Fee	\$131.05	1	01/01/2020	12/31/9999		
99306	HE				Nursing facility care init	N	G1 - Gen Fee	\$167.78	1	01/01/2020	12/31/9999		
99306	HW	U1			Nursing facility care init	N	G1 - Gen Fee	\$167.78	1	01/01/2020	12/31/9999		
99306	HW	U2			Nursing facility care init	N	G1 - Gen Fee	\$167.78	1	01/01/2020	12/31/9999		
99306	HW	U5			Nursing facility care init	N	G1 - Gen Fee	\$167.78	1	01/01/2020	12/31/9999		
99306	HW	U6			Nursing facility care init	N	G1 - Gen Fee	\$167.78	1	01/01/2020	12/31/9999		
99306	HW	U7			Nursing facility care init	N	G1 - Gen Fee	\$167.78	1	01/01/2020	12/31/9999		
99307	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$42.50	1	01/01/2020	12/31/9999		
99307	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$42.50	1	01/01/2020	12/31/9999		
99307	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$42.50	1	01/01/2020	12/31/9999		
99307	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$42.50	1	01/01/2020	12/31/9999		
99307	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$42.50	1	01/01/2020	12/31/9999		





Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99307	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$42.50	1	01/01/2020	12/31/9999
99308	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$65.36	1	01/01/2020	12/31/9999
99308	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$65.36	1	01/01/2020	12/31/9999
99308	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$65.36	1	01/01/2020	12/31/9999
99308	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$65.36	1	01/01/2020	12/31/9999
99308	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$65.36	1	01/01/2020	12/31/9999
99308	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$65.36	1	01/01/2020	12/31/9999
99309	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$87.18	1	01/01/2020	12/31/9999
99309	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$87.18	1	01/01/2020	12/31/9999
99309	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$87.18	1	01/01/2020	12/31/9999
99309	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$87.18	1	01/01/2020	12/31/9999
99309	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$87.18	1	01/01/2020	12/31/9999
99309	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$87.18	1	01/01/2020	12/31/9999
99310	HE				Nursing fac care subseq	N	G1 - Gen Fee	\$127.56	1	01/01/2020	12/31/9999
99310	HW	U1			Nursing fac care subseq	N	G1 - Gen Fee	\$127.56	1	01/01/2020	12/31/9999
99310	HW	U2			Nursing fac care subseq	N	G1 - Gen Fee	\$127.56	1	01/01/2020	12/31/9999
99310	HW	U5			Nursing fac care subseq	N	G1 - Gen Fee	\$127.56	1	01/01/2020	12/31/9999
99310	HW	U6			Nursing fac care subseq	N	G1 - Gen Fee	\$127.56	1	01/01/2020	12/31/9999
99310	HW	U7			Nursing fac care subseq	N	G1 - Gen Fee	\$127.56	1	01/01/2020	12/31/9999
99324	HE				Domicil/r-home visit new pat	N	G1 - Gen Fee	\$60.07	1	01/01/2020	12/31/9999
99324	HW	U1			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$60.07	1	01/01/2020	12/31/9999
99324	HW	U2			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$60.07	1	01/01/2020	12/31/9999
99324	HW	U5			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$60.07	1	01/01/2020	12/31/9999
99324	HW	U6			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$60.07	1	01/01/2020	12/31/9999
99324	HW	U7			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$60.07	1	01/01/2020	12/31/9999
99325	HE				Domicil/r-home visit new pat	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99325	HW	U1			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99325	HW	U2			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99325	HW	U5			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999







BP ID - BP	P ID - BP Desc: MCAID-Medicaid Benefit Plan 1st Proc 2nd Proc 3rd Proc 4th Proc 8 Class 8 Cla													
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd		4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt			
99325	HW	U6			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999			
99325	HW	U7			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999			
99326	HE				Domicil/r-home visit new pat	N	G1 - Gen Fee	\$141.09	1	01/01/2020	12/31/9999			
99326	HW	U1			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$141.09	1	01/01/2020	12/31/9999			
99326	HW	U2			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$141.09	1	01/01/2020	12/31/9999			
99326	HW	U5			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$141.09	1	01/01/2020	12/31/9999			
99326	HW	U6			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$141.09	1	01/01/2020	12/31/9999			
99326	HW	U7			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$141.09	1	01/01/2020	12/31/9999			
99327	HE				Domicil/r-home visit new pat	N	G1 - Gen Fee	\$183.05	1	01/01/2020	12/31/9999			
99327	HW	U1			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$183.05	1	01/01/2020	12/31/9999			
99327	HW	U2			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$183.05	1	01/01/2020	12/31/9999			
99327	HW	U5			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$183.05	1	01/01/2020	12/31/9999			
99327	HW	U6			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$183.05	1	01/01/2020	12/31/9999			
99327	HW	U7			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$183.05	1	01/01/2020	12/31/9999			
99328	HE				Domicil/r-home visit new pat	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999			
99328	HW	U1			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999			
99328	HW	U2			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999			
99328	HW	U5			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999			
99328	HW	U7			Domicil/r-home visit new pat	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999			
99334	HE				Domicil/r-home visit est pat	N	G1 - Gen Fee	\$60.15	1	01/01/2020	12/31/9999			
99334	HW	U1			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$60.15	1	01/01/2020	12/31/9999			
99334	HW	U2			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$60.15	1	01/01/2020	12/31/9999			
99334	HW	U5			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$60.15	1	01/01/2020	12/31/9999			
99334	HW	U6			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$60.15	1	01/01/2020	12/31/9999			
99334	HW	U7			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$60.15	1	01/01/2020	12/31/9999			
99335	HE				Domicil/r-home visit est pat	N	G1 - Gen Fee	\$92.30	1	01/01/2020	12/31/9999			
99335	HW	U1			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$92.30	1	01/01/2020	12/31/9999			
99335	HW	U2			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$92.30	1	01/01/2020	12/31/9999			
99335	HW	U5			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$92.30	1	01/01/2020	12/31/9999			





