

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding    | Specialty | Spec Name                           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|-------------------------------------|----------------|-----------|----------------|-----------|-------|
| 90772        |      |      |      |      |         | Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | Medicaid B | 001       | Physician                           | per event      | \$ 16.62  | 7/1/2013       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 001       | Physician                           | per time limit | \$ 4.58   | 1/1/2016       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 4.16   | 1/1/2016       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 3.12   | 1/1/2016       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 3.54   | 1/1/2016       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 3.12   | 1/1/2016       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 128       | Licensed Psychological Associate    | per time limit | \$ 3.12   | 1/1/2016       | 6/30/2024 |       |
| 90785        | HK   | XE   |      |      |         | Interactive Complexity Add-on TFCBT; Separate Encounter  | Medicaid B | 129       | LCAS                                | per time limit | \$ 3.12   | 1/1/2016       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 3.37   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 112       | CNP                                 | per time limit | \$ 3.37   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 129       | LCAS                                | per time limit | \$ 2.97   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 2.97   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 3.96   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 128       | LPA                                 | per time limit | \$ 2.97   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | Medicaid B | 001       | Physician                           | per time limit | \$ 4.36   | 10/1/2013      | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 3.37   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 112       | CNP                                 | per time limit | \$ 3.37   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 129       | LCAS                                | per time limit | \$ 2.97   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 2.97   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 109       | Licensed Psychologist               | per time limit | \$ 3.96   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 128       | LPA                                 | per time limit | \$ 2.97   | 1/1/2013       | 6/30/2024 |       |
| 90785        |      |      |      |      |         | Interactive Complexity Add-on  | State      | 001       | Physician                           | per time limit | \$ 4.36   | 10/1/2013      | 6/30/2024 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation  | Medicaid B | 111       | Certified Clinical Nurse Specialist | per event      | \$ 106.58 | 1/1/2013       | 6/30/2024 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation  | Medicaid B | 112       | CNP                                 | per event      | \$ 106.58 | 1/1/2013       | 6/30/2024 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation  | Medicaid B | 129       | LCAS                                | per event      | \$ 94.04  | 1/1/2013       | 6/30/2024 |       |

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| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | Medicaid B | 110       | LCSW, LPC & LMFT                    | per event      | \$ 94.04  | 1/1/2013       | 6/30/2024  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | Medicaid B | 109       | Licensed Psychologist               | per event      | \$ 125.39 | 1/1/2013       | 6/30/2024  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | Medicaid B | 128       | LPA                                 | per event      | \$ 94.04  | 1/1/2013       | 6/30/2024  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | Medicaid B | 001       | Physician                           | per event      | \$ 137.93 | 10/1/2013      | 6/30/2024  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | Medicaid B | 130       | Physician Assistant                 | per event      | \$ 90.39  | 1/1/2013       | 6/30/2024  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 111       | Certified Clinical Nurse Specialist | per event      | \$ 106.58 | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 111       | Certified Clinical Nurse Specialist | per event      | \$ 275.86 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 112       | CNP                                 | per event      | \$ 106.58 | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 112       | CNP                                 | per event      | \$ 275.86 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 129       | LCAS                                | per event      | \$ 94.04  | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 129       | LCAS                                | per event      | \$ 243.40 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 110       | LCSW, LPC & LMFT                    | per event      | \$ 94.04  | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 110       | LCSW, LPC & LMFT                    | per event      | \$ 243.40 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 109       | Licensed Psychologist               | per event      | \$ 125.39 | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 109       | Licensed Psychologist               | per event      | \$ 324.54 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 128       | LPA                                 | per event      | \$ 94.04  | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 128       | LPA                                 | per event      | \$ 243.40 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 001       | Physician                           | per event      | \$ 137.93 | 10/1/2013      | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 001       | Physician                           | per event      | \$ 357.00 | 5/1/2023       | 12/31/2023 |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 130       | Physician Assistant                 | per event      | \$ 90.39  | 1/1/2013       | 4/30/2023  |       |
| 90791        |      |      |      |      |         | Psychiatric Diagnostic Evaluation                       | State      | 130       | Physician Assistant                 | per event      | \$ 233.95 | 5/1/2023       | 12/31/2023 |       |
| 90792        |      |      |      |      |         | Psychiatric Diagnostic Evaluation w/ medical svc        | Medicaid B | 112       | CNP                                 | per event      | \$ 88.89  | 1/1/2013       | 6/30/2024  |       |
| 90792        |      |      |      |      |         | Psychiatric Diagnostic Evaluation w/ medical svc        | Medicaid B | 001       | Physician                           | per event      | \$ 115.04 | 10/1/2013      | 6/30/2024  |       |
| 90792        |      |      |      |      |         | Psychiatric Diagnostic Evaluation w/ medical svc        | Medicaid B | 130       | Physician Assistant                 | per event      | \$ 75.00  | 1/1/2013       | 6/30/2024  |       |
| 90792        |      |      |      |      |         | Psychiatric Diagnostic Evaluation w/ medical svc        | State      | 112       | CNP                                 | per event      | \$ 88.89  | 1/1/2013       | 6/30/2024  |       |
| 90792        |      |      |      |      |         | Psychiatric Diagnostic Evaluation w/ medical svc        | State      | 001       | Physician                           | per event      | \$ 115.04 | 10/1/2013      | 6/30/2024  |       |
| 90792        |      |      |      |      |         | Psychiatric Diagnostic Evaluation w/ medical svc        | State      | 130       | Physician Assistant                 | per event      | \$ 75.00  | 1/1/2013       | 6/30/2024  |       |
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter | Medicaid B | 001       | Physician                           | per time limit | \$ 60.33  | 1/1/2016       | 6/30/2024  |       |

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|--------------|------|------|------|------|---------|--|------------|-----------|-------------------------------------|----------------|----------|----------------|-----------|-------|
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter  | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 54.85 | 1/1/2016       | 6/30/2024 |       |
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter  | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 41.14 | 1/1/2016       | 6/30/2024 |       |
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter  | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 46.62 | 1/1/2016       | 6/30/2024 |       |
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter  | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 46.62 | 1/1/2016       | 6/30/2024 |       |
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter  | Medicaid B | 128       | Licensed Psychological Associate    | per time limit | \$ 41.14 | 1/1/2016       | 6/30/2024 |       |
| 90832        | HK   | XE   |      |      |         | Psychotherapy - 16-37 minutes TFCBT; Separate Encounter  | Medicaid B | 129       | LCAS                                | per time limit | \$ 41.14 | 1/1/2016       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 44.40 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 112       | CNP                                 | per time limit | \$ 44.40 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 129       | LCAS                                | per time limit | \$ 39.18 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 39.18 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 52.24 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 128       | LPA                                 | per time limit | \$ 39.18 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | Medicaid B | 001       | Physician                           | per time limit | \$ 57.46 | 10/1/2013      | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 44.40 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 112       | CNP                                 | per time limit | \$ 44.40 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 129       | LCAS                                | per time limit | \$ 39.18 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 39.18 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 109       | Licensed Psychologist               | per time limit | \$ 52.24 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 128       | LPA                                 | per time limit | \$ 39.18 | 1/1/2013       | 6/30/2024 |       |
| 90832        |      |      |      |      |         | Psychotherapy, 16 - 37 mins  | State      | 001       | Physician                           | per time limit | \$ 57.46 | 10/1/2013      | 6/30/2024 |       |
| 90833        | HK   | XE   |      |      |         | Psychotherapy add on 16-37 minutes with E/M service listed separately; TFCBT; Separate Encounter | Medicaid B | 001       | Physician                           | per time limit | \$ 40.32 | 1/1/2016       | 6/30/2024 |       |
| 90833        | HK   | XE   |      |      |         | Psychotherapy add on 16-37 minutes with E/M service listed separately; TFCBT; Separate Encounter | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 31.15 | 1/1/2016       | 6/30/2024 |       |
| 90833        |      |      |      |      |         | Psychotherapy, 16 - 37 mins with E/M svc   | Medicaid B | 112       | CNP                                 | per time limit | \$ 29.67 | 1/1/2013       | 6/30/2024 |       |
| 90833        |      |      |      |      |         | Psychotherapy, 16 - 37 mins with E/M svc   | Medicaid B | 001       | Physician                           | per time limit | \$ 38.40 | 10/1/2013      | 6/30/2024 |       |
| 90833        |      |      |      |      |         | Psychotherapy, 16 - 37 mins with E/M svc   | State      | 112       | CNP                                 | per time limit | \$ 29.67 | 1/1/2013       | 6/30/2024 |       |

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|--------------|------|------|------|------|---------|---|------------|-----------|-------------------------------------|----------------|----------|----------------|-----------|-------|
| 90833        |      |      |      |      |         | Psychotherapy, 16 - 37 mins with E/M svc                          | State      | 001       | Physician                           | per time limit | \$ 38.40 | 10/1/2013      | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 001       | Physician                           | per time limit | \$ 78.37 | 1/1/2016       | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 71.24 | 1/1/2016       | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 53.43 | 1/1/2016       | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 60.55 | 1/1/2016       | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 60.55 | 1/1/2016       | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 128       | Licensed Psychological Associate    | per time limit | \$ 53.43 | 1/1/2016       | 6/30/2024 |       |
| 90834        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes TFCBT; Separate Encounter           | Medicaid B | 129       | LCAS                                | per time limit | \$ 53.43 | 1/1/2016       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 57.67 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 112       | CNP                                 | per time limit | \$ 57.67 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 129       | LCAS                                | per time limit | \$ 50.89 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 50.89 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 67.85 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 128       | LPA                                 | per time limit | \$ 50.89 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | Medicaid B | 001       | Physician                           | per time limit | \$ 74.64 | 10/1/2013      | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins Associate Level Incident to Physician | Medicaid B | 001       | Physician                           | per time limit | \$ 74.64 | 10/1/2013      | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 57.67 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 112       | CNP                                 | per time limit | \$ 57.67 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 129       | LCAS                                | per time limit | \$ 50.89 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 50.89 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 109       | Licensed Psychologist               | per time limit | \$ 67.85 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 128       | LPA                                 | per time limit | \$ 50.89 | 1/1/2013       | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins                                       | State      | 001       | Physician                           | per time limit | \$ 74.64 | 10/1/2013      | 6/30/2024 |       |
| 90834        |      |      |      |      |         | Psychotherapy, 38 - 52 mins Associate Level Incident to Physician | State      | 001       | Physician                           | per time limit | \$ 74.64 | 10/1/2013      | 6/30/2024 |       |

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| 90836        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes with E/M Service listed separately TFCBT; Separate Encounter | Medicaid B | 001       | Physician                           | per time limit | \$ 65.51  | 1/1/2016       | 6/30/2024 |       |
| 90836        | HK   | XE   |      |      |         | Psychotherapy - 38-52 minutes with E/M Service listed separately TFCBT; Separate Encounter | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 50.62  | 1/1/2016       | 6/30/2024 |       |
| 90836        |      |      |      |      |         | Psychotherapy, 38 - 52 mins with E/M svc   | Medicaid B | 112       | CNP                                 | per time limit | \$ 48.21  | 1/1/2013       | 6/30/2024 |       |
| 90836        |      |      |      |      |         | Psychotherapy, 38 - 52 mins with E/M svc   | Medicaid B | 001       | Physician                           | per time limit | \$ 62.39  | 10/1/2013      | 6/30/2024 |       |
