

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**

**NEBRASKA - MEDICAID**

DESCRIPTION	CPT®/HCPCS		PROVISIONAL									
	CODE	Modifier	PHYSICIAN	PSYCHOLOGIST	PSYCHOLOGIST	PLADC	PLMHP	LADC <sup>1</sup>	LIMHP	LMHP	RN	APRN/PA
Psychiatric Diagnostic Evaluation - no medical svcs	90791	w/ or w/o GT	\$173.27	\$143.99	\$124.61	N/B	N/B	N/B	\$120.52	N/B	N/B	\$138.54
Psychotherapy w/ patient and/or family member, 30 min	90832		\$69.83	\$62.39	\$58.76	N/B	\$48.52	\$51.09	\$51.75	\$51.09	\$51.75	\$59.19
Psychotherapy w/ patient and/or family member, 30 min	90832	U2 or U3 or U4 or U6	\$69.83	\$62.39	\$58.76	N/B	\$48.52	\$51.09	\$51.75	\$51.09	N/B	\$59.19
Psychotherapy w/ patient and/or family member, 30 min	90832	U5	\$71.41	\$63.80	\$60.09	N/B	\$49.61	\$52.23	\$52.92	\$52.23	N/B	\$60.53
Psychotherapy w/ patient and/or family member, 45 min	90834		\$106.80	\$88.94	\$84.50	N/B	\$69.64	\$73.30	\$74.25	\$73.30	\$74.25	\$85.12
Psychotherapy w/ patient and/or family member, 45 min	90834	U2 or U3 or U4 or U6	\$106.80	\$88.94	\$84.50	N/B	\$69.64	\$73.30	\$74.25	\$73.30	N/B	\$85.12
Psychotherapy w/ patient and/or family member, 45 min	90834	U5	\$109.20	\$90.93	\$86.40	N/B	\$71.20	\$74.94	\$75.92	\$74.94	N/B	\$87.03
Psychotherapy w/ patient and/or family member, 60 min	90837		\$117.47	\$97.83	\$92.94	N/B	\$76.59	\$80.61	\$81.66	\$80.61	\$81.66	\$93.63
Psychotherapy w/ patient and/or family member, 60 min	90837	U2 or U3 or U4 or U6	\$117.47	\$97.83	\$92.94	N/B	\$76.59	\$80.61	\$81.66	\$80.61	N/B	\$93.63
Psychotherapy w/ patient and/or family member, 60 min	90837	U5	\$120.12	\$100.03	\$95.03	N/B	\$78.31	\$82.43	\$83.51	\$82.43	N/B	\$95.74
Psychotherapy for Crisis; Initial 60 min	90839*		\$134.10	\$107.27	\$101.80	\$83.84	\$83.84	\$88.25	\$89.40	\$88.25	\$89.40	\$103.02
Psychotherapy for Crisis; Additional 30 min	+90840*		\$62.30	\$49.83	\$41.50	\$35.50	\$35.50	\$37.37	\$41.53	\$37.37	\$37.86	\$42.00
Family Psychotherapy w/o client present: Office	90846		\$129.66	\$103.73	\$93.64	N/B	\$83.18	\$85.33	\$86.44	\$85.33	\$86.44	\$86.44
Family Psychotherapy w/o client present: Office	90846	U2 or U3 or U4 or U6	\$129.66	\$103.73	\$93.64	N/B	\$83.18	\$85.33	\$86.44	\$85.33	N/B	\$86.44
Family Psychotherapy w/o client present: Office	90846	U5	\$132.58	\$106.06	\$95.75	N/B	\$85.05	\$87.25	\$88.39	\$87.25	N/B	\$88.39
Family Psychotherapy w/o client present: Home	90846	HA	\$129.66	\$103.73	\$96.45	N/B	\$86.07	\$88.21	\$89.36	\$88.21	N/B	\$89.36
Family Psychotherapy	90847		\$132.29	\$105.83	\$98.17	N/B	\$82.70	\$87.06	\$88.19	\$87.06	\$88.19	\$100.88
Family Psychotherapy	90847	U2	\$132.29	\$105.83	\$98.17	N/B	\$87.06	\$87.06	\$88.19	\$87.06	N/B	\$100.88
Family Psychotherapy	90847	U3	\$132.29	\$105.83	\$98.17	N/B	\$87.06	\$87.06	\$88.19	\$87.06	\$88.19	\$100.88
Family Psychotherapy	90847	U4 or U6	\$132.29	\$105.83	\$98.17	N/B	\$82.70	\$87.06	\$88.19	\$87.06	N/B	\$100.88