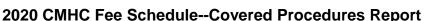
BP ID - BP	Desc: MCA	AID-Medica	id Benefit	Plan							
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
99335	HW	U6			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$92.30	1	01/01/2020	12/31/9999
99335	HW	U7			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$92.30	1	01/01/2020	12/31/9999
99336	HE				Domicil/r-home visit est pat	N	G1 - Gen Fee	\$130.81	1	01/01/2020	12/31/9999
99336	HW	U1			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$130.81	1	01/01/2020	12/31/9999
99336	HW	U2			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$130.81	1	01/01/2020	12/31/9999
99336	HW	U5			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$130.81	1	01/01/2020	12/31/9999
99336	HW	U6			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$130.81	1	01/01/2020	12/31/9999
99336	HW	U7			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$130.81	1	01/01/2020	12/31/9999
99337	HE				Domicil/r-home visit est pat	N	G1 - Gen Fee	\$187.34	1	01/01/2020	12/31/9999
99337	HW	U1			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$187.34	1	01/01/2020	12/31/9999
99337	HW	U2			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$187.34	1	01/01/2020	12/31/9999
99337	HW	U5			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$187.34	1	01/01/2020	12/31/9999
99337	HW	U6			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$187.34	1	01/01/2020	12/31/9999
99337	HW	U7			Domicil/r-home visit est pat	N	G1 - Gen Fee	\$187.34	1	01/01/2020	12/31/9999
99341	HE				Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99341	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99341	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99341	HW	U4			Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99341	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99341	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99341	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$59.62	1	01/01/2020	12/31/9999
99342	HE				Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99342	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99342	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99342	HW	U4			Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99342	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99342	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99342	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$87.08	1	01/01/2020	12/31/9999
99343	HE				Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999