| 90836        |      |      |      |      |         | Psychotherapy, 38 - 52 mins with E/M svc   | Medicaid B | 130       | Physician Assistant                 | per time limit | \$ 39.46  | 1/1/2013       | 6/30/2024 |       |
| 90836        |      |      |      |      |         | Psychotherapy, 38 - 52 mins with E/M svc   | State      | 112       | CNP                                 | per time limit | \$ 48.21  | 1/1/2013       | 6/30/2024 |       |
| 90836        |      |      |      |      |         | Psychotherapy, 38 - 52 mins with E/M svc   | State      | 001       | Physician                           | per time limit | \$ 62.39  | 10/1/2013      | 6/30/2024 |       |
| 90836        |      |      |      |      |         | Psychotherapy, 38 - 52 mins with E/M svc   | State      | 130       | Physician Assistant                 | per time limit | \$ 39.46  | 1/1/2013       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 001       | Physician                           | per time limit | \$ 114.83 | 1/1/2016       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 104.39 | 1/1/2016       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 78.30  | 1/1/2016       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 88.74  | 1/1/2016       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 88.74  | 1/1/2016       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 128       | Licensed Psychological Associate    | per time limit | \$ 78.30  | 1/1/2016       | 6/30/2024 |       |
| 90837        | HK   | XE   |      |      |         | Psychotherapy - 53+ minutes TFCBT; Separate Encounter                                      | Medicaid B | 129       | LCAS                                | per time limit | \$ 78.30  | 1/1/2016       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 84.51  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 112       | CNP                                 | per time limit | \$ 84.51  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 129       | LCAS                                | per time limit | \$ 74.57  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 74.57  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 99.42  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 128       | LPA                                 | per time limit | \$ 74.57  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | Medicaid B | 001       | Physician                           | per time limit | \$ 109.36 | 10/1/2013      | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins  | State      | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 84.51  | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name                           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|-------------------------------------|----------------|-----------|----------------|-----------|-------|
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins   | State      | 112       | CNP                                 | per time limit | \$ 84.51  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins   | State      | 129       | LCAS                                | per time limit | \$ 74.57  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins   | State      | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 74.57  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins   | State      | 109       | Licensed Psychologist               | per time limit | \$ 99.42  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins   | State      | 128       | LPA                                 | per time limit | \$ 74.57  | 1/1/2013       | 6/30/2024 |       |
| 90837        |      |      |      |      |         | Psychotherapy, 53+ mins   | State      | 001       | Physician                           | per time limit | \$ 109.36 | 10/1/2013      | 6/30/2024 |       |
| 90838        | HK   | XE   |      |      |         | Psychotherapy add on 53+ minutes with E/M Service listed separately TFCBT | Medicaid B | 001       | Physician                           | per time limit | \$ 105.79 | 1/1/2016       | 6/30/2024 |       |
| 90838        | HK   | XE   |      |      |         | Psychotherapy add on 53+ minutes with E/M Service listed separately TFCBT | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 81.74  | 1/1/2016       | 6/30/2024 |       |
| 90838        |      |      |      |      |         | Psychotherapy, 53+ mins with E/M svc                                      | Medicaid B | 112       | CNP                                 | per time limit | \$ 77.85  | 1/1/2013       | 6/30/2024 |       |
| 90838        |      |      |      |      |         | Psychotherapy, 53+ mins with E/M svc                                      | Medicaid B | 001       | Physician                           | per time limit | \$ 100.75 | 10/1/2013      | 6/30/2024 |       |
| 90838        |      |      |      |      |         | Psychotherapy, 53+ mins with E/M svc                                      | State      | 112       | CNP                                 | per time limit | \$ 77.85  | 1/1/2013       | 6/30/2024 |       |
| 90838        |      |      |      |      |         | Psychotherapy, 53+ mins with E/M svc                                      | State      | 001       | Physician                           | per time limit | \$ 100.75 | 10/1/2013      | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 001       | Physician                           | per time limit | \$ 144.70 | 1/1/2016       | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 131.54 | 1/1/2016       | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 98.66  | 1/1/2016       | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 111.81 | 1/1/2016       | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 111.81 | 1/1/2016       | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 128       | Licensed Psychological Associate    | per time limit | \$ 98.66  | 1/1/2016       | 6/30/2024 |       |
| 90839        | HK   | XE   |      |      |         | Psychotherapy for crisis first 30-74 minutes TFCBT                        | Medicaid B | 129       | LCAS                                | per time limit | \$ 98.66  | 1/1/2016       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins                                    | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 106.49 | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins                                    | Medicaid B | 112       | CNP                                 | per time limit | \$ 106.49 | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins                                    | Medicaid B | 129       | LCAS                                | per time limit | \$ 93.96  | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins                                    | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 93.96  | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding    | Specialty | Spec Name                           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|-------------------------------------|----------------|-----------|----------------|-----------|-------|
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 125.28 | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | Medicaid B | 128       | LPA                                 | per time limit | \$ 93.96  | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | Medicaid B | 001       | Physician                           | per time limit | \$ 137.81 | 10/1/2013      | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 106.49 | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 112       | CNP                                 | per time limit | \$ 106.49 | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 129       | LCAS                                | per time limit | \$ 93.96  | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 93.96  | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 109       | Licensed Psychologist               | per time limit | \$ 125.28 | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 128       | LPA                                 | per time limit | \$ 93.96  | 1/1/2013       | 6/30/2024 |       |
| 90839        |      |      |      |      |         | Psychotherapy for Crisis, 30 - 74 mins   | State      | 001       | Physician                           | per time limit | \$ 137.81 | 10/1/2013      | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 001       | Physician                           | per time limit | \$ 121.82 | 1/1/2016       | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 110.74 | 1/1/2016       | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 83.06  | 1/1/2016       | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 94.13  | 1/1/2016       | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 112       | Certified Nurse Practitioner        | per time limit | \$ 94.13  | 1/1/2016       | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 128       | Licensed Psychological Associate    | per time limit | \$ 83.06  | 1/1/2016       | 6/30/2024 |       |
| 90840        | HK   | XE   |      |      |         | Psychotherapy for crisis each additional 30 mins beyond initial 74 min TFCBT; Separate Encounter | Medicaid B | 129       | LCAS                                | per time limit | \$ 83.06  | 1/1/2016       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons           | Medicaid B | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 89.65  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons           | Medicaid B | 112       | CNP                                 | per time limit | \$ 89.65  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons           | Medicaid B | 129       | LCAS                                | per time limit | \$ 79.10  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons           | Medicaid B | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 79.10  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons           | Medicaid B | 109       | Licensed Psychologist               | per time limit | \$ 105.47 | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding    | Specialty | Spec Name                           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|-------------------------------------|----------------|-----------|----------------|-----------|-------|
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | Medicaid B | 128       | LPA                                 | per time limit | \$ 79.10  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | Medicaid B | 001       | Physician                           | per time limit | \$ 116.02 | 10/1/2013      | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 111       | Certified Clinical Nurse Specialist | per time limit | \$ 89.65  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 112       | CNP                                 | per time limit | \$ 89.65  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 129       | LCAS                                | per time limit | \$ 79.10  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 110       | LCSW, LPC & LMFT                    | per time limit | \$ 79.10  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 109       | Licensed Psychologist               | per time limit | \$ 105.47 | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 128       | LPA                                 | per time limit | \$ 79.10  | 1/1/2013       | 6/30/2024 |       |
| 90840        |      |      |      |      |         | Psychotherapy for Crisis, each add'l 30 mins beyond initial 74 mins, up to two add-ons | State      | 001       | Physician                           | per time limit | \$ 116.02 | 10/1/2013      | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 111       | Certified Clinical Nurse Specialist | per event      | \$ 61.40  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 112       | CNP                                 | per event      | \$ 61.40  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 129       | LCAS                                | per event      | \$ 54.17  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 110       | LCSW, LPC & LMFT                    | per event      | \$ 54.17  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 109       | Licensed Psychologist               | per event      | \$ 72.24  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 128       | LPA                                 | per event      | \$ 54.17  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | Medicaid B | 001       | Physician                           | per event      | \$ 81.08  | 10/1/2013      | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 111       | Certified Clinical Nurse Specialist | per event      | \$ 61.40  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 112       | CNP                                 | per event      | \$ 61.40  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 129       | LCAS                                | per event      | \$ 54.17  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 110       | LCSW, LPC & LMFT                    | per event      | \$ 54.17  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 109       | Licensed Psychologist               | per event      | \$ 72.24  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 128       | LPA                                 | per event      | \$ 54.17  | 4/1/2013       | 6/30/2024 |       |
| 90846        |      |      |      |      |         | Family Therapy w/o Patient   | State      | 001       | Physician                           | per event      | \$ 81.08  | 10/1/2013      | 6/30/2024 |       |



| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription        | Funding    | Specialty | Spec Name                           | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---------------------------|------------|-----------|-------------------------------------|-----------|-----------|----------------|-----------|-------|
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 111       | Certified Clinical Nurse Specialist | per event | \$ 76.24  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 112       | CNP                                 | per event | \$ 76.24  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 129       | LCAS                                | per event | \$ 67.28  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 110       | LCSW, LPC & LMFT                    | per event | \$ 67.28  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 109       | Licensed Psychologist               | per event | \$ 89.70  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 128       | LPA                                 | per event | \$ 67.28  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | Medicaid B | 001       | Physician                           | per event | \$ 100.68 | 10/1/2013      | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 111       | Certified Clinical Nurse Specialist | per event | \$ 76.24  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 112       | CNP                                 | per event | \$ 76.24  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 129       | LCAS                                | per event | \$ 67.28  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 110       | LCSW, LPC & LMFT                    | per event | \$ 67.28  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 109       | Licensed Psychologist               | per event | \$ 89.70  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 128       | LPA                                 | per event | \$ 67.28  | 4/1/2013       | 6/30/2024 |       |
| 90847        |      |      |      |      |         | Family Therapy w/ Patient | State      | 001       | Physician                           | per event | \$ 100.68 | 10/1/2013      | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 111       | Certified Clinical Nurse Specialist | per event | \$ 22.87  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 112       | CNP                                 | per event | \$ 22.87  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 129       | LCAS                                | per event | \$ 20.18  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 110       | LCSW, LPC & LMFT                    | per event | \$ 20.18  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 109       | Licensed Psychologist               | per event | \$ 26.90  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 128       | LPA                                 | per event | \$ 20.18  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | Medicaid B | 001       | Physician                           | per event | \$ 30.20  | 10/1/2013      | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | State      | 111       | Certified Clinical Nurse Specialist | per event | \$ 22.87  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | State      | 112       | CNP                                 | per event | \$ 22.87  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | State      | 129       | LCAS                                | per event | \$ 20.18  | 4/1/2013       | 6/30/2024 |       |
