



Standard Rate Schedule: Tailored Plan/Medicaid Direct Behavioral Health Clinician Services

Effective 10/01/2026

Revised 09/28/2026

Behavioral health practitioner, non-facility rates including:

01B - Psychiatry BH Physicians Services (taxonomy: 2084A0401X, 2084D0003X, 2084F0202X, 2084P0005X, 2084P0015X, 2084P0800X, 2084P0802X, 2084P0804X, 2084P0805X)*

112 - Psychiatric Mental Health Nurse Practitioner (taxonomy 363LP0808X) *

109 - Licensed Psychologist

128 - Licensed Psychological Associate

110 - LCSW, LMCHC, LMFT

111 - Certified Clinical Nurse Specialist

129 - Licensed Clinical Addiction Specialist

* * Enhanced rate paid for In-Home therapy when submitted with residential place of service.

POS codes: 04, 12, 13, 14, 16, 31, 32, 54

* For non-psychiatric nurse practitioner, physicians assistant,
other physician specialties, and services rendered
in a facility, see rates published on
NC Medicaid Fee Schedules Search website:

https://ncdhhs.servicenow.com/fee_schedules

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
90785 - INTERACTIVE COMPLEXITY	10/1/2026	\$ 14.58	\$ 12.39	\$ 14.58	\$ 10.94	\$ 12.39	\$ 10.94
90791 - PSYCHIATRIC DIAGNOSTIC EVALUATION	10/1/2026	\$ 205.16	\$ 174.39	\$ 205.16	\$ 153.87	\$ 174.39	\$ 153.87
90791 - IN-HOME PSYCHIATRIC DIAGNOSTIC EVALUATION	10/1/2026	\$ 235.93	\$ 200.55	\$ 235.93	\$ 176.95	\$ 200.55	\$ 176.95
90791YB- ENHANCED PSYCHIATRIC DIAGNOSTIC EVALUATION	10/1/2026	\$ 235.93	\$ 200.55	\$ 235.93	\$ 176.95	\$ 200.55	\$ 176.95
90791YG- PSYCHIATRIC DIAGNOSTIC EVALUATION TOBACCO USE	10/1/2026	\$ 215.42	\$ 183.11	\$ 215.42	\$ 161.56	\$ 183.11	\$ 161.56
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/ MED	10/1/2026	\$ 229.63	\$ 195.19	-	-	-	-
90832 - PSYCHOTHERAPY 30 MN	10/1/2026	\$ 74.01	\$ 62.91	\$ 74.01	\$ 55.51	\$ 62.91	\$ 55.51
90832 - IN-HOME PSYCHOTHERAPY 30 MN	10/1/2026	\$ 85.11	\$ 72.35	\$ 85.11	\$ 63.84	\$ 72.35	\$ 63.84
9083222- SPECIALTY PSYCHOTHERAPY, 30 MIN	10/1/2026	\$ 159.12	\$ 135.26	\$ 159.12	\$ 119.35	\$ 135.26	\$ 119.35
90833 - PSYCHOTHERAPY 30 MIN ADD ON TO E&M	10/1/2026	\$ 67.73	\$ 57.57	-	-	-	-
90834 - PSYCHOTHERAPY 45 MN	10/1/2026	\$ 97.83	\$ 83.16	\$ 97.83	\$ 73.37	\$ 83.16	\$ 73.37
90834 - IN-HOME PSYCHOTHERAPY 45 MN	10/1/2026	\$ 112.50	\$ 95.63	\$ 112.50	\$ 84.38	\$ 95.63	\$ 84.38
9083422 - SPECIALTY PSYCHOTHERAPY, 45 MIN	10/1/2026	\$ 210.33	\$ 178.79	\$ 210.33	\$ 157.75	\$ 178.79	\$ 157.75
90834YE- EQUINE-ASSISTED PSYCHOTHERAPY, 45 MIN	10/1/2026	\$ 115.44	\$ 98.13	\$ 115.44	\$ 86.58	\$ 98.13	\$ 86.58
90836 - PSYCHOTHERAPY 45 MIN ADD ON TO E&M	10/1/2026	\$ 85.87	\$ 72.99	-	-	-	-
90837 - PSYCHOTHERAPY 60 MN	10/1/2026	\$ 144.02	\$ 122.42	\$ 144.02	\$ 108.02	\$ 122.42	\$ 108.02
90837 - IN-HOME PSYCHOTHERAPY 60 MN	10/1/2026	\$ 165.62	\$ 140.78	\$ 165.62	\$ 124.22	\$ 140.78	\$ 124.22
9083722- SPECIALTY PSYCHOTHERAPY, 60 MIN	10/1/2026	\$ 309.64	\$ 263.20	\$ 309.64	\$ 232.24	\$ 263.20	\$ 232.24
90837YE- EQUINE-ASSISTED PSYCHOTHERAPY, 60 MIN	10/1/2026	\$ 169.94	\$ 144.46	\$ 169.94	\$ 127.46	\$ 144.46	\$ 127.46
90838 - PSYCHOTHERAPY 60 MIN ADD ON TO E&M	10/1/2026	\$ 113.56	\$ 96.53	-	-	-	-
90839 - PSYCHOTHER FOR CRISIS 60 MIN	10/1/2026	\$ 148.79	\$ 121.02	\$ 143.73	\$ 111.60	\$ 135.56	\$ 103.58
90840 - PSYCHOTHER FOR CRISIS ADD'L 30 MN	10/1/2026	\$ 104.87	\$ 89.65	\$ 105.47	\$ 95.70	\$ 87.80	\$ 100.12