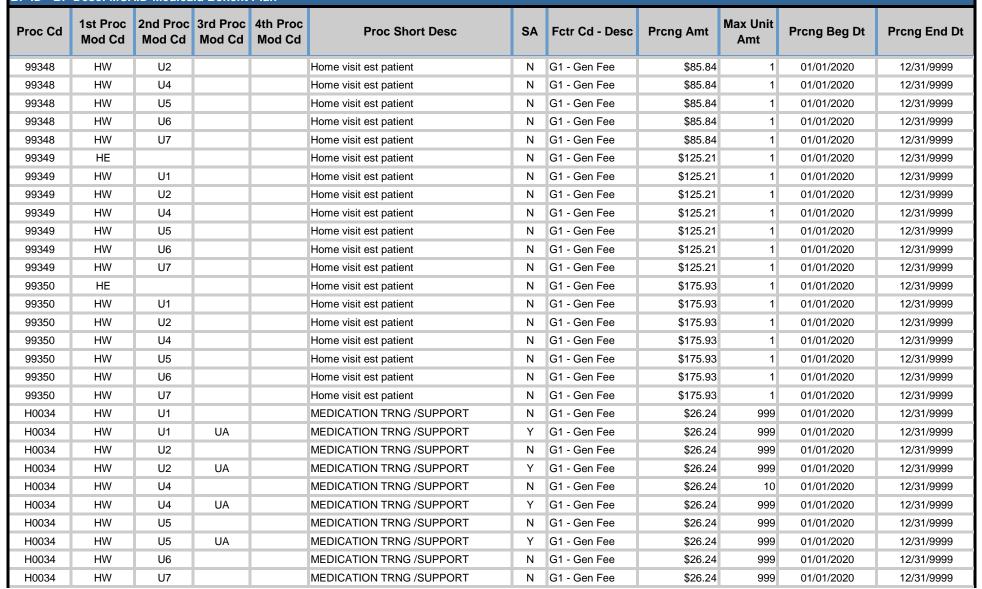




	4.45	0.15	0.15	441.5							
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd		Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End D
99343	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999
99343	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999
99343	HW	U4			Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999
99343	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999
99343	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999
99343	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$137.68	1	01/01/2020	12/31/9999
99344	HE				Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99344	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99344	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99344	HW	U4			Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99344	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99344	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99344	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$180.06	1	01/01/2020	12/31/9999
99345	HE				Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99345	HW	U1			Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99345	HW	U2			Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99345	HW	U4			Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99345	HW	U5			Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99345	HW	U6			Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99345	HW	U7			Home visit new patient	N	G1 - Gen Fee	\$216.42	1	01/01/2020	12/31/9999
99347	HE				Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99347	HW	U1			Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99347	HW	U2			Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99347	HW	U4			Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99347	HW	U5			Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99347	HW	U6			Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99347	HW	U7			Home visit est patient	N	G1 - Gen Fee	\$57.13	1	01/01/2020	12/31/9999
99348	HE				Home visit est patient	N	G1 - Gen Fee	\$85.84	1	01/01/2020	12/31/9999
99348	HW	U1			Home visit est patient	N	G1 - Gen Fee	\$85.84	1	01/01/2020	12/31/9999