| 90849        |      |      |      |      |         | Group Therapy             | State      | 110       | LCSW, LPC & LMFT                    | per event | \$ 20.18  | 4/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name                           | Rate Unit | UnitRate  | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|-------------------------------------|-----------|-----------|----------------|------------|-------|
| 90849        |      |      |      |      |         | Group Therapy   | State      | 109       | Licensed Psychologist               | per event | \$ 26.90  | 4/1/2013       | 6/30/2024  |       |
| 90849        |      |      |      |      |         | Group Therapy   | State      | 128       | LPA                                 | per event | \$ 20.18  | 4/1/2013       | 6/30/2024  |       |
| 90849        |      |      |      |      |         | Group Therapy   | State      | 001       | Physician                           | per event | \$ 30.20  | 10/1/2013      | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 111       | Certified Clinical Nurse Specialist | per event | \$ 21.74  | 4/1/2013       | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 112       | CNP                                 | per event | \$ 21.74  | 4/1/2013       | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 129       | LCAS                                | per event | \$ 19.18  | 4/1/2013       | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 110       | LCSW, LPC & LMFT                    | per event | \$ 19.18  | 4/1/2013       | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 109       | Licensed Psychologist               | per event | \$ 25.57  | 4/1/2013       | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 128       | LPA                                 | per event | \$ 19.18  | 4/1/2013       | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | Medicaid B | 001       | Physician                           | per event | \$ 28.70  | 10/1/2013      | 6/30/2024  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 111       | Certified Clinical Nurse Specialist | per event | \$ 21.74  | 4/1/2013       | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 111       | Certified Clinical Nurse Specialist | per event | \$ 45.45  | 5/1/2023       | 12/31/2023 |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 112       | CNP                                 | per event | \$ 21.74  | 4/1/2013       | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 112       | CNP                                 | per event | \$ 45.45  | 5/1/2023       | 12/31/2023 |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 129       | LCAS                                | per event | \$ 19.18  | 4/1/2013       | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 129       | LCAS                                | per event | \$ 40.10  | 5/1/2023       | 12/31/2023 |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 110       | LCSW, LPC & LMFT                    | per event | \$ 19.18  | 4/1/2013       | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 110       | LCSW, LPC & LMFT                    | per event | \$ 40.10  | 5/1/2023       | 12/31/2023 |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 109       | Licensed Psychologist               | per event | \$ 25.57  | 4/1/2013       | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 109       | Licensed Psychologist               | per event | \$ 53.46  | 5/1/2023       | 12/31/2023 |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 128       | LPA                                 | per event | \$ 19.18  | 4/1/2013       | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 128       | LPA                                 | per event | \$ 40.10  | 5/1/2023       | 12/31/2023 |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 001       | Physician                           | per event | \$ 28.70  | 10/1/2013      | 4/30/2023  |       |
| 90853        |      |      |      |      |         | Group Therapy   | State      | 001       | Physician                           | per event | \$ 60.00  | 5/1/2023       | 12/31/2023 |       |
| 90865        |      |      |      |      |         | narcosynthesis for psychiatric diagnostic and therapeutic | Medicaid B | 001       | Physician                           | per event | \$ 142.21 | 10/1/2013      | 6/30/2024  |       |
| 90870        |      |      |      |      |         | Electroconvulsive Therapy                                 | Medicaid B | 001       | Physician                           | per event | \$ 124.67 | 10/1/2013      | 6/30/2024  |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name             | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|-----------------------|----------------|-----------|----------------|-----------|-------|
| 90870        |      |      |      |      |         | Electroconvulsive Therapy   | Medicaid B | 130       | Physician Assistant   | per event      | \$ 113.34 | 1/1/2013       | 6/30/2024 |       |
| 96110        |      |      |      |      |         | Development Testing (limited)   | Medicaid B | 109       | Licensed Psychologist | per event      | \$ 8.58   | 4/1/2013       | 6/30/2024 |       |
| 96110        |      |      |      |      |         | Development Testing (limited)   | Medicaid B | 128       | LPA                   | per event      | \$ 6.43   | 4/1/2013       | 6/30/2024 |       |
| 96110        |      |      |      |      |         | Development Testing (limited)   | Medicaid B | 001       | Physician             | per event      | \$ 9.63   | 10/1/2013      | 6/30/2024 |       |
| 96110        |      |      |      |      |         | Development Testing (limited)   | Medicaid B | 130       | Physician Assistant   | per event      | \$ 8.75   | 4/1/2013       | 6/30/2024 |       |
| 96112        |      |      |      |      |         | Developmental Test Administration   | State      | 109       | Licensed Psychologist | per hour       | \$ 143.71 | 1/1/2019       | 6/30/2024 |       |
| 96112        |      |      |      |      |         | Developmental Test Administration   | Medicaid B | 109       | Licensed Psychologist | per hour       | \$ 143.71 | 1/1/2019       | 6/30/2024 |       |
| 96112        |      |      |      |      |         | Developmental Test Administration   | State      | 001       | Physician             | per hour       | \$ 114.97 | 1/1/2019       | 6/30/2024 |       |
| 96112        |      |      |      |      |         | Developmental Test Administration   | Medicaid B | 001       | Physician             | per hour       | \$ 114.97 | 1/1/2019       | 6/30/2024 |       |
| 96112        |      |      |      |      |         | Developmental Test Administration   | State      | 128       | LPA                   | per hour       | \$ 107.79 | 1/1/2019       | 6/30/2024 |       |
| 96112        |      |      |      |      |         | Developmental Test Administration   | Medicaid B | 128       | LPA                   | per hour       | \$ 107.79 | 1/1/2019       | 6/30/2024 |       |
| 96113        |      |      |      |      |         | Developmental Test Administration (additional 30 minutes)   | State      | 109       | Licensed Psychologist | 30 min         | \$ 64.14  | 1/1/2019       | 6/30/2024 |       |
| 96113        |      |      |      |      |         | Developmental Test Administration (additional 30 minutes)   | Medicaid B | 109       | Licensed Psychologist | 30 min         | \$ 64.14  | 1/1/2019       | 6/30/2024 |       |
| 96113        |      |      |      |      |         | Developmental Test Administration (additional 30 minutes)   | State      | 001       | Physician             | 30 min         | \$ 51.31  | 1/1/2019       | T         |       |
| 96113        |      |      |      |      |         | Developmental Test Administration (additional 30 minutes)   | Medicaid B | 001       | Physician             | 30 min         | \$ 51.31  | 1/1/2019       | 6/30/2024 |       |
| 96113        |      |      |      |      |         | Developmental Test Administration (additional 30 minutes)   | State      | 128       | LPA                   | 30 min         | \$ 48.10  | 1/1/2019       | 6/30/2024 |       |
| 96113        |      |      |      |      |         | Developmental Test Administration (additional 30 minutes)   | Medicaid B | 128       | LPA                   | 30 min         | \$ 48.10  | 1/1/2019       | 6/30/2024 |       |
| 96116        |      |      |      |      |         | Neurobehavioral Status Exam   | Medicaid B | 109       | Licensed Psychologist | per hour       | \$ 77.56  | 4/1/2013       | 6/30/2024 |       |
| 96116        |      |      |      |      |         | Neurobehavioral Status Exam   | Medicaid B | 128       | LPA                   | per hour       | \$ 58.18  | 4/1/2013       | 6/30/2024 |       |
| 96116        |      |      |      |      |         | Neurobehavioral Status Exam   | Medicaid B | 001       | Physician             | per hour       | \$ 87.05  | 10/1/2013      | 6/30/2024 |       |
| 96121        |      |      |      |      |         | Neurobehavioral Status Examination (additional 60 minutes)  | State      | 109       | Licensed Psychologist | per hour       | \$ 87.53  | 1/1/2019       | 6/30/2024 |       |
| 96121        |      |      |      |      |         | Neurobehavioral Status Examination (additional 60 minutes)  | Medicaid B | 109       | Licensed Psychologist | per hour       | \$ 87.53  | 1/1/2019       | 6/30/2024 |       |
| 96121        |      |      |      |      |         | Neurobehavioral Status Examination (additional 60 minutes)  | State      | 001       | Physician             | per hour       | \$ 70.02  | 1/1/2019       | 6/30/2024 |       |
| 96121        |      |      |      |      |         | Neurobehavioral Status Examination (additional 60 minutes)  | Medicaid B | 001       | Physician             | per hour       | \$ 70.02  | 1/1/2019       | 6/30/2024 |       |
| 96121        |      |      |      |      |         | Neurobehavioral Status Examination (additional 60 minutes)  | State      | 128       | LPA                   | per hour       | \$ 65.65  | 1/1/2019       | 6/30/2024 |       |
| 96121        |      |      |      |      |         | Neurobehavioral Status Examination (additional 60 minutes)  | Medicaid B | 128       | LPA                   | per hour       | \$ 65.65  | 1/1/2019       | 6/30/2024 |       |
| 96125        |      |      |      |      |         | standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified | Medicaid B | 001       | Physician             | per time limit | \$ 86.22  | 10/1/2013      | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                                       | Funding    | Specialty | Spec Name             | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|-----------------------|-----------|-----------|----------------|-----------|-------|
| 96130        |      |      |      |      |         | Psychological Testing by QHP, First 60 minutes           | State      | 109       | Licensed Psychologist | per hour  | \$ 124.95 | 1/1/2019       | 6/30/2024 |       |
| 96130        |      |      |      |      |         | Psychological Testing by QHP, First 60 minutes           | Medicaid B | 109       | Licensed Psychologist | per hour  | \$ 124.95 | 1/1/2019       | 6/30/2024 |       |
| 96130        |      |      |      |      |         | Psychological Testing by QHP, First 60 minutes           | State      | 001       | Physician             | per hour  | \$ 99.96  | 1/1/2019       | 6/30/2024 |       |
| 96130        |      |      |      |      |         | Psychological Testing by QHP, First 60 minutes           | Medicaid B | 001       | Physician             | per hour  | \$ 99.96  | 1/1/2019       | 6/30/2024 |       |
| 96130        |      |      |      |      |         | Psychological Testing by QHP, First 60 minutes           | State      | 128       | LPA                   | per hour  | \$ 93.71  | 1/1/2019       | 6/30/2024 |       |
| 96130        |      |      |      |      |         | Psychological Testing by QHP, First 60 minutes           | Medicaid B | 128       | LPA                   | per hour  | \$ 93.71  | 1/1/2019       | 6/30/2024 |       |
| 96131        |      |      |      |      |         | Psychological Testing by QHP, Additional 60 minutes      | State      | 109       | Licensed Psychologist | per hour  | \$ 95.14  | 1/1/2019       | 6/30/2024 |       |
| 96131        |      |      |      |      |         | Psychological Testing by QHP, Additional 60 minutes      | Medicaid B | 109       | Licensed Psychologist | per hour  | \$ 95.14  | 1/1/2019       | 6/30/2024 |       |
| 96131        |      |      |      |      |         | Psychological Testing by QHP, Additional 60 minutes      | State      | 001       | Physician             | per hour  | \$ 76.11  | 1/1/2019       | 6/30/2024 |       |
| 96131        |      |      |      |      |         | Psychological Testing by QHP, Additional 60 minutes      | Medicaid B | 001       | Physician             | per hour  | \$ 76.11  | 1/1/2019       | 6/30/2024 |       |
| 96131        |      |      |      |      |         | Psychological Testing by QHP, Additional 60 minutes      | State      | 128       | LPA                   | per hour  | \$ 71.35  | 1/1/2019       | 6/30/2024 |       |
| 96131        |      |      |      |      |         | Psychological Testing by QHP, Additional 60 minutes      | Medicaid B | 128       | LPA                   | per hour  | \$ 71.35  | 1/1/2019       | 6/30/2024 |       |
| 96132        |      |      |      |      |         | Neuropsychological Testing by QHP, first 60 minutes      | State      | 109       | Licensed Psychologist | per hour  | \$ 139.84 | 1/1/2019       | 6/30/2024 |       |
| 96132        |      |      |      |      |         | Neuropsychological Testing by QHP, first 60 minutes      | Medicaid B | 109       | Licensed Psychologist | per hour  | \$ 139.84 | 1/1/2019       | 6/30/2024 |       |
| 96132        |      |      |      |      |         | Neuropsychological Testing by QHP, first 60 minutes      | State      | 001       | Physician             | per hour  | \$ 111.87 | 1/1/2019       | 6/30/2024 |       |
| 96132        |      |      |      |      |         | Neuropsychological Testing by QHP, first 60 minutes      | Medicaid B | 001       | Physician             | per hour  | \$ 111.87 | 1/1/2019       | 6/30/2024 |       |
| 96132        |      |      |      |      |         | Neuropsychological Testing by QHP, first 60 minutes      | State      | 128       | LPA                   | per hour  | \$ 104.88 | 1/1/2019       | 6/30/2024 |       |
| 96132        |      |      |      |      |         | Neuropsychological Testing by QHP, first 60 minutes      | Medicaid B | 128       | LPA                   | per hour  | \$ 104.88 | 1/1/2019       | 6/30/2024 |       |
| 96133        |      |      |      |      |         | Neuropsychological Testing by QHP, additional 60 minutes | State      | 109       | Licensed Psychologist | per hour  | \$ 106.68 | 1/1/2019       | 6/30/2024 |       |
| 96133        |      |      |      |      |         | Neuropsychological Testing by QHP, additional 60 minutes | Medicaid B | 109       | Licensed Psychologist | per hour  | \$ 106.68 | 1/1/2019       | 6/30/2024 |       |
| 96133        |      |      |      |      |         | Neuropsychological Testing by QHP, additional 60 minutes | State      | 001       | Physician             | per hour  | \$ 85.34  | 1/1/2019       | 6/30/2024 |       |
| 96133        |      |      |      |      |         | Neuropsychological Testing by QHP, additional 60 minutes | Medicaid B | 001       | Physician             | per hour  | \$ 85.34  | 1/1/2019       | 6/30/2024 |       |
| 96133        |      |      |      |      |         | Neuropsychological Testing by QHP, additional 60 minutes | State      | 128       | LPA                   | per hour  | \$ 80.01  | 1/1/2019       | 6/30/2024 |       |
| 96133        |      |      |      |      |         | Neuropsychological Testing by QHP, additional 60 minutes | Medicaid B | 128       | LPA                   | per hour  | \$ 80.01  | 1/1/2019       | 6/30/2024 |       |