Family Psychotherapy	90847	U5	\$135.26	\$108.21	\$100.38	N/B	\$84.56	\$89.02	\$90.17	\$89.02	N/B	\$103.15
Family Psychotherapy	90847	U7 or U8	\$132.29	\$105.83	N/B	N/B	N/B	\$88.19	\$87.06	\$88.19	\$88.19	\$100.88
Family Psychotherapy	90847	HA	\$132.29	\$105.83	\$102.40	N/B	\$85.63	N/B	\$91.08	\$89.91	N/B	\$103.58
Family Psychotherapy	90847	ET	\$132.29	\$105.83	\$98.17	N/B	\$82.70	\$87.06	\$88.19	\$87.06	\$88.19	\$100.88
Group Therapy	90853		\$39.37	\$31.49	\$30.11	N/B	\$24.99	\$25.91	\$26.24	\$25.91	\$26.24	\$30.47
Group Therapy	90853	U2 or U4	\$39.37	\$31.49	\$30.11	N/B	\$24.99	\$25.91	\$26.24	\$25.91	N/B	\$30.47
Group Therapy	90853	U3 or U6	\$39.37	\$31.49	\$30.11	N/B	\$24.99	\$25.91	\$26.24	\$25.91	\$26.24	\$30.47
Psychiatric Diagnostic Evaluation - w/ medical svcs	90792		\$242.58	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$193.94
Psychotherapy w/ patient and/or family member, 30 min, w/ E&M svc	+90833		\$71.29	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$46.17
Psychotherapy w/ patient and/or family member, 30 min, w/ E&M svc	+90833	GT	\$71.29	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$46.17
Psychotherapy w/ patient and/or family member, 30 min, w/ E&M svc	+90833	U4 or U5	\$71.29	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$46.17
Psychotherapy w/ patient and/or family member, 45 min, w/ E&M svc	+90836		\$86.97	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$56.52
Psychotherapy w/ patient and/or family member, 45 min, w/ E&M svc	+90836	U4 or U5	\$86.97	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$56.52
Psychotherapy w/ patient and/or family member, 60 min, w/ E&M svc	+90838		\$129.94	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$104.12
Psychotherapy w/ patient and/or family member, 60 min, w/ E&M svc	+90838	U4 or U5	\$129.94	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$104.12
Electroconvulsive Therapy (E.C.T.)	90870		\$59.93	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B
Case Conference, per 15 min	90887		\$28.72	\$23.76	\$17.23	N/B	\$16.89	\$17.34	\$17.57	\$17.34	\$17.57	\$23.19
Case Conference, per 15 min - Home based	90887	U5	\$28.93	\$24.30	\$17.36	N/B	\$17.02	\$17.47	\$17.70	\$17.47	\$17.70	\$23.71
Injection	96372		\$10.07	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$10.07
Office Outpatient Visit, Established patient	99211		\$34.73	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$28.94
Office Outpatient Visit, Established patient, straightforward	99212		\$49.93	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$41.61
Office Outpatient Visit, Established patient, low complexity	99213		\$66.27	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$55.23
Office Outpatient Visit, Established patient, moderate complexity	99214		\$89.17	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$75.79