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
90845 - PSYCHOANALYSIS	10/1/2026	-	\$ 71.89	\$ 84.68	\$ 71.98	\$ 71.98	\$ 63.43
90846 - FAMILY THER W/O PT	10/1/2026	\$ 94.08	\$ 79.97	\$ 94.08	\$ 70.56	\$ 79.97	\$ 70.56
90846 - IN-HOME FAMILY THER W/O PT	10/1/2026	\$ 136.42	\$ 115.96	\$ 136.42	\$ 102.31	\$ 115.96	\$ 102.31
9084622 - SPECIALTY FAMILY THERAPY W/O PATIENT	10/1/2026	\$ 202.27	\$ 171.94	\$ 202.27	\$ 151.70	\$ 171.94	\$ 151.70
90847 - FAMILY THER W/ PT	10/1/2026	\$ 107.31	\$ 83.39	\$ 98.10	\$ 73.58	\$ 83.39	\$ 73.58
90847 - IN-HOME FAMILY THER W/ PT	10/1/2026	\$ 155.60	\$ 120.92	\$ 142.25	\$ 106.69	\$ 120.92	\$ 106.69
9084722 - SPECIALTY FAMILY THERAPY W/ PATIENT	10/1/2026	\$ 230.72	\$ 179.29	\$ 210.92	\$ 158.20	\$ 179.29	\$ 158.20
90849 - MULTI-FAM GROUP	10/1/2026	\$ 35.89	\$ 35.00	\$ 35.89	\$ 35.00	\$ 35.00	\$ 35.00
90853 - GROUP THER	10/1/2026	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
9085322 - SPECIALTY GROUP THERAPY	10/1/2026	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25	\$ 75.25
90853YE - EQUINE-ASSISTED GROUP THERAPY	10/1/2026	\$ 41.30	\$ 41.30	\$ 41.30	\$ 41.30	\$ 41.30	\$ 41.30
90870 - ELECTROCONVULSIVE THERAPY	10/1/2026	\$ 166.08	-	-	-	-	-
96110 - DEVEL TST LMT	10/1/2026	\$ 11.99	\$ 10.19	\$ 11.99	11.99	-	-
96112 - DEVEL TST EXT	10/1/2026	\$ 147.53	-	\$ 147.53	\$ 143.61	-	-
96113 - ADD ON DEVEL TST EXT	10/1/2026	\$ 69.72	-	\$ 69.72	\$ 68.17	-	-
96116 - NEUROBEHAV EXAM	10/1/2026	\$ 108.59	-	\$ 108.59	\$ 95.02	-	-
96121 - ADD ON NEUROBEHAV EXAM	10/1/2026	\$ 89.22	-	\$ 89.22	\$ 81.27	-	-
96125 - Conitive Test by HC Pro	10/1/2026	\$ 119.57	-	-	-	-	-
96127 - BRIEF EMOTIONAL/BEHAV ASSMT	10/1/2026	\$ 5.21	\$ 4.26	-	-	-	-
96130 - PSYCH TESTING CLINICAL PSYCH	10/1/2026	\$ 140.66	-	\$ 140.66	\$ 123.88	-	-
96131 - ADD ON PSYCH TESTING CLINICAL PSYCH	10/1/2026	\$ 102.02	-	\$ 102.02	\$ 92.25	-	-
96132 - NEUROPSYCH TST- CLIN PSYCH	10/1/2026	\$ 151.60	-	\$ 151.60	\$ 141.61	-	-
96133 - ADD ON NEUROPSYCH TST- CLIN PSYCH	10/1/2026	\$ 128.09	-	\$ 115.60	\$ 112.25	-	-
96136 - PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	10/1/2026	\$ 66.48	-	\$ 48.98	\$ 43.89	-	-
96137 - ADD ON PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	10/1/2026	\$ 56.48	-	\$ 45.01	\$ 41.26	-	-
96156 - HLTH BHV ASSMT/REASSESSMENT	10/1/2026	-	-	\$ 70.82	70.82	-	-
96158 - HLTH BHV IVNTJ INDIV 1ST 30	10/1/2026	-	-	\$ 48.40	48.40	-	-
96159 - HLTH BHV IVNTJ INDIV EA ADDL	10/1/2026	-	-	\$ 16.88	16.88	-	-
96372 - THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION	10/1/2026	\$ 17.00	\$ 14.41	-	-	-	-
98000 - SYNCH AUDIO-VIDEO NEW SF 15	10/1/2026	-	\$ 37.72	-	-	-	-
98001 - SYNCH AUDIO-VIDEO NEW LOW 30	10/1/2026	-	\$ 62.19	-	-	-	-
98002 - SYNCH AUDIO-VIDEO NEW MOD 45	10/1/2026	-	\$ 99.25	-	-	-	-
98003 - SYNCH AUDIO-VIDEO NEW HI 60	10/1/2026	-	\$ 121.00	-	-	-	-
98004 - SYNCH AUDIO-VIDEO EST SF 10	10/1/2026	-	\$ 26.75	-	-	-	-
98005 - SYNCH AUDIO-VIDEO EST LOW 20	10/1/2026	-	\$ 47.19	-	-	-	-
98006 - SYNCH AUDIO-VIDEO EST MOD 30	10/1/2026	-	\$ 75.83	-	-	-	-
98007 - SYNCH AUDIO-VIDEO EST HI 40	10/1/2026	-	\$ 99.72	-	-	-	-
98008 - SYNCH AUDIO-ONLY NEW SF 15	10/1/2026	-	\$ 35.84	-	-	-	-