| 96136        |      |      |      |      |         | Psychological or Neuropsych Test Adm; first 30 minutes   | State      | 109       | Licensed Psychologist | 30 min    | \$ 49.16  | 1/1/2019       | 6/30/2024 |       |
| 96136        |      |      |      |      |         | Psychological or Neuropsych Test Adm; first 30 minutes   | Medicaid B | 109       | Licensed Psychologist | 30 min    | \$ 49.16  | 1/1/2019       | 6/30/2024 |       |
| 96136        |      |      |      |      |         | Psychological or Neuropsych Test Adm; first 30 minutes   | State      | 001       | Physician             | 30 min    | \$ 39.33  | 1/1/2019       | 6/30/2024 |       |
| 96136        |      |      |      |      |         | Psychological or Neuropsych Test Adm; first 30 minutes   | Medicaid B | 001       | Physician             | 30 min    | \$ 39.33  | 1/1/2019       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name             | Rate Unit      | UnitRate | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|-----------------------|----------------|----------|----------------|-----------|-------|
| 96136        |      |      |      |      |         | Psychological or Neuropsych Test Adm; first 30 minutes              | State      | 128       | LPA                   | 30 min         | \$ 36.88 | 1/1/2019       | 6/30/2024 |       |
| 96136        |      |      |      |      |         | Psychological or Neuropsych Test Adm; first 30 minutes              | Medicaid B | 128       | LPA                   | 30 min         | \$ 36.88 | 1/1/2019       | 6/30/2024 |       |
| 96137        |      |      |      |      |         | Psychological or Neuropsych Test Adm; each additional 30 minutes    | State      | 109       | Licensed Psychologist | 30 min         | \$ 45.41 | 1/1/2019       | 6/30/2024 |       |
| 96137        |      |      |      |      |         | Psychological or Neuropsych Test Adm; each additional 30 minutes    | Medicaid B | 109       | Licensed Psychologist | 30 min         | \$ 45.41 | 1/1/2019       | 6/30/2024 |       |
| 96137        |      |      |      |      |         | Psychological or Neuropsych Test Adm; each additional 30 minutes    | State      | 001       | Physician             | 30 min         | \$ 36.33 | 1/1/2019       | 6/30/2024 |       |
| 96137        |      |      |      |      |         | Psychological or Neuropsych Test Adm; each additional 30 minutes    | Medicaid B | 001       | Physician             | 30 min         | \$ 36.33 | 1/1/2019       | 6/30/2024 |       |
| 96137        |      |      |      |      |         | Psychological or Neuropsych Test Adm; each additional 30 minutes    | State      | 128       | LPA                   | 30 min         | \$ 34.06 | 1/1/2019       | 6/30/2024 |       |
| 96137        |      |      |      |      |         | Psychological or Neuropsych Test Adm; each additional 30 minutes    | Medicaid B | 128       | LPA                   | 30 min         | \$ 34.06 | 1/1/2019       | 6/30/2024 |       |
| 96138        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, first 30 min      | State      | 109       | Licensed Psychologist | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96138        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, first 30 min      | Medicaid B | 109       | Licensed Psychologist | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96138        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, first 30 min      | State      | 001       | Physician             | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96138        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, first 30 min      | Medicaid B | 001       | Physician             | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96139        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, additional 30 min | State      | 109       | Licensed Psychologist | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96139        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, additional 30 min | Medicaid B | 109       | Licensed Psychologist | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96139        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, additional 30 min | State      | 001       | Physician             | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96139        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, additional 30 min | Medicaid B | 001       | Physician             | 30 min         | \$ 31.09 | 1/1/2019       | 6/30/2024 |       |
| 96139        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, additional 30 min | State      | 128       | LPA                   | 30 min         | \$ 23.32 | 1/1/2019       | 6/30/2024 |       |
| 96139        |      |      |      |      |         | Psychological or Neuropsychological Test by Tech, additional 30 min | Medicaid B | 128       | LPA                   | 30 min         | \$ 23.32 | 1/1/2019       | 6/30/2024 |       |
| 96146        |      |      |      |      |         | Psychological or Neuropsychological Test Admin                      | State      | 109       | Licensed Psychologist | per event      | \$ 1.66  | 1/1/2019       | 6/30/2024 |       |
| 96146        |      |      |      |      |         | Psychological or Neuropsychological Test Admin                      | Medicaid B | 109       | Licensed Psychologist | per event      | \$ 1.66  | 1/1/2019       | 6/30/2024 |       |
| 96146        |      |      |      |      |         | Psychological or Neuropsychological Test Admin                      | State      | 001       | Physician             | per event      | \$ 1.66  | 1/1/2019       | 6/30/2024 |       |
| 96146        |      |      |      |      |         | Psychological or Neuropsychological Test Admin                      | Medicaid B | 001       | Physician             | per event      | \$ 1.66  | 1/1/2019       | 6/30/2024 |       |
| 96150        |      |      |      |      |         | h & b assess, 15 min face to face with pt, initial assessment       | Medicaid B | 001       | Physician             | per time limit | \$ 21.18 | 10/1/2013      | 6/30/2024 |       |
| 96151        |      |      |      |      |         | h & b assess, 15 min face to face with pt, reassessment             | Medicaid B | 001       | Physician             | per time limit | \$ 20.49 | 10/1/2013      | 6/30/2024 |       |
| 96372        |      |      |      |      |         | injection (specify substance or drug) subcutaneous or intramuscular | Medicaid B | 112       | CNP                   | per event      | \$ 14.19 | 4/1/2013       | 6/30/2024 |       |
| 96372        |      |      |      |      |         | injection (specify substance or drug) subcutaneous or intramuscular | Medicaid B | 001       | Physician             | per event      | \$ 18.74 | 10/1/2013      | 6/30/2024 |       |
| 96372        |      |      |      |      |         | Therapeutic, prophylactic or diagnostic injection                   | Medicaid B | 130       | Physician Assistant   | per event      | \$ 17.04 | 1/1/2013       | 6/30/2024 |       |
| 96372        |      |      |      |      |         | injection (specify substance or drug) subcutaneous or intramuscular | State      | 112       | CNP                   | per event      | \$ 14.19 | 4/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|---------------------|----------------|----------|----------------|-----------|-------|
| 96372        |      |      |      |      |         | injection (specify substance or drug) subcutaneous or intramuscular  | State      | 001       | Physician           | per event      | \$ 18.74 | 10/1/2013      | 6/30/2024 |       |
| 96372        |      |      |      |      |         | Therapeutic, prophylactic or diagnostic injection  | State      | 130       | Physician Assistant | per event      | \$ 17.04 | 1/1/2013       | 6/30/2024 |       |
| 96373        |      |      |      |      |         | injection (specify substance or drug) intra-arterial   | Medicaid B | 112       | CNP                 | per event      | \$ 12.44 | 4/1/2012       | 6/30/2024 |       |
| 96373        |      |      |      |      |         | injection (specify substance or drug) intra-arterial   | Medicaid B | 001       | Physician           | per event      | \$ 16.09 | 10/1/2013      | 6/30/2024 |       |
| 96374        |      |      |      |      |         | injection (specify substance or drug) intravenous push initial   | Medicaid B | 112       | CNP                 | per event      | \$ 37.07 | 4/1/2012       | 6/30/2024 |       |
| 96374        |      |      |      |      |         | injection (specify substance or drug) intravenous push initial   | Medicaid B | 001       | Physician           | per event      | \$ 47.97 | 10/1/2013      | 6/30/2024 |       |
| 96375        |      |      |      |      |         | therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service) | Medicaid B | 112       | CNP                 | per event      | \$ 16.07 | 4/1/2012       | 6/30/2024 |       |
| 96375        |      |      |      |      |         | therapeutic, prophylactic, or diagnostic injection (specify substance or drug) each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary service) | Medicaid B | 001       | Physician           | per event      | \$ 20.80 | 10/1/2013      | 6/30/2024 |       |
| 97151        |      |      |      |      |         | Behavior Identification Assessment   | Medicaid B |           |                     | 15 minutes     | \$ 26.56 | 7/1/2019       | 6/30/2024 |       |
| 97152        |      |      |      |      |         | Observational behavioral assessment and follow up  | Medicaid B |           |                     | 15 minutes     | \$ 53.65 | 7/1/2019       | 6/30/2024 |       |
| 97153        |      |      |      |      |         | Direct Intervention by a Paraprofessional  | Medicaid B |           |                     | 15 minutes     | \$ 18.09 | 7/1/2019       | 6/30/2024 |       |
| 97154        |      |      |      |      |         | Group Adaptive Behavioral Protocol   | Medicaid B |           |                     | 15 minutes     | \$ 9.88  | 7/1/2019       | 6/30/2024 |       |
| 97155        |      |      |      |      |         | Modifications to the protocol by BCBA-LP   | Medicaid B |           |                     | 15 minutes     | \$ 28.00 | 7/1/2019       | 6/30/2024 |       |
| 97156        |      |      |      |      |         | Family Caregiver Training by a BCBA  | Medicaid B |           |                     | 15 minutes     | \$ 20.60 | 7/1/2019       | 6/30/2024 |       |
| 97157        |      |      |      |      |         | Family Training Program (Multi-Family Groups)  | Medicaid B |           |                     | 15 minutes     | \$ 10.00 | 7/1/2019       | 6/30/2024 |       |
| 99202        |      |      |      |      |         | ov new pt, moderate - phys time approx 20 min  | Medicaid B | 112       | CNP                 | per time limit | \$ 48.91 | 1/1/2013       | 6/30/2024 |       |
| 99202        |      |      |      |      |         | ov new pt, moderate - phys time approx 20 min  | Medicaid B | 001       | Physician           | per time limit | \$ 63.29 | 10/1/2013      | 6/30/2024 |       |
| 99202        |      |      |      |      |         | ov new pt, moderate - phys time approx 20 min  | Medicaid B | 130       | Physician Assistant | per time limit | \$ 57.54 | 1/1/2013       | 6/30/2024 |       |
| 99202        |      |      |      |      |         | ov new pt, moderate - phys time approx 20 min  | State      | 112       | CNP                 | per time limit | \$ 48.91 | 1/1/2013       | 6/30/2024 |       |
| 99202        |      |      |      |      |         | ov new pt, moderate - phys time approx 20 min  | State      | 001       | Physician           | per time limit | \$ 63.29 | 10/1/2013      | 6/30/2024 |       |
| 99202        |      |      |      |      |         | ov new pt, moderate - phys time approx 20 min  | State      | 130       | Physician Assistant | per time limit | \$ 57.54 | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                           | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|---------------------|----------------|-----------|----------------|------------|-------|
| 99203        |      |      |      |      |         | ov new pt, moderate -phys time approx 30 min | Medicaid B | 112       | CNP                 | per time limit | \$ 70.86  | 1/1/2013       | 6/30/2024  |       |
| 99203        |      |      |      |      |         | ov new pt, moderate -phys time approx 30 min | Medicaid B | 001       | Physician           | per time limit | \$ 91.70  | 10/1/2013      | 6/30/2024  |       |
| 99203        |      |      |      |      |         | ov new pt, moderate -phys time approx 30 min | Medicaid B | 130       | Physician Assistant | per time limit | \$ 83.36  | 1/1/2013       | 6/30/2024  |       |
| 99203        |      |      |      |      |         | ov new pt, moderate -phys time approx 30 min | State      | 112       | CNP                 | per time limit | \$ 70.86  | 1/1/2013       | 6/30/2024  |       |
| 99203        |      |      |      |      |         | ov new pt, moderate -phys time approx 30 min | State      | 001       | Physician           | per time limit | \$ 91.70  | 10/1/2013      | 6/30/2024  |       |
| 99203        |      |      |      |      |         | ov new pt, moderate -phys time approx 30 min | State      | 130       | Physician Assistant | per time limit | \$ 83.36  | 1/1/2013       | 6/30/2024  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | Medicaid B | 112       | CNP                 | per time limit | \$ 109.88 | 1/1/2013       | 6/30/2024  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | Medicaid B | 001       | Physician           | per time limit | \$ 142.20 | 10/1/2013      | 6/30/2024  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | Medicaid B | 130       | Physician Assistant | per time limit | \$ 129.27 | 1/1/2013       | 6/30/2024  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | State      | 112       | CNP                 | per time limit | \$ 109.88 | 1/1/2013       | 4/30/2023  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | State      | 112       | CNP                 | per time limit | \$ 176.49 | 5/1/2023       | 12/31/2023 |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | State      | 001       | Physician           | per time limit | \$ 142.20 | 10/1/2013      | 4/30/2023  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | State      | 001       | Physician           | per time limit | \$ 228.40 | 5/1/2023       | 12/31/2023 |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | State      | 130       | Physician Assistant | per time limit | \$ 129.27 | 1/1/2013       | 4/30/2023  |       |
| 99204        |      |      |      |      |         | ov new pt, complex - phys time approx 45 min | State      | 130       | Physician Assistant | per time limit | \$ 207.63 | 5/1/2023       | 12/31/2023 |       |
| 99205        |      |      |      |      |         | ov new pt, severe - phys time approx 60 min  | Medicaid B | 112       | CNP                 | per time limit | \$ 138.90 | 1/1/2013       | 6/30/2024  |       |
| 99205        |      |      |      |      |         | ov new pt, severe - phys time approx 60 min  | Medicaid B | 001       | Physician           | per time limit | \$ 179.75 | 10/1/2013      | 6/30/2024  |       |
| 99205        |      |      |      |      |         | ov new pt, severe - phys time approx 60 min  | Medicaid B | 130       | Physician Assistant | per time limit | \$ 163.41 | 1/1/2013       | 6/30/2024  |       |
| 99205        |      |      |      |      |         | ov new pt, severe - phys time approx 60 min  | State      | 112       | CNP                 | per time limit | \$ 138.90 | 1/1/2013       | 6/30/2024  |       |
| 99205        |      |      |      |      |         | ov new pt, severe - phys time approx 60 min  | State      | 001       | Physician           | per time limit | \$ 179.75 | 10/1/2013      | 6/30/2024  |       |
| 99205        |      |      |      |      |         | ov new pt, severe - phys time approx 60 min  | State      | 130       | Physician Assistant | per time limit | \$ 163.41 | 1/1/2013       | 6/30/2024  |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                                | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|------------|-------|
| 99211        |      |      |      |      |         | ov estab pt, minimal w/wo phys, time approx 5 min | Medicaid B | 112       | CNP                 | per time limit | \$ 14.30  | 1/1/2013       | 6/30/2024  |       |