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**

**NEBRASKA - MEDICAID**

DESCRIPTION	CPT®/HCPCS	Modifier	PROVISIONAL									
	CODE		PHYSICIAN	PSYCHOLOGIST	PSYCHOLOGIST	PLADC	PLMHP	LADC¹	LIMHP	LMHP	RN	APRN/PA
Office Outpatient Visit, Established patient, high complexity	99215		\$89.22	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$75.84
Initial Hospital Care; low complexity	99221		\$49.77	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$42.30
Initial Hospital Care; moderate complexity	99222		\$76.60	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$65.12
Initial Hospital Care; high complexity	99223		\$94.05	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$79.94
Subsequent observation care; high complexity	99226		\$100.02	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$85.17
Subsequent Hospital Care; low complexity	99231		\$30.64	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$26.04
Subsequent Hospital Care; moderate complexity	99232		\$45.90	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$39.01
Subsequent Hospital Care; high complexity	99233		\$54.54	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$46.36
Hospital Discharge Day management, 30 min or less	99238		\$38.27	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$32.53
Hospital Discharge Day management, more than 30 min	99239		\$50.22	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$42.69
Outpatient Consultation; focused	99241		\$49.03	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$40.86
Outpatient Consultation; expanded	99242		\$55.69	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$47.33
Outpatient Consultation; detailed	99243		\$90.66	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$77.06
Outpatient Consultation; moderate to high complexity	99244, 99245		\$102.04	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$85.04
Hospital Consultation; focused	99251		\$51.00	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$43.35
Hospital Consultation; expanded	99252		\$63.80	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$54.23
Hospital Consultation; detailed	99253		\$91.47	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$77.75
Initial Consultation; comprehensive - moderate complexity	99254		\$107.73	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$91.77
Initial Consultation; comprehensive - high complexity	99255		\$121.92	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$103.63
Nursing Facility Consultation, low complexity, 25 min	99304		\$87.19	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$74.11
Nursing Facility Consultation, moderate complexity, 35 min	99305		\$124.20	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$105.57
Nursing Facility Consultation, high complexity, 45 min	99306		\$158.62	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$134.83
Subsequent Nursing Facility Consultation, straightforward, 10 min	99307		\$30.81	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$26.19
Subsequent Nursing Facility Consultation, low complexity, 15 min	99308		\$48.78	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$41.46
Subsequent Nursing Facility Consultation, moderate complexity, 25 min	99309		\$66.76	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$56.75
Subsequent Nursing Facility Consultation, high complexity, 35 min	99310		\$89.72	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$76.26
Psychological Testing	96101		N/B	\$92.88	\$90.49	N/B	N/B	N/B	N/B	N/B	N/B	N/B
Psychological Testing Admin by Technician	96101	52	N/B	\$46.34	\$45.14	N/B	N/B	N/B	N/B	N/B	N/B	N/B
Annual Supervision Assessment by LIMHP	H0031	52	N/B	N/B	N/B	N/B	N/B	N/B	\$92.49	N/B	N/B	N/B
Annual Supervision Assessment by Psychologist	H0031	AH	N/B	\$125.16	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B
Substance Abuse Assessment (age 20 & under)	H0001**		\$229.24	\$229.24	\$223.37	N/B	N/B	\$188.59	\$191.04	\$188.59	N/B	\$191.04
Addendum to Substance Abuse Assessment (age 20 & under)	H0001**	52	\$68.34	\$68.34	\$66.57	N/B	N/B	\$67.46	\$68.34	\$67.46	N/B	\$68.34
Addendum to SO Risk Assessment (age 20 & under)	H2000^	HA	\$269.94	\$269.94	\$263.02	N/B	\$259.64	N/B	\$269.94	\$262.44	\$265.85	\$265.85
Sexual Offending Risk Assessment (age 20 & under)	H2000^	SK	\$541.91	\$541.91	\$528.01	N/B	\$521.23	N/B	\$541.91	\$534.96	\$541.91	\$541.91
Oral Interpretation	T1013		\$7.22	\$7.22	\$7.04	\$6.95	\$6.95	\$7.13	\$7.22	\$7.13	N/B	\$7.22
Sign Language Interpretation	T1013	SC	\$10.13	\$10.13	\$9.87	\$9.74	\$9.74	\$10.00	\$10.13	\$10.00	N/B	\$10.13
Telehealth Transmission	T1014		\$0.08	\$0.08	\$0.08	N/B	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08
CAP Services	H0046		\$67.29	\$67.29	\$65.57	\$64.73	\$64.73	\$66.42	\$67.29	\$66.42	N/B	N/B
Family Assessment	H1011		\$72.90	\$72.90	\$71.03	N/B	\$70.11	N/B	\$72.90	\$71.96	\$72.90	\$72.90
<b>INJECTABLE MEDICATION</b>												
Aripiprazole, 0.25 mg. (Abilify)	J0400		\$0.35	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$0.35
Aripiprazole, extended release, 1 mg. (Abilify Maintena kit)	J0401		\$4.01	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$4.01
Haldol, per 5mg.	J1630		\$2.35	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$2.35