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
98009 - SYNCH AUDIO-ONLY NEW LOW 30	10/1/2026	-	\$ 59.39	-	-	-	-
98010 - SYNCH AUDIO-ONLY NEW MOD 45	10/1/2026	-	\$ 92.31	-	-	-	-
98011 - SYNCH AUDIO-ONLY NEW HIGH 60	10/1/2026	-	\$ 120.24	-	-	-	-
98012 - SYNCH AUDIO-ONLY EST SF 10	10/1/2026	-	\$ 28.82	-	-	-	-
98013 - SYNCH AUDIO-ONLY EST LOW 20	10/1/2026	-	\$ 48.14	-	-	-	-
98014 - SYNCH AUDIO-ONLY EST MOD 30	10/1/2026	-	\$ 72.04	-	-	-	-
98015 - SYNCH AUDIO-ONLY EST HIGH 40	10/1/2026	-	\$ 90.98	-	-	-	-
98016 - BRIEF COMUNICAJ TECH-BSD SVC	10/1/2026	-	\$ 11.98	-	-	-	-
99051 - MED SERVE EVE / WEEKEND / HOLIDAY	10/1/2026	-	\$ 23.63	-	-	-	-
99202 - OP VISIT NEW PAT, STRAIGHTFORWARD, 15-29 MINUTES	10/1/2026	\$ 75.24	\$ 63.60	-	-	-	-
99203 - OP VISIT NEW PAT, LOW LEVEL, 30-44 MINUTES	10/1/2026	\$ 109.00	\$ 91.97	-	-	-	-
99204 - OP VISIT NEW PAT, MODERATE, 45-59 MINUTES	10/1/2026	\$ 169.04	\$ 141.15	-	-	-	-
99205 - OP VISIT NEW PAT, HIGH LEVEL, 60-74 MINUTES	10/1/2026	\$ 213.69	\$ 180.84	-	-	-	-
99211 - OP VISIT EST PAT, PRESENTING PROBLEM MINIMAL	10/1/2026	\$ 22.06	\$ 18.75	-	-	-	-
99212 - OP VISIT EST PAT, STRAIGHTFORWARD, 10-19 MINUTES	10/1/2026	\$ 54.13	\$ 46.01	-	-	-	-
99213 - OP VISIT EST PAT, LOW LEVEL, 20-29 MINUTES	10/1/2026	\$ 86.78	\$ 73.76	-	-	-	-
99214 - OP VISIT EST PAT, MODERATE, 30-39 MINUTES	10/1/2026	\$ 122.93	\$ 104.49	-	-	-	-
99215 - OP VISIT EST PAT, HIGH LEVEL, 40-54 MINUTES	10/1/2026	\$ 172.48	\$ 146.61	-	-	-	-
99221 - INITIAL HOSPITAL CARE 30 MIN	10/1/2026	\$ 96.59	\$ 70.59	-	-	-	-
99222 - INITIAL HOSPITAL CARE-MOD-50 MIN	10/1/2026	\$ 137.10	\$ 116.53	-	-	-	-
99223 - INITIAL HOSPITAL CARE-70 MIN	10/1/2026	\$ 194.10	\$ 142.95	-	-	-	-
99231 - SUBSEQUENT HOSPITAL 15 MIN	10/1/2026	\$ 48.02	\$ 40.82	-	-	-	-
99232 - SUBSEQUENT HOSPITAL 25 MIN	10/1/2026	\$ 80.82	\$ 65.19	-	-	-	-
99233 - SUBSEQUENT HOSPITAL 35 MIN	10/1/2026	\$ 115.57	\$ 98.07	-	-	-	-
99234 - OBSERVATION/INPAT LOW	10/1/2026	\$ 136.27	\$ 114.91	-	-	-	-
99235 - HOSP/OBS 1-DAY MOD SEV	10/1/2026	\$ 183.50	\$ 151.21	-	-	-	-
99236 - HOSP/OBS 1-DAY HIGH SEV	10/1/2026	\$ 226.36	\$ 192.41	-	-	-	-
99238 - HOSPITAL DISCHARGE 30	10/1/2026	\$ 79.92	\$ 67.14	-	-	-	-
99239 - HOSPITAL DISCHARGE > 30 MIN	10/1/2026	\$ 113.44	\$ 96.42	-	-	-	-
99241U4 - PHYSICIAN CONSULT - BRIEF	10/1/2026	\$ 55.00	-	-	-	-	-
99242 - OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	10/1/2026	\$ 87.11	\$ 77.95	-	-	-	-
99242U4 - PHYSICIAN CONSULT - INTERMEDIATE	10/1/2026	\$ 90.00	-	-	-	-	-
99243 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	10/1/2026	\$ 134.69	\$ 93.19	-	-	-	-
99244 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	10/1/2026	\$ 200.06	\$ 170.05	-	-	-	-
99245 - OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	10/1/2026	\$ 245.88	\$ 209.00	-	-	-	-
99252 - INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	10/1/2026	\$ 76.19	\$ 64.77	-	-	-	-
99253 - INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	10/1/2026	\$ 111.68	\$ 94.66	-	-	-	-
99254 - INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	10/1/2026	\$ 161.54	\$ 144.55	-	-	-	-
99255 - INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	10/1/2026	\$ 201.44	\$ 171.22	-	-	-	-