| 99211        |      |      |      |      |         | ov estab pt, minimal w/wo phys, time approx 5 min | Medicaid B | 001       | Physician           | per time limit | \$ 18.50  | 10/1/2013      | 6/30/2024  |       |
| 99211        |      |      |      |      |         | ov estab pt, minimal w/wo phys, time approx 5 min | Medicaid B | 130       | Physician Assistant | per time limit | \$ 16.82  | 1/1/2013       | 6/30/2024  |       |
| 99211        |      |      |      |      |         | ov estab pt, minimal w/wo phys, time approx 5 min | State      | 112       | CNP                 | per time limit | \$ 14.30  | 1/1/2013       | 6/30/2024  |       |
| 99211        |      |      |      |      |         | ov estab pt, minimal w/wo phys, time approx 5 min | State      | 001       | Physician           | per time limit | \$ 18.50  | 10/1/2013      | 6/30/2024  |       |
| 99211        |      |      |      |      |         | ov estab pt, minimal w/wo phys, time approx 5 min | State      | 130       | Physician Assistant | per time limit | \$ 16.82  | 1/1/2013       | 6/30/2024  |       |
| 99212        |      |      |      |      |         | ov estab pt, minor - phys time approx 10 min      | Medicaid B | 112       | CNP                 | per time limit | \$ 28.48  | 1/1/2013       | 6/30/2024  |       |
| 99212        |      |      |      |      |         | ov estab pt, minor - phys time approx 10 min      | Medicaid B | 001       | Physician           | per time limit | \$ 36.85  | 10/1/2013      | 6/30/2024  |       |
| 99212        |      |      |      |      |         | ov estab pt, minor - phys time approx 10 min      | Medicaid B | 130       | Physician Assistant | per time limit | \$ 33.50  | 1/1/2013       | 6/30/2024  |       |
| 99212        |      |      |      |      |         | ov estab pt, minor - phys time approx 10 min      | State      | 112       | CNP                 | per time limit | \$ 28.48  | 1/1/2013       | 6/30/2024  |       |
| 99212        |      |      |      |      |         | ov estab pt, minor - phys time approx 10 min      | State      | 001       | Physician           | per time limit | \$ 36.85  | 10/1/2013      | 6/30/2024  |       |
| 99212        |      |      |      |      |         | ov estab pt, minor - phys time approx 10 min      | State      | 130       | Physician Assistant | per time limit | \$ 33.50  | 1/1/2013       | 6/30/2024  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | Medicaid B | 112       | CNP                 | per time limit | \$ 47.55  | 1/1/2013       | 6/30/2024  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | Medicaid B | 001       | Physician           | per time limit | \$ 61.53  | 10/1/2013      | 6/30/2024  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | Medicaid B | 130       | Physician Assistant | per time limit | \$ 55.94  | 1/1/2013       | 6/30/2024  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | State      | 112       | CNP                 | per time limit | \$ 47.55  | 1/1/2013       | 4/30/2023  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | State      | 112       | CNP                 | per time limit | \$ 152.39 | 5/1/2023       | 12/31/2023 |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | State      | 001       | Physician           | per time limit | \$ 61.53  | 10/1/2013      | 4/30/2023  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | State      | 001       | Physician           | per time limit | \$ 197.20 | 5/1/2023       | 12/31/2023 |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | State      | 130       | Physician Assistant | per time limit | \$ 55.94  | 1/1/2013       | 4/30/2023  |       |
| 99213        |      |      |      |      |         | ov estab pt, moderate - phys time approx 15 min   | State      | 130       | Physician Assistant | per time limit | \$ 179.28 | 5/1/2023       | 12/31/2023 |       |



| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                                     | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|---------------------|----------------|-----------|----------------|------------|-------|
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | Medicaid B | 112       | CNP                 | per time limit | \$ 71.65  | 1/1/2013       | 6/30/2024  |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | Medicaid B | 001       | Physician           | per time limit | \$ 92.72  | 10/1/2013      | 6/30/2024  |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | Medicaid B | 130       | Physician Assistant | per time limit | \$ 84.29  | 1/1/2013       | 6/30/2024  |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | State      | 112       | CNP                 | per time limit | \$ 71.65  | 1/1/2013       | 4/30/2023  |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | State      | 112       | CNP                 | per time limit | \$ 223.33 | 5/1/2023       | 12/31/2023 |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | State      | 001       | Physician           | per time limit | \$ 92.72  | 10/1/2013      | 4/30/2023  |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | State      | 001       | Physician           | per time limit | \$ 289.00 | 5/1/2023       | 12/31/2023 |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | State      | 130       | Physician Assistant | per time limit | \$ 84.29  | 1/1/2013       | 4/30/2023  |       |
| 99214        |      |      |      |      |         | ov estab pt, severe - phys time approx 25 min          | State      | 130       | Physician Assistant | per time limit | \$ 262.72 | 5/1/2023       | 12/31/2023 |       |
| 99215        |      |      |      |      |         | ov estab pt, severe phys time approx 40 min            | Medicaid B | 112       | CNP                 | per time limit | \$ 96.90  | 1/1/2013       | 6/30/2024  |       |
| 99215        |      |      |      |      |         | ov estab pt, severe phys time approx 40 min            | Medicaid B | 001       | Physician           | per time limit | \$ 125.40 | 10/1/2013      | 6/30/2024  |       |
| 99215        |      |      |      |      |         | ov estab pt, severe phys time approx 40 min            | Medicaid B | 130       | Physician Assistant | per time limit | \$ 114.00 | 1/1/2013       | 6/30/2024  |       |
| 99215        |      |      |      |      |         | ov estab pt, severe phys time approx 40 min            | State      | 112       | CNP                 | per time limit | \$ 96.90  | 1/1/2013       | 6/30/2024  |       |
| 99215        |      |      |      |      |         | ov estab pt, severe phys time approx 40 min            | State      | 001       | Physician           | per time limit | \$ 125.40 | 10/1/2013      | 6/30/2024  |       |
| 99215        |      |      |      |      |         | ov estab pt, severe phys time approx 40 min            | State      | 130       | Physician Assistant | per time limit | \$ 114.00 | 1/1/2013       | 6/30/2024  |       |
| 99217        |      |      |      |      |         | observation care discharge day management              | Medicaid B | 112       | CNP                 | per event      | \$ 52.12  | 1/1/2013       | 6/30/2024  |       |
| 99217        |      |      |      |      |         | observation care discharge day management              | Medicaid B | 001       | Physician           | per event      | \$ 67.45  | 10/1/2013      | 6/30/2024  |       |
| 99218        |      |      |      |      |         | initial observation care, per day, low complexity      | Medicaid B | 112       | CNP                 | per day        | \$ 49.16  | 1/1/2013       | 6/30/2024  |       |
| 99218        |      |      |      |      |         | initial observation care, per day, low complexity      | Medicaid B | 001       | Physician           | per day        | \$ 63.62  | 10/1/2013      | 6/30/2024  |       |
| 99219        |      |      |      |      |         | initial observation care, per day, moderate complexity | Medicaid B | 112       | CNP                 | per day        | \$ 81.41  | 1/1/2013       | 6/30/2024  |       |
| 99219        |      |      |      |      |         | initial observation care, per day, moderate complexity | Medicaid B | 001       | Physician           | per day        | \$ 105.36 | 10/1/2013      | 6/30/2024  |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|-----------|-----------|----------------|-----------|-------|
| 99219        |      |      |      |      |         | initial observation care, per day, moderate complexity                                      | Medicaid B | 130       | Physician Assistant | per day   | \$ 95.78  | 1/1/2013       | 6/30/2024 |       |
| 99220        |      |      |      |      |         | initial observation care, per day, high complexity  | Medicaid B | 112       | CNP                 | per day   | \$ 114.18 | 1/1/2013       | 6/30/2024 |       |
| 99220        |      |      |      |      |         | initial observation care, per day, high complexity  | Medicaid B | 001       | Physician           | per day   | \$ 147.76 | 10/1/2013      | 6/30/2024 |       |
| 99221        |      |      |      |      |         | Initial hospital care, minor, phys  | Medicaid B | 112       | CNP                 | per day   | \$ 70.59  | 1/1/2013       | 6/30/2024 |       |
| 99221        |      |      |      |      |         | Initial hospital care, minor, phys  | Medicaid B | 001       | Physician           | per day   | \$ 91.36  | 10/1/2013      | 6/30/2024 |       |
| 99221        |      |      |      |      |         | Initial hospital care, minor, phys  | Medicaid B | 130       | Physician Assistant | per day   | \$ 83.05  | 1/1/2013       | 6/30/2024 |       |
| 99222        |      |      |      |      |         | Initial hospital care, moderate, phys   | Medicaid B | 112       | CNP                 | per day   | \$ 96.34  | 1/1/2013       | 6/30/2024 |       |
| 99222        |      |      |      |      |         | Initial hospital care, moderate, phys   | Medicaid B | 001       | Physician           | per day   | \$ 124.67 | 10/1/2013      | 6/30/2024 |       |
| 99222        |      |      |      |      |         | Initial hospital care, moderate, phys   | Medicaid B | 130       | Physician Assistant | per day   | \$ 113.34 | 1/1/2013       | 6/30/2024 |       |
| 99223        |      |      |      |      |         | initial hosp care, severe - phys time approx 70 min   | Medicaid B | 112       | CNP                 | per day   | \$ 141.86 | 1/1/2013       | 6/30/2024 |       |
| 99223        |      |      |      |      |         | initial hosp care, severe - phys time approx 70 min   | Medicaid B | 001       | Physician           | per day   | \$ 183.58 | 10/1/2013      | 6/30/2024 |       |
| 99223        |      |      |      |      |         | initial hosp care, severe - phys time approx 70 min   | Medicaid B | 130       | Physician Assistant | per day   | \$ 166.89 | 1/1/2013       | 6/30/2024 |       |
| 99224        |      |      |      |      |         | Subsequent Observation Care, Per Day, for the Evaluation and                                | Medicaid B | 112       | CNP                 | per day   | \$ 19.80  | 4/1/2012       | 6/30/2024 |       |
| 99224        |      |      |      |      |         | Subsequent Observation Care, Per Day, for the Evaluation and                                | Medicaid B | 001       | Physician           | per day   | \$ 25.62  | 10/1/2013      | 6/30/2024 |       |
| 99224        |      |      |      |      |         | Subsequent Observation Care, Per Day, for the Evaluation and                                | Medicaid B | 130       | Physician Assistant | per day   | \$ 23.29  | 1/1/2013       | 6/30/2024 |       |
| 99224        |      |      |      |      |         | Subsequent Observation Care, Per Day, for the Evaluation and                                | State      | 112       | CNP                 | per day   | \$ 19.80  | 4/1/2012       | 6/30/2024 |       |
| 99224        |      |      |      |      |         | Subsequent Observation Care, Per Day, for the Evaluation and                                | State      | 001       | Physician           | per day   | \$ 25.62  | 10/1/2013      | 6/30/2024 |       |
| 99224        |      |      |      |      |         | Subsequent Observation Care, Per Day, for the Evaluation and                                | State      | 130       | Physician Assistant | per day   | \$ 23.29  | 1/1/2013       | 6/30/2024 |       |
| 99225        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management moderate complexity | Medicaid B | 001       | Physician           | per day   | \$ 45.51  | 10/1/2013      | 6/30/2024 |       |
| 99225        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management moderate complexity | Medicaid B | 130       | Physician Assistant | per day   | \$ 41.37  | 1/1/2013       | 6/30/2024 |       |
| 99225        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management moderate complexity | Medicaid B | 112       | CNP                 | per day   | \$ 35.16  | 4/1/2012       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99225        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management moderate complexity | State      | 001       | Physician           | per day        | \$ 45.51  | 10/1/2013      | 6/30/2024 |       |
| 99225        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management moderate complexity | State      | 130       | Physician Assistant | per day        | \$ 41.37  | 1/1/2013       | 6/30/2024 |       |
| 99225        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management moderate complexity | State      | 112       | CNP                 | per day        | \$ 35.16  | 4/1/2012       | 6/30/2024 |       |
| 99226        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management high complexity     | Medicaid B | 001       | Physician           | per day        | \$ 68.05  | 10/1/2013      | 6/30/2024 |       |
| 99226        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management high complexity     | Medicaid B | 130       | Physician Assistant | per day        | \$ 61.86  | 1/1/2013       | 6/30/2024 |       |
| 99226        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management high complexity     | Medicaid B | 112       | CNP                 | per day        | \$ 52.58  | 4/1/2012       | 6/30/2024 |       |
| 99226        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management high complexity     | State      | 001       | Physician           | per day        | \$ 68.05  | 10/1/2013      | 6/30/2024 |       |
| 99226        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management high complexity     | State      | 130       | Physician Assistant | per day        | \$ 61.86  | 1/1/2013       | 6/30/2024 |       |
| 99226        |      |      |      |      |         | Subsequent observation care, per day, for the evaluation and management high complexity     | State      | 112       | CNP                 | per day        | \$ 52.58  | 4/1/2012       | 6/30/2024 |       |
| 99231        |      |      |      |      |         | subsequent hosp care, stable - phys time approx 15 min                                      | Medicaid B | 112       | CNP                 | per time limit | \$ 29.16  | 1/1/2013       | 6/30/2024 |       |
| 99231        |      |      |      |      |         | subsequent hosp care, stable - phys time approx 15 min                                      | Medicaid B | 001       | Physician           | per time limit | \$ 37.73  | 10/1/2013      | 6/30/2024 |       |
| 99231        |      |      |      |      |         | subsequent hosp care, stable - phys time approx 15 min                                      | Medicaid B | 130       | Physician Assistant | per time limit | \$ 34.30  | 1/1/2013       | 6/30/2024 |       |
| 99232        |      |      |      |      |         | subsequent hosp care, moderate - phys time approx 25 min                                    | Medicaid B | 112       | CNP                 | per time limit | \$ 52.54  | 1/1/2013       | 6/30/2024 |       |
| 99232        |      |      |      |      |         | subsequent hosp care, moderate - phys time approx 25 min                                    | Medicaid B | 001       | Physician           | per time limit | \$ 67.99  | 10/1/2013      | 6/30/2024 |       |
| 99232        |      |      |      |      |         | subsequent hosp care, moderate - phys time approx 25 min                                    | Medicaid B | 130       | Physician Assistant | per time limit | \$ 61.81  | 1/1/2013       | 6/30/2024 |       |