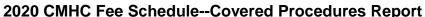








Department of Health and Human Services





COMMUNITY SUPPORT

COMMUNITY SUPPORT

U2

U4

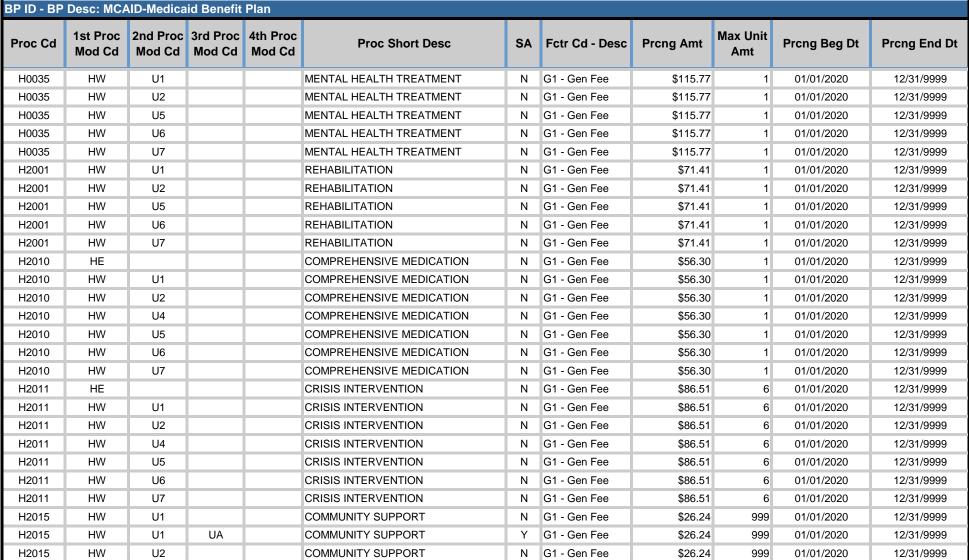
UA

HW

HW

H2015

H2015



Υ

G1 - Gen Fee

G1 - Gen Fee

\$26.24

\$26.24

999

10

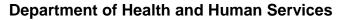
01/01/2020

01/01/2020

12/31/9999

12/31/9999



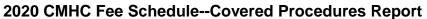




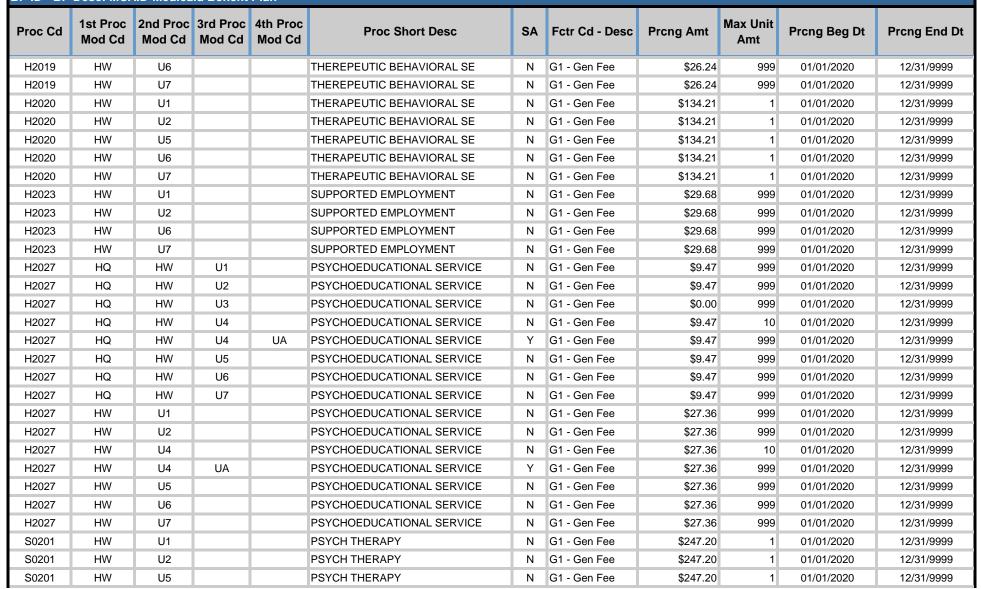




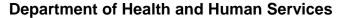
Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt
H2015	HW	U4	UA		COMMUNITY SUPPORT	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2015	HW	U5			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2015	HW	U5	UA		COMMUNITY SUPPORT	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2015	HW	U6			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2015	HW	U7			COMMUNITY SUPPORT	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2016	HW	U1			Comprehensive Community Support	Υ	G1 - Gen Fee	\$274.00	1	08/01/2016	12/31/9999
H2018	HW	U1			REHABILITATION SERVICES	N	G1 - Gen Fee	\$111.73	1	01/01/2020	12/31/9999
H2018	HW	U2			REHABILITATION SERVICES	N	G1 - Gen Fee	\$111.73	1	01/01/2020	12/31/9999
H2018	HW	U5			REHABILITATION SERVICES	N	G1 - Gen Fee	\$111.73	1	01/01/2020	12/31/9999
H2018	HW	U6			REHABILITATION SERVICES	N	G1 - Gen Fee	\$111.73	1	01/01/2020	12/31/9999
H2018	HW	U7			REHABILITATION SERVICES	N	G1 - Gen Fee	\$111.73	1	01/01/2020	12/31/9999
H2019	HQ	HW	U1		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.29	999	01/01/2020	12/31/9999
H2019	HQ	HW	U1	UA	THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$9.98	999	07/01/2018	12/31/9999
H2019	HQ	HW	U2		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.29	999	01/01/2020	12/31/9999
H2019	HQ	HW	U2	UA	THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$10.29	999	01/01/2020	12/31/9999
H2019	HQ	HW	U4		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.29	10	01/01/2020	12/31/9999
H2019	HQ	HW	U4	UA	THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$10.29	999	01/01/2020	12/31/9999
H2019	HQ	HW	U5		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$10.29	999	01/01/2020	12/31/9999
H2019	HQ	HW	U5	UA	THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$10.29	999	01/01/2020	12/31/9999
H2019	HQ	HW	U6		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$9.47	999	01/01/2020	12/31/9999
H2019	HQ	HW	U7		THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$9.47	999	01/01/2020	12/31/9999
H2019	HW	U1			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2019	HW	U1	UA		THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2019	HW	U2			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2019	HW	U2	UA		THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2019	HW	U4			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$26.24	10	01/01/2020	12/31/9999
H2019	HW	U4	UA		THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$25.45	999	04/01/2019	12/31/9999
H2019	HW	U5			THEREPEUTIC BEHAVIORAL SE	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999
H2019	HW	U5	UA		THEREPEUTIC BEHAVIORAL SE	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999



















Department of Health and Human Services



BP ID - BP Desc: MCAID-Medicaid Benefit Plan

Proc Cd	1st Proc Mod Cd	2nd Proc Mod Cd	3rd Proc Mod Cd	4th Proc Mod Cd	Proc Short Desc	SA	Fctr Cd - Desc	Prcng Amt	Max Unit Amt	Prcng Beg Dt	Prcng End Dt	
T1016	HW	U5			CASE MANAGEMENT	N	G1 - Gen Fee	\$400.53	1	01/01/2020	12/31/9999	
T1016	HW	U6			CASE MANAGEMENT	N	G1 - Gen Fee	\$400.53	1	01/01/2020	12/31/9999	
T1016	HW	U7			CASE MANAGEMENT	N	G1 - Gen Fee	\$400.53	1	01/01/2020	12/31/9999	
T1027	HW	U1			FAMILY COUNSELING	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U1	UA		FAMILY COUNSELING	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U2			FAMILY COUNSELING	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U2	UA		FAMILY COUNSELING	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U5			FAMILY COUNSELING	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U5	UA		FAMILY COUNSELING	Υ	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U6			FAMILY COUNSELING	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
T1027	HW	U7			FAMILY COUNSELING	N	G1 - Gen Fee	\$26.24	999	01/01/2020	12/31/9999	
Run Date:	06/04/2020		Page: 1 of 2						Run Time: 09:15:45			