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
99304 - INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	\$ 87.28	\$ 71.78	-	-	-	-
99305 - INIT NURSING FAC CARE 35 MIN	10/1/2026	\$ 128.82	\$ 109.50	-	-	-	-
99306 - INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	\$ 176.28	\$ 149.84	-	-	-	-
99307 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	\$ 40.96	\$ 34.50	-	-	-	-
99308 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	\$ 73.01	\$ 61.30	-	-	-	-
99309 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	\$ 102.95	\$ 87.52	-	-	-	-
99310 - SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	10/1/2026	\$ 148.04	\$ 125.83	-	-	-	-
99315 - NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES	10/1/2026	\$ 78.79	\$ 66.97	-	-	-	-
99316 - NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MIN	10/1/2026	\$ 126.94	\$ 107.90	-	-	-	-
99341 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MIN 15 MINUTES	10/1/2026	\$ 57.73	\$ 51.66	-	-	-	-
99342 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 30 MINUTES	10/1/2026	\$ 85.19	\$ 64.46	-	-	-	-
99344 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 60 MINUTES	10/1/2026	-	\$ 153.68	-	-	-	-
99345 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES MINIMUM 75 MINUTES	10/1/2026	\$ 218.16	\$ 187.15	-	-	-	-
99347 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 20 MINUTES	10/1/2026	-	\$ 48.55	-	-	-	-
99348 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRED MINIMUM 30 MINUTES	10/1/2026	\$ 85.06	\$ 66.30	-	-	-	-
99349 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 40 MINUTES	10/1/2026	\$ 139.27	\$ 108.55	-	-	-	-
99350 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES MINIMUM 60 MINUTES	10/1/2026	\$ 187.15	\$ 159.01	-	-	-	-
99406 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES	10/1/2026	\$ 15.59	\$ 14.97	-	-	-	-
99407 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	10/1/2026	\$ 28.45	\$ 25.43	-	-	-	-
99408 - ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G. AUDIT, DAST) AND BRIEF INTERVENTION (SBI) SERVICES; 15-30 MINUTES	10/1/2026	\$ 36.95	\$ 30.73	\$ 33.71	\$ 25.28	\$ 28.65	\$ 25.28