| 99233        |      |      |      |      |         | subsequent hosp care, complex - phys time approx 35 min                                     | Medicaid B | 112       | CNP                 | per time limit | \$ 75.25  | 1/1/2013       | 6/30/2024 |       |
| 99233        |      |      |      |      |         | subsequent hosp care, complex - phys time approx 35 min                                     | Medicaid B | 001       | Physician           | per time limit | \$ 97.38  | 10/1/2013      | 6/30/2024 |       |
| 99233        |      |      |      |      |         | subsequent hosp care, complex - phys time approx 35 min                                     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 88.53  | 1/1/2013       | 6/30/2024 |       |
| 99234        |      |      |      |      |         | observation or inpatient hospital care, for the evaluation and manage                       | Medicaid B | 112       | CNP                 | per event      | \$ 99.59  | 1/1/2013       | 6/30/2024 |       |
| 99234        |      |      |      |      |         | observation or inpatient hospital care, for the evaluation and manage                       | Medicaid B | 001       | Physician           | per event      | \$ 128.88 | 10/1/2013      | 6/30/2024 |       |
| 99235        |      |      |      |      |         | observation or inpatient hospital care, for the evaluation and manage                       | Medicaid B | 112       | CNP                 | per event      | \$ 130.82 | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99235        |      |      |      |      |         | observation or inpatient hospital care, for the evaluation and manage | Medicaid B | 001       | Physician           | per event      | \$ 169.30 | 10/1/2013      | 6/30/2024 |       |
| 99236        |      |      |      |      |         | observation or inpatient hospital care, for the evaluation and manage | Medicaid B | 112       | CNP                 | per event      | \$ 162.60 | 1/1/2013       | 6/30/2024 |       |
| 99236        |      |      |      |      |         | observation or inpatient hospital care, for the evaluation and manage | Medicaid B | 001       | Physician           | per event      | \$ 210.42 | 10/1/2013      | 6/30/2024 |       |
| 99238        |      |      |      |      |         | hospital discharge day management; 30 min or less                     | Medicaid B | 112       | CNP                 | per time limit | \$ 51.94  | 1/1/2013       | 6/30/2024 |       |
| 99238        |      |      |      |      |         | hospital discharge day management; 30 min or less                     | Medicaid B | 001       | Physician           | per time limit | \$ 67.22  | 10/1/2013      | 6/30/2024 |       |
| 99238        |      |      |      |      |         | hospital discharge day management; 30 min or less                     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 61.11  | 1/1/2013       | 6/30/2024 |       |
| 99239        |      |      |      |      |         | hospital discharge day management; more than 30 min                   | Medicaid B | 112       | CNP                 | per time limit | \$ 75.49  | 1/1/2013       | 6/30/2024 |       |
| 99239        |      |      |      |      |         | hospital discharge day management; more than 30 min                   | Medicaid B | 001       | Physician           | per time limit | \$ 97.69  | 10/1/2013      | 6/30/2024 |       |
| 99241        |      |      |      |      |         | outpt. consult, minor - phys time approx 15 min                       | Medicaid B | 112       | CNP                 | per time limit | \$ 33.98  | 1/1/2013       | 6/30/2024 |       |
| 99241        |      |      |      |      |         | outpt. consult, minor - phys time approx 15 min                       | Medicaid B | 001       | Physician           | per time limit | \$ 43.98  | 10/1/2013      | 6/30/2024 |       |
| 99241        |      |      |      |      |         | outpt. consult, minor - phys time approx 15 min                       | Medicaid B | 130       | Physician Assistant | per time limit | \$ 39.98  | 1/1/2013       | 6/30/2024 |       |
| 99241        |      |      |      |      |         | outpt. consult, minor - phys time approx 15 min                       | State      | 112       | CNP                 | per time limit | \$ 33.98  | 1/1/2013       | 6/30/2024 |       |
| 99241        |      |      |      |      |         | outpt. consult, minor - phys time approx 15 min                       | State      | 001       | Physician           | per time limit | \$ 43.98  | 10/1/2013      | 6/30/2024 |       |
| 99241        |      |      |      |      |         | outpt. consult, minor - phys time approx 15 min                       | State      | 130       | Physician Assistant | per time limit | \$ 39.98  | 1/1/2013       | 6/30/2024 |       |
| 99241        | U4   |      |      |      |         | Psychiatric Consultation - approx 15 min                              | B3         | 001       | Physician           | per day        | \$ 55.00  | 7/1/2015       | 6/30/2024 |       |
| 99242        |      |      |      |      |         | outpt. consult, moderate - phys time approx 30 min                    | Medicaid B | 112       | CNP                 | per time limit | \$ 63.67  | 1/1/2013       | 6/30/2024 |       |
| 99242        |      |      |      |      |         | outpt. consult, moderate - phys time approx 30 min                    | Medicaid B | 001       | Physician           | per time limit | \$ 82.39  | 10/1/2013      | 6/30/2024 |       |
| 99242        |      |      |      |      |         | outpt. consult, moderate - phys time approx 30 min                    | Medicaid B | 130       | Physician Assistant | per time limit | \$ 74.90  | 1/1/2013       | 6/30/2024 |       |
| 99242        |      |      |      |      |         | outpt. consult, moderate - phys time approx 30 min                    | State      | 112       | CNP                 | per time limit | \$ 63.67  | 1/1/2013       | 6/30/2024 |       |
| 99242        |      |      |      |      |         | outpt. consult, moderate - phys time approx 30 min                    | State      | 001       | Physician           | per time limit | \$ 82.39  | 10/1/2013      | 6/30/2024 |       |
| 99242        |      |      |      |      |         | outpt. consult, moderate - phys time approx 30 min                    | State      | 130       | Physician Assistant | per time limit | \$ 74.90  | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                               | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99242        | U4   |      |      |      |         | Psychiatric Consultation - approx 30 min         | B3         | 001       | Physician           | per day        | \$ 90.00  | 7/1/2015       | 6/30/2024 |       |
| 99243        |      |      |      |      |         | outpt. consult, severe - phys time approx 40 min | Medicaid B | 112       | CNP                 | per time limit | \$ 87.55  | 1/1/2013       | 6/30/2024 |       |
| 99243        |      |      |      |      |         | outpt. consult, severe - phys time approx 40 min | Medicaid B | 001       | Physician           | per time limit | \$ 113.30 | 10/1/2013      | 6/30/2024 |       |
| 99243        |      |      |      |      |         | outpt. consult, severe - phys time approx 40 min | Medicaid B | 130       | Physician Assistant | per time limit | \$ 103.00 | 1/1/2013       | 6/30/2024 |       |
| 99243        |      |      |      |      |         | outpt. consult, severe - phys time approx 40 min | State      | 112       | CNP                 | per time limit | \$ 87.55  | 1/1/2013       | 6/30/2024 |       |
| 99243        |      |      |      |      |         | outpt. consult, severe - phys time approx 40 min | State      | 001       | Physician           | per time limit | \$ 113.30 | 10/1/2013      | 6/30/2024 |       |
| 99243        |      |      |      |      |         | outpt. consult, severe - phys time approx 40 min | State      | 130       | Physician Assistant | per time limit | \$ 103.00 | 1/1/2013       | 6/30/2024 |       |
| 99244        |      |      |      |      |         | outpt. consult, severe - phys time approx 60 min | Medicaid B | 112       | CNP                 | per time limit | \$ 130.04 | 1/1/2013       | 6/30/2024 |       |
| 99244        |      |      |      |      |         | outpt. consult, severe - phys time approx 60 min | Medicaid B | 001       | Physician           | per time limit | \$ 168.29 | 10/1/2013      | 6/30/2024 |       |
| 99244        |      |      |      |      |         | outpt. consult, severe - phys time approx 60 min | Medicaid B | 130       | Physician Assistant | per time limit | \$ 152.99 | 1/1/2013       | 6/30/2024 |       |
| 99244        |      |      |      |      |         | outpt. consult, severe - phys time approx 60 min | State      | 112       | CNP                 | per time limit | \$ 130.04 | 1/1/2013       | 6/30/2024 |       |
| 99244        |      |      |      |      |         | outpt. consult, severe - phys time approx 60 min | State      | 001       | Physician           | per time limit | \$ 168.29 | 10/1/2013      | 6/30/2024 |       |
| 99244        |      |      |      |      |         | outpt. consult, severe - phys time approx 60 min | State      | 130       | Physician Assistant | per time limit | \$ 152.99 | 1/1/2013       | 6/30/2024 |       |
| 99244        | U4   |      |      |      |         | Psychiatric Consultation - approx 60 min         | B3         | 001       | Physician           | per day        | \$ 168.00 | 7/1/2015       | 6/30/2024 |       |
| 99245        |      |      |      |      |         | outpt. consult, severe - phys time approx 80 min | Medicaid B | 112       | CNP                 | per time limit | \$ 159.83 | 1/1/2013       | 6/30/2024 |       |
| 99245        |      |      |      |      |         | outpt. consult, severe - phys time approx 80 min | Medicaid B | 001       | Physician           | per time limit | \$ 206.83 | 10/1/2013      | 6/30/2024 |       |
| 99245        |      |      |      |      |         | outpt. consult, severe - phys time approx 80 min | State      | 112       | CNP                 | per time limit | \$ 159.83 | 1/1/2013       | 6/30/2024 |       |
| 99245        |      |      |      |      |         | outpt. consult, severe - phys time approx 80 min | State      | 001       | Physician           | per time limit | \$ 206.83 | 10/1/2013      | 6/30/2024 |       |
| 99251        |      |      |      |      |         | initial inpt consult - phys time approx 20 min   | Medicaid B | 112       | CNP                 | per time limit | \$ 34.70  | 1/1/2013       | 6/30/2024 |       |
| 99251        |      |      |      |      |         | initial inpt consult - phys time approx 20 min   | Medicaid B | 001       | Physician           | per time limit | \$ 44.90  | 10/1/2013      | 6/30/2024 |       |
| 99252        |      |      |      |      |         | initial inpt consult - phys time approx 40 min   | Medicaid B | 112       | CNP                 | per time limit | \$ 53.76  | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99252        |      |      |      |      |         | initial inpt consult - phys time approx 40 min                          | Medicaid B | 001       | Physician           | per time limit | \$ 69.58  | 10/1/2013      | 6/30/2024 |       |
| 99253        |      |      |      |      |         | initial inpt consult - phys time approx 55 min                          | Medicaid B | 112       | CNP                 | per time limit | \$ 81.62  | 1/1/2013       | 6/30/2024 |       |
| 99253        |      |      |      |      |         | initial inpt consult - phys time approx 55 min                          | Medicaid B | 001       | Physician           | per time limit | \$ 105.62 | 10/1/2013      | 6/30/2024 |       |
| 99254        |      |      |      |      |         | initial inpt consult - phys time approx 80 min                          | Medicaid B | 112       | CNP                 | per time limit | \$ 118.06 | 1/1/2013       | 6/30/2024 |       |
| 99254        |      |      |      |      |         | initial inpt consult - phys time approx 80 min                          | Medicaid B | 001       | Physician           | per time limit | \$ 152.78 | 10/1/2013      | 6/30/2024 |       |
| 99254        |      |      |      |      |         | initial inpt consult - phys time approx 80 min                          | Medicaid B | 130       | Physician Assistant | per time limit | \$ 138.89 | 10/1/2013      | 6/30/2024 |       |
| 99255        |      |      |      |      |         | initial inpt consult - phys time approx 110 min                         | Medicaid B | 112       | CNP                 | per time limit | \$ 143.85 | 1/1/2013       | 6/30/2024 |       |
| 99255        |      |      |      |      |         | initial inpt consult - phys time approx 110 min                         | Medicaid B | 001       | Physician           | per time limit | \$ 186.15 | 10/1/2013      | 6/30/2024 |       |
| 99281        |      |      |      |      |         | er visit, minor   | Medicaid B | 001       | Physician           | per event      | \$ 18.73  | 10/1/2013      | 6/30/2024 |       |
| 99282        |      |      |      |      |         | er visit, low severity  | Medicaid B | 001       | Physician           | per event      | \$ 36.44  | 10/1/2013      | 6/30/2024 |       |
| 99282        |      |      |      |      |         | er visit, low severity  | Medicaid B | 112       | CNP                 | per event      | \$ 32.14  | 1/1/2013       | 6/30/2024 |       |
| 99283        |      |      |      |      |         | er visit, moderate severity   | Medicaid B | 001       | Physician           | per event      | \$ 56.49  | 10/1/2013      | 6/30/2024 |       |
| 99284        |      |      |      |      |         | er visit, high severity   | Medicaid B | 001       | Physician           | per event      | \$ 105.75 | 10/1/2013      | 6/30/2024 |       |
| 99284        |      |      |      |      |         | er visit, high severity   | Medicaid B | 130       | Physician Assistant | per event      | \$ 96.14  | 4/1/2013       | 6/30/2024 |       |
| 99285        |      |      |      |      |         | er visit for the evaluation and mgmt of a patient,                      | Medicaid B | 001       | Physician           | per event      | \$ 157.22 | 10/1/2013      | 6/30/2024 |       |
| 99285        |      |      |      |      |         | er visit for the evaluation and mgmt of a patient,                      | Medicaid B | 112       | CNP                 | per event      | \$ 138.64 | 4/1/2012       | 6/30/2024 |       |
| 99291        |      |      |      |      |         | critical care, evaluation and management of the unstable critically ill | Medicaid B | 001       | Physician           | per event      | \$ 225.61 | 4/1/2012       | 6/30/2024 |       |
| 99304        |      |      |      |      |         | initial nursing facility care, per day, for evaluation & mgmt           | Medicaid B | 001       | Physician           | per day        | \$ 81.40  | 10/1/2013      | 6/30/2024 |       |
| 99305        |      |      |      |      |         | initial nursing facility care, per day, for evaluation & mgmt           | Medicaid B | 001       | Physician           | per day        | \$ 113.81 | 10/1/2013      | 6/30/2024 |       |
| 99306        |      |      |      |      |         | initial nursing facility care, per day, for evaluation & mgmt           | Medicaid B | 001       | Physician           | per day        | \$ 146.25 | 10/1/2013      | 6/30/2024 |       |
| 99307        |      |      |      |      |         | subseqnt nursing facility care, per day, evaluation and mgmt            | Medicaid B | 112       | CNP                 | per day        | \$ 31.04  | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99307        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 001       | Physician           | per day        | \$ 40.17  | 10/1/2013      | 6/30/2024 |       |
| 99307        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 130       | Physician Assistant | per day        | \$ 36.52  | 1/1/2013       | 6/30/2024 |       |
| 99308        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 112       | CNP                 | per day        | \$ 47.46  | 1/1/2013       | 6/30/2024 |       |
| 99308        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 001       | Physician           | per day        | \$ 61.41  | 10/1/2013      | 6/30/2024 |       |
| 99308        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 130       | Physician Assistant | per day        | \$ 55.83  | 1/1/2013       | 6/30/2024 |       |