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**

**NEBRASKA - MEDICAID**

DESCRIPTION	CPT®/HCPCS	Modifier	PHYSICIAN	PSYCHOLOGIST	PROVISIONAL							APRN/PA
	CODE				PSYCHOLOGIST	PLADC	PLMHP	LADC <sup>1</sup>	LIMHP	LMHP	RN	
Haldol Decanoate, per 50mg.	J1631		\$4.02	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$4.02
Naltrexone Depot, 1mg. (Vivitrol)	J2315***		Invoice	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	Invoice
Paliperidone Palmitate, 1 mg.	J2426***		Invoice	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	Invoice
Trinza Invega, 273mg. per 3 months	J2426***	TH	Invoice	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	Invoice
Prolixin Decanoate, per 25mg.	J2680		\$3.14	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$3.14
Risperdal Consta, per 0.5mg	J2794***		Invoice	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	Invoice
Aristada, 441mg. Every 4 weeks	J3490***		Invoice	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	Invoice
Olanzapine, per 2.5mg	S0166		\$7.51	N/B	N/B	N/B	N/B	N/B	N/B	N/B	N/B	\$7.51

Modifier	Description	Modifier	Description
AH	mental Health assessment by licensed psychologist	U3	Day Treatment (DT)
ET	Emergency services	U4	Facility Based
GT	Interactive telecommunication	U5	Home Based
HA	Child/adolescent program	U6	Therapeutic Group Home (ThGH)
SC	Medically necessary serv/sup	U7	Parent Child Interaction Therapy (PCIT)
SK	High risk population	U8	Child - Parent Psychotherapy (CPP)
TH	Obstetrical treatment/services, prenatal or postpartum	52	Reduces services
U2	Professional Resource Family Care (PRFC)		

**Notes:**

- LADCs cannot provide or bill for Pre-treatment Assessments or Addendums to Pre-treatment Assessments.
- Discipline levels will vary from state to state. N/B indicates a non-billable service for this discipline level.
- Reimbursement is based on the treating provider's licensure and Magellan's credentialing requirements for that discipline, and is not based on provider's academic credentials alone.
- This reimbursement schedule represents the most frequently utilized Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (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.
- Magellan or its claims payers will not accept expired or deleted CPT codes. Please use and submit current CPT codes for all services.
- One professional visit per authorized inpatient day may be billed when the facility per diem is exclusive of this charge.
- 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.
- 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.
- \*Psychotherapy for Crisis codes 90839 and +90840, require authorization to be reimbursed.
- \*\*HCPCS codes H0001 and H0001 with modifier 52 are for age 20 and under. For ages 21 and over, provider must be approved for the Adult Substance Abuse Outpatient Panel. See Adult Substance Abuse outpatient fee schedule for HCPCS/CPT codes and rates.
- ^HCPCS code H2000 with modifiers HA and SK are for age 20 and under only.
- \*\*\*When submitting claims containing codes J2426, J2426 TH, J2315, J2794 and/or J3490 a copy of the invoice must be submitted with the claim. Provider will be paid the invoice amount.
- Nurses and Physician Assistants may only provide services and bill for CPT/HCPCS codes that fall within the scope of practice allowed by their professional training and state licensure.
- 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:** \_\_\_\_\_

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.