Covered Services	Effective Date	01B	112	109	128	111	110 / 129
99409 - ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G. AUDIT, DAST) AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES	10/1/2026	\$ 64.60	\$ 58.60	\$ 64.60	\$ 48.45	\$ 54.91	\$ 48.45
99417 - PROLONG OFF/OP E/M EA. 15 MIN	10/1/2026		\$ 80.51	-		-	-
99421 - ONLINE DIGITAL E/M SERVICE, 5-10 MIN	10/1/2026		\$ 12.16	-		-	-
99422 - ONLINE DIGITAL E/M SERVICE, 11-20 MIN	10/1/2026		\$ 24.07	-		-	-
99423 - ONLINE DIGITAL E/M SERVICE, 21 OR MORE MIN	10/1/2026		\$ 38.48	-		-	-
99453 - REM MNTR PHYSIOL PARAM SETUP	10/1/2026		\$ 13.35	-		-	-
99454 - REM MNTR PHYSIOL PARAM DEV	10/1/2026		\$ 44.51	-		-	-
99457 - REM PHYSIOL MNTR 1ST 20 MIN	10/1/2026		\$ 37.60	-		-	-
99458 - REM PHYSIOL MNTR EA ADDL 20	10/1/2026		\$ 30.90	-		-	-
99473 - SELF-MEAS BP PT EDUC/J/TRAIN	10/1/2026		\$ 7.93	-		-	-
99474 - SELF-MEAS BP 2 READG BID 30D	10/1/2026		\$ 11.07	-		-	-