| 99309        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 112       | CNP                 | per day        | \$ 62.95  | 1/1/2013       | 6/30/2024 |       |
| 99309        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 001       | Physician           | per day        | \$ 81.47  | 10/1/2013      | 6/30/2024 |       |
| 99309        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 130       | Physician Assistant | per day        | \$ 74.06  | 1/1/2013       | 6/30/2024 |       |
| 99310        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 112       | CNP                 | per day        | \$ 93.08  | 1/1/2013       | 6/30/2024 |       |
| 99310        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 001       | Physician           | per day        | \$ 120.46 | 10/1/2013      | 6/30/2024 |       |
| 99310        |      |      |      |      |         | subsequent nursing facility care, per day, evaluation and mgmt     | Medicaid B | 130       | Physician Assistant | per day        | \$ 109.51 | 1/1/2013       | 6/30/2024 |       |
| 99315        |      |      |      |      |         | nursing facility discharge day management; 30 min or less          | Medicaid B | 112       | CNP                 | per time limit | \$ 45.42  | 1/1/2013       | 6/30/2024 |       |
| 99315        |      |      |      |      |         | nursing facility discharge day management; 30 min or less          | Medicaid B | 001       | Physician           | per time limit | \$ 58.77  | 10/1/2013      | 6/30/2024 |       |
| 99315        |      |      |      |      |         | nursing facility discharge day management; 30 min or less          | Medicaid B | 130       | Physician Assistant | per time limit | \$ 53.43  | 1/1/2013       | 6/30/2024 |       |
| 99316        |      |      |      |      |         | nursing facility discharge 30 min or less more than 30 min         | Medicaid B | 112       | CNP                 | per time limit | \$ 59.34  | 1/1/2013       | 6/30/2024 |       |
| 99316        |      |      |      |      |         | nursing facility discharge 30 min or less more than 30 min         | Medicaid B | 001       | Physician           | per time limit | \$ 76.79  | 10/1/2013      | 6/30/2024 |       |
| 99316        |      |      |      |      |         | nursing facility discharge 30 min or less more than 30 min         | Medicaid B | 130       | Physician Assistant | per time limit | \$ 69.81  | 1/1/2013       | 6/30/2024 |       |
| 99318        |      |      |      |      |         | evaluation and mgmt of a patient involving annual nursing facility | Medicaid B | 112       | CNP                 | per time limit | \$ 65.81  | 1/1/2013       | 6/30/2024 |       |
| 99318        |      |      |      |      |         | evaluation and mgmt of a patient involving annual nursing facility | Medicaid B | 001       | Physician           | per time limit | \$ 85.16  | 10/1/2013      | 6/30/2024 |       |
| 99318        |      |      |      |      |         | evaluation and mgmt of a patient involving annual nursing facility | Medicaid B | 130       | Physician Assistant | per time limit | \$ 77.42  | 1/1/2013       | 6/30/2024 |       |
| 99324        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new        | Medicaid B | 112       | CNP                 | per time limit | \$ 42.19  | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99324        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 54.60  | 10/1/2013      | 6/30/2024 |       |
| 99324        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 49.64  | 1/1/2013       | 6/30/2024 |       |
| 99325        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 61.46  | 1/1/2013       | 6/30/2024 |       |
| 99325        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 79.53  | 10/1/2013      | 6/30/2024 |       |
| 99325        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 72.30  | 1/1/2013       | 6/30/2024 |       |
| 99326        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 101.61 | 1/1/2013       | 6/30/2024 |       |
| 99326        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 131.49 | 10/1/2013      | 6/30/2024 |       |
| 99326        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 119.54 | 1/1/2013       | 6/30/2024 |       |
| 99327        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 132.53 | 1/1/2013       | 6/30/2024 |       |
| 99328        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 201.91 | 10/1/2013      | 6/30/2024 |       |
| 99328        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 183.55 | 1/1/2013       | 6/30/2024 |       |
| 99334        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 43.49  | 1/1/2013       | 6/30/2024 |       |
| 99334        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 56.28  | 10/1/2013      | 6/30/2024 |       |
| 99334        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 51.16  | 1/1/2013       | 6/30/2024 |       |
| 99335        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 67.36  | 1/1/2013       | 6/30/2024 |       |
| 99335        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 87.18  | 10/1/2013      | 6/30/2024 |       |
| 99335        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 79.25  | 1/1/2013       | 6/30/2024 |       |
| 99336        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 94.86  | 1/1/2013       | 6/30/2024 |       |
| 99336        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 122.76 | 10/1/2013      | 6/30/2024 |       |



| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99336        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 111.60 | 1/1/2013       | 6/30/2024 |       |
| 99337        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 112       | CNP                 | per time limit | \$ 136.30 | 1/1/2013       | 6/30/2024 |       |
| 99337        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 001       | Physician           | per time limit | \$ 176.39 | 10/1/2013      | 6/30/2024 |       |
| 99337        |      |      |      |      |         | domiciliary or rest home visit evaluation and mgmt of a new | Medicaid B | 130       | Physician Assistant | per time limit | \$ 160.35 | 1/1/2013       | 6/30/2024 |       |
| 99341        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 112       | CNP                 | per time limit | \$ 42.19  | 1/1/2013       | 6/30/2024 |       |
| 99341        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 001       | Physician           | per time limit | \$ 54.60  | 10/1/2013      | 6/30/2024 |       |
| 99341        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 49.64  | 1/1/2013       | 6/30/2024 |       |
| 99342        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 112       | CNP                 | per time limit | \$ 61.46  | 1/1/2013       | 6/30/2024 |       |
| 99342        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 001       | Physician           | per time limit | \$ 79.53  | 10/1/2013      | 6/30/2024 |       |
| 99342        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 72.30  | 1/1/2013       | 6/30/2024 |       |
| 99343        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 112       | CNP                 | per time limit | \$ 98.97  | 1/1/2013       | 6/30/2024 |       |
| 99343        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 001       | Physician           | per time limit | \$ 128.07 | 10/1/2013      | 6/30/2024 |       |
| 99343        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 116.43 | 1/1/2013       | 6/30/2024 |       |
| 99344        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 112       | CNP                 | per time limit | \$ 129.93 | 1/1/2013       | 6/30/2024 |       |
| 99344        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 001       | Physician           | per time limit | \$ 168.15 | 10/1/2013      | 6/30/2024 |       |
| 99344        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 152.86 | 1/1/2013       | 6/30/2024 |       |
| 99345        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 112       | CNP                 | per time limit | \$ 156.28 | 1/1/2013       | 6/30/2024 |       |
| 99345        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 001       | Physician           | per time limit | \$ 202.25 | 10/1/2013      | 6/30/2024 |       |
| 99345        |      |      |      |      |         | home visit for the evaluation and mgmt of a new patient     | Medicaid B | 130       | Physician Assistant | per time limit | \$ 183.86 | 1/1/2013       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name           | Rate Unit      | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|---------------------|----------------|-----------|----------------|-----------|-------|
| 99347        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 112       | CNP                 | per time limit | \$ 41.17  | 1/1/2013       | 6/30/2024 |       |
| 99347        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 001       | Physician           | per time limit | \$ 53.28  | 10/1/2013      | 6/30/2024 |       |
| 99347        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 130       | Physician Assistant | per time limit | \$ 48.44  | 1/1/2013       | 6/30/2024 |       |
| 99348        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 112       | CNP                 | per time limit | \$ 62.17  | 1/1/2013       | 6/30/2024 |       |
| 99348        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 001       | Physician           | per time limit | \$ 80.45  | 10/1/2013      | 6/30/2024 |       |
| 99348        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 130       | Physician Assistant | per time limit | \$ 73.14  | 1/1/2013       | 6/30/2024 |       |
| 99349        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 112       | CNP                 | per time limit | \$ 90.53  | 1/1/2013       | 6/30/2024 |       |
| 99349        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 001       | Physician           | per time limit | \$ 117.16 | 10/1/2013      | 6/30/2024 |       |
| 99349        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 130       | Physician Assistant | per time limit | \$ 106.51 | 1/1/2013       | 6/30/2024 |       |
| 99350        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 112       | CNP                 | per time limit | \$ 126.22 | 1/1/2013       | 6/30/2024 |       |
| 99350        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 001       | Physician           | per time limit | \$ 163.34 | 10/1/2013      | 6/30/2024 |       |
| 99350        |      |      |      |      |         | home visit for the evaluation and mgmt of established patient                                 | Medicaid B | 130       | Physician Assistant | per time limit | \$ 148.49 | 1/1/2013       | 6/30/2024 |       |
| 99354        |      |      |      |      |         | prolonged physician service in office or outpatient setting                                   | Medicaid B | 112       | CNP                 | per time limit | \$ 71.88  | 1/1/2013       | 6/30/2024 |       |
| 99354        |      |      |      |      |         | prolonged physician service in office or outpatient setting                                   | Medicaid B | 001       | Physician           | per time limit | \$ 93.03  | 10/1/2013      | 6/30/2024 |       |
| 99355        |      |      |      |      |         | prolonged physician service in office or outpatient setting                                   | Medicaid B | 112       | CNP                 | per time limit | \$ 71.16  | 1/1/2013       | 6/30/2024 |       |
| 99355        |      |      |      |      |         | prolonged physician service in office or outpatient setting                                   | Medicaid B | 001       | Physician           | per time limit | \$ 92.09  | 10/1/2013      | 6/30/2024 |       |
| 99356        |      |      |      |      |         | prolonged physician service in inpatient setting, requiring                                   | Medicaid B | 112       | CNP                 | per time limit | \$ 65.65  | 1/1/2013       | 6/30/2024 |       |
| 99356        |      |      |      |      |         | prolonged physician service in inpatient setting, requiring                                   | Medicaid B | 001       | Physician           | per time limit | \$ 84.95  | 10/1/2013      | 6/30/2024 |       |
| 99357        |      |      |      |      |         | prolonged physician service in inpatient setting, requiring                                   | Medicaid B | 112       | CNP                 | per time limit | \$ 66.10  | 1/1/2013       | 6/30/2024 |       |
| 99357        |      |      |      |      |         | prolonged physician service in inpatient setting, requiring                                   | Medicaid B | 001       | Physician           | per time limit | \$ 85.54  | 10/1/2013      | 6/30/2024 |       |
| 99407        |      |      |      |      |         | EP Smoking and tobacco use cessation counsel service provided under Medicaid EPSDT            | Medicaid B |           |                     | per time limit | \$ 22.36  | 4/1/2014       | 6/30/2024 |       |
| 99408        | XE   |      |      |      |         | outpatient treatment screening and eval by provisionally licensed staff                       | Medicaid B | 110       | LCSW, LPC & LMFT    | per event      | \$ 30.73  | 1/1/2015       | 6/30/2024 |       |
| 99408        | XP   |      |      |      |         | outpatient treatment screening and eval by provisionally licensed staff Seperate Practitioner | Medicaid B | 110       | LCSW, LPC & LMFT    | per event      | \$ 30.73  | 1/1/2015       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding    | Specialty | Spec Name        | Rate Unit | UnitRate  | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|---|------------|-----------|------------------|-----------|-----------|----------------|------------|-------|
| 99408        | XS   |      |      |      |         | outpatient treatment screening and eval by provisionally licensed staff Seperate Structure              | Medicaid B | 110       | LCSW, LPC & LMFT | per event | \$ 30.73  | 1/1/2015       | 6/30/2024  |       |
| 99408        | XU   |      |      |      |         | outpatient treatment screening and eval by provisionally licensed staff Unusual non overlapping service | Medicaid B | 110       | LCSW, LPC & LMFT | per event | \$ 30.73  | 1/1/2015       | 6/30/2024  |       |
| 99409        |      |      |      |      |         | outpatient treatment screening and eval by provisionally licensed staff                                 | Medicaid B | 001       | LCSW, LPC & LMFT | per event | \$ 60.41  | 4/1/2012       | 6/30/2024  |       |
| H0010        |      |      |      |      |         | Non-Hospital Medical Detoxification   | Medicaid B |           |                  | per diem  | \$ 325.58 | 4/1/2013       | 6/30/2024  |       |
| H0012        | HB   |      |      |      |         | Non-Hospital Community Residential Treatment - Adult  | Medicaid B |           |                  | per diem  | \$ 155.81 | 4/1/2013       | 6/30/2024  |       |
| H0013        |      |      |      |      |         | Medically Monitored Community Residential Treatment   | Medicaid B |           |                  | per diem  | \$ 241.81 | 4/1/2013       | 6/30/2024  |       |
| H0014        |      |      |      |      |         | Ambulatory Detoxification   | Medicaid B |           |                  | 15 min    | \$ 21.25  | 10/1/2012      | 6/30/2024  |       |
| H0015        |      |      |      |      |         | Substance Abuse Intensive Outpatient Program  | Medicaid B |           |                  | per diem  | \$ 133.72 | 4/1/2022       | 6/30/2024  |       |
| H0015        |      |      |      |      |         | Substance Abuse Intensive Outpatient Program  | State      |           |                  | per diem  | \$ 131.56 | 10/1/2012      | 4/30/2023  |       |
| H0015        |      |      |      |      |         | Substance Abuse Intensive Outpatient Program  | State      |           |                  | per diem  | \$ 250.00 | 5/1/2023       | 12/31/2023 |       |
| H0018        | U4   |      |      |      |         | Crisis Respite  | Medicaid B |           |                  | per diem  | \$ 160.00 | 4/1/2012       | 6/30/2024  |       |
| H0019        | HK   |      |      |      |         | Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)                                   | Medicaid B |           |                  | per diem  | \$ 393.47 | 10/1/2022      | 6/30/2024  |       |
| H0019        | HQ   |      |      |      |         | Behavioral Health Long Term Residential (HRI Level III-4 beds or less)                                  | Medicaid B |           |                  | per diem  | \$ 267.81 | 10/1/2022      | 6/30/2024  |       |
| H0019        | TJ   |      |      |      |         | Behavioral Health Long Term Residential (HRI Level III-5 beds or more)                                  | Medicaid B |           |                  | per diem  | \$ 219.98 | 10/1/2022      | 6/30/2024  |       |
| H0019        | UR   |      |      |      |         | Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)                                   | Medicaid B |           |                  | per diem  | \$ 357.42 | 10/1/2022      | 6/30/2024  |       |
| H0019        | HQ   |      |      |      | 902     | Behavioral Health Long Term Residential (HRI Level III-4 beds or less)                                  | Medicaid B |           |                  | per diem  | \$ 267.81 | 10/1/2022      | 6/30/2024  |       |
| H0019        |      |      |      |      | 902     | Behavioral Health Long Term Residential (HRI Level III-5 beds or more)                                  | Medicaid B |           |                  | per diem  | \$ 219.98 | 10/1/2022      | 6/30/2024  |       |
| H0019        | HK   |      |      |      | 902     | Behavioral Health Long Term Residential (HRI Level IV-4 beds or less)                                   | Medicaid B |           |                  | per diem  | \$ 393.47 | 10/1/2022      | 6/30/2024  |       |
| H0019        | UR   |      |      |      | 902     | Behavioral Health Long Term Residential (HRI Level IV-5 beds or more)                                   | Medicaid B |           |                  | per diem  | \$ 357.42 | 10/1/2022      | 6/30/2024  |       |
| H0020        |      |      |      |      |         | Alcohol and/or Drug Services; methadone administration  | Medicaid B |           |                  | per event | \$ 16.60  | 10/1/2012      | 11/14/2023 |       |
| H0020        |      |      |      |      |         | Alcohol and/or Drug Services; methadone administration  | Medicaid B |           |                  | per week  | \$ 254.93 | 11/15/2023     | 6/30/2024  |       |
| H0020        |      |      |      |      |         | Alcohol and/or Drug Services; methadone administration  | State      |           |                  | per event | \$ 16.60  | 10/1/2012      | 11/14/2023 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding    | Specialty | Spec Name | Rate Unit | UnitRate    | Effective date | End Date   | Notes   |
|--------------|------|------|------|------|---------|--|------------|-----------|-----------|-----------|-------------|----------------|------------|---|
| H0020        |      |      |      |      |         | Alcohol and/or Drug Services; methadone administration           | State      |           |           | per week  | \$ 254.93   | 11/15/2023     | 6/30/2024  |   |
| H0031        | 59   |      |      |      |         | Mental Health Assessment   | Medicaid B |           |           | 15 min    | \$ 11.72    | 4/1/2012       | 6/30/2024  |   |
| H0031        | 59   |      |      |      |         | Mental Health Assessment   | State      |           |           | 15 min    | \$ 11.72    | 4/1/2012       | 6/30/2024  |   |
| H0035        |      |      |      |      |         | DMH Partial Hospitalization Per Diem - Child/Adults              | Medicaid B |           |           | per diem  | \$ 135.20   | 4/1/2022       | 6/30/2024  |   |
| H0035        |      |      |      |      |         | DMH Partial Hospitalization Per Diem - Child/Adults              | State      |           |           | per diem  | \$ 132.32   | 10/1/2012      | 6/30/2024  |   |
| H0038        | HQ   | U4   |      |      |         | Peer Support Group   | B3         |           |           | 15 min    | \$ 3.40     | 8/1/2016       | 6/30/2024  |   |
| H0038        | U4   |      |      |      |         | Peer Support   | B3         |           |           | 15 min    | \$ 12.15    | 8/1/2016       | 6/30/2024  |   |
| H0038        |      |      |      |      |         | Peer Support   | Medicaid B |           |           | 15 min    | \$ 13.26    | 8/1/2019       | 3/31/2023  |   |
| H0038        |      |      |      |      |         | Peer Support   | Medicaid B |           |           | 15 min    | \$ 13.80    | 4/1/2022       | 6/30/2024  |   |
| H0038        |      |      |      |      |         | Peer Support   | State      |           |           | 15 min    | \$ 13.26    | 8/1/2019       | 4/30/2023  |   |
| H0038        |      |      |      |      |         | Peer Support   | State      |           |           | 15 min    | \$ 16.50    | 5/1/2023       | 12/31/2023 |   |
| H0040        | U1   |      |      |      |         | Assertive Community Treatment Team (ACTT) - encounter claim code | Medicaid B |           |           | per unit  | \$ 0.01     | 9/1/2017       | 6/30/2024  | *Any add'l per diem visits should be billed at .01 per unit |
| H0040        |      |      |      |      |         | Assertive Community Treatment Team (ACTT)                        | Medicaid B |           |           | per month | \$ 1,182.00 | 9/1/2017       | 4/30/2023  | *To be billed on the first per diem contact of the month    |
| H0040        |      |      |      |      |         | Assertive Community Treatment Team (ACTT)                        | Medicaid B |           |           | per month | \$ 1,595.70 | 5/1/2023       | 12/31/2023 | *To be billed on the first per diem contact of the month    |
| H0040        | U1   |      |      |      |         | Assertive Community Treatment Team (ACTT) - encounter claim code | State      |           |           | per unit  | \$ 0.01     | 9/1/2017       | 6/30/2024  | *Any add'l per diem visits should be billed at .01 per unit |
| H0040        |      |      |      |      |         | Assertive Community Treatment Team (ACTT)                        | State      |           |           | per month | \$ 1,182.00 | 9/1/2017       | 4/30/2023  | *To be billed on the first per diem contact of the month    |
| H0040        |      |      |      |      |         | Assertive Community Treatment Team (ACTT)                        | State      |           |           | per month | \$ 1,720.00 | 5/1/2023       | 12/31/2023 | *To be billed on the first per diem contact of the month    |
| H0043        | U4   |      |      |      |         | Community Transition   | B3         |           |           | 1 Time    | Invoice     | 11/1/2013      | 9/14/2023  | DD Consumers only   |
| H0043        |      |      |      |      |         | Community Transition   | B3         |           |           | 1 Time    | Invoice     | 9/15/2023      | 6/30/2024  | DD Consumers only   |
| H0043        | U4   |      |      |      |         | Community Transition   | 1915i      |           |           | 1 Time    | Invoice     | 9/15/2023      | 6/30/2024  | DD Consumers only   |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding     | Specialty | Spec Name | Rate Unit | UnitRate | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|--|-------------|-----------|-----------|-----------|----------|----------------|------------|-------|
| H0045        | HQ   | U4   |      |      |         | Group Respite  | B3          |           |           | 15 min    | \$ 4.02  | 4/1/2022       | 9/14/2023  |       |
| H0045        | HQ   |      |      |      |         | Group Respite  | B3          |           |           | 15 min    | \$ 4.02  | 9/15/2023      | 6/30/2024  |       |
| H0045        | HQ   | U4   |      |      |         | Group Respite  | 1915i       |           |           | 15 min    | \$ 4.02  | 9/15/2023      | 6/30/2024  |       |
| H0045        | U4   |      |      |      |         | Individual Respite   | B3          |           |           | 15 min    | \$ 6.79  | 4/1/2022       | 9/14/2023  |       |
| H0045        |      |      |      |      |         | Individual Respite   | B3          |           |           | 15 min    | \$ 6.79  | 9/15/2023      | 6/30/2024  |       |
| H0045        | U4   |      |      |      |         | Individual Respite   | 1915i       |           |           | 15 min    | \$ 6.79  | 4/1/2022       | 6/30/2024  |       |
| H0046        |      |      |      |      |         | Mental Health Services, Not Otherwise Specified (HRI Level I- Foster Care) | Medicaid B  |           |           | per diem  | \$ 86.25 | 10/1/2022      | 6/30/2024  |       |
| H2011        | U1   | U4   |      |      |         | Primary Crisis Response  | B3          |           |           | 15 min    | \$ 6.00  | 1/1/2022       | 6/30/2024  |       |
| H2011        | U1   |      |      |      |         | Primary Crisis Response  | Innovations |           |           | 15 min    | \$ 6.00  | 1/1/2022       | 6/30/2024  |       |
| H2011        |      |      |      |      |         | Mobile Crisis Management (MH/SA)   | Medicaid B  |           |           | 15 min    | \$ 94.50 | 10/1/2022      | 4/1/2027   |       |
| H2011        |      |      |      |      |         | Mobile Crisis Management (MH/SA)   | State       |           |           | 15 min    | \$ 90.00 | 10/1/2022      | 4/30/2023  |       |
| H2011        |      |      |      |      |         | Mobile Crisis Management (MH/SA)   | State       |           |           | 15 min    | \$ 94.50 | 5/1/2023       | 12/31/2023 |       |
| H2012        | HA   |      |      |      |         | Child and Adolescent Day Treatment   | Medicaid B  |           |           | per hour  | \$ 32.13 | 4/1/2022       | 6/30/2024  |       |
| H2012        | HA   |      |      |      |         | Child and Adolescent Day Treatment   | Medicaid B  |           |           | per hour  | \$ 37.69 | 7/1/2023       | 6/30/2024  |       |
| H2012        | HA   |      |      |      |         | Child and Adolescent Day Treatment   | State       |           |           | per hour  | \$ 31.41 | 4/1/2012       | 6/30/2024  |       |
| H2014        | HM   |      |      |      |         | Developmental Therapy - PP   | State       |           |           | 15 min    | \$ 5.75  | 7/1/2020       | 6/30/2024  |       |
| H2015        | HQ   | U4   |      |      |         | Community Networking - Group   | B3          |           |           | 15 min    | \$ 3.30  | 4/1/2022       | 6/30/2024  |       |
| H2015        | U1   | U4   |      |      |         | Community Networking - Class/Conferences                                   | B3          |           |           | Invoice   |          | 1/1/2014       | 6/30/2024  |       |
| H2015        | U2   | U4   |      |      |         | Community Networking - Transportation                                      | B3          |           |           | Invoice   |          | 11/1/2016      | 6/30/2024  |       |
| H2015        | U4   |      |      |      |         | Community Networking - Individual  | B3          |           |           | 15 min    | \$ 6.15  | 4/1/2022       | 6/30/2024  |       |
| H2015        | HQ   |      |      |      |         | Community Networking - Group   | Innovations |           |           | 15 min    | \$ 3.30  | 4/1/2022       | 6/30/2024  |       |
| H2015        | U1   |      |      |      |         | Community Networking - Classes/conferences                                 | Innovations |           |           | Invoice   |          | 4/1/2012       | 6/30/2024  |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription  | Funding     | Specialty | Spec Name | Rate Unit | UnitRate    | Effective date | End Date   | Notes           |
|--------------|------|------|------|------|---------|---|-------------|-----------|-----------|-----------|-------------|----------------|------------|-----------------|
| H2015        | U2   |      |      |      |         | Community Networking Transportation   | Innovations |           |           |           | Invoice     | 11/1/2016      | 6/30/2024  |                 |
| H2015        |      |      |      |      |         | Community Networking - Individual   | Innovations |           |           | 15 min    | \$ 6.15     | 4/1/2022       | 6/30/2024  |                 |
| H2015        |      |      |      |      |         | Community Support Team (MH/SA)  | Medicaid B  |           |           | 15 min    | \$ 6.15     | 4/1/2022       | 6/30/2024  |                 |
| H2015        | HT   |      |      |      |         | Community Support Team (MH/SA)  | State       |           |           | 15 min    | \$ 25.91    | 1/1/2022       | 4/30/2023  |                 |
| H2015        | HT   |      |      |      |         | Community Support Team (MH/SA)  | State       |           |           | 15 min    | \$ 44.00    | 5/1/2023       | 6/30/2024  |                 |
| H2016        | HI   |      |      |      |         | Residential Supports Level 4  | Innovations |           |           | per day   | \$ 189.28   | 4/1/2022       | 6/30/2024  |                 |
| H2016        | HI   | U4   |      |      |         | Residential Supports Level 4  | B3          |           |           | per day   | \$ 189.28   | 4/1/2022       | 6/30/2024  |                 |
| H2016        | U4   |      |      |      |         | Residential Supports Level 1  | B3          |           |           | per day   | \$ 117.80   | 4/1/2022       | 6/30/2024  |                 |
| H2016        | HI   | CG   |      |      |         | Residential Supports Level 4 - AFL  | Innovations |           |           | per day   | \$ 189.28   | 4/1/2022       | 6/30/2024  |                 |
| H2016        | CG   |      |      |      |         | Residential Supports Level 1 - AFL  | Innovations |           |           | per day   | \$ 117.80   | 4/1/2022       | 6/30/2024  |                 |
| H2016        |      |      |      |      |         | Residential Supports Level 1  | Innovations |           |           | per day   | \$ 117.80   | 4/1/2022       | 6/30/2024  |                 |
| H2017        |      |      |      |      |         | DMH Psychosocial Rehabilitation (PSR)                                       | Medicaid B  |           |           | 15 min    | \$ 2.87     | 4/1/2022       | 6/30/2024  |                 |
| H2017        |      |      |      |      |         | DMH Psychosocial Rehabilitation (PSR)                                       | State       |           |           | 15 min    | \$ 2.69     | 10/1/2012      | 4/30/2023  |                 |
| H2017        |      |      |      |      |         | DMH Psychosocial Rehabilitation (PSR)                                       | State       |           |           | 15 min    | \$ 3.87     | 5/1/2023       | 12/31/2023 |                 |
| H2020        |      |      |      |      | 0902    | Therapeutic Behavioral Services (HRI Level II-Group Homes)                  | Medicaid B  |           |           | per diem  | \$ 146.45   | 10/1/2022      | 6/30/2024  |                 |
| H2020        |      |      |      |      | 0183    | Therapeutic Behavioral Services Therapeutic Leave(HRI Level II-Group Homes) | Medicaid B  |           |           | per diem  | \$ 146.45   | 10/1/2022      | 6/30/2024  |                 |
| H2022        | HE   |      |      |      |         | Family Centered Treatment Non-Covered EPSDT Service                         | Medicaid B  |           |           | per month | \$ 2,700.00 | 7/1/2017       | 6/30/2024  |                 |
| H2022        |      |      |      |      |         | Intensive In-Home Services  | Medicaid B  |           |           | per diem  | \$ 239.66   | 4/1/2017       | 6/30/2024  |                 |
| H2022        |      |      |      |      |         | Intensive In-Home Services  | State       |           |           | per diem  | \$ 239.66   | 4/1/2017       | 6/30/2024  |                 |
| H2022        | U4   |      |      |      |         | Transitional Living Skills  | Medicaid B  |           |           | per week  | \$ 380.65   | 1/1/2020       | 6/30/2024  |                 |
| H2023        | U2   | U4   |      |      |         | Initial Individual Supported Employment MH                                  | B3          |           |           | 15 min    | \$ 16.54    | 4/1/2022       | 9/30/2023  | MH/SA Consumers |
| H2023        | U2   | U4   |      |      |         | Initial Individual Supported Employment MH                                  | B3          |           |           | 15 min    | \$ 26.40    | 10/1/2023      | 6/30/2024  | MH/SA Consumers |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                                      | Funding     | Specialty | Spec Name | Rate Unit | UnitRate | Effective date | End Date  | Notes                                    |
|--------------|------|------|------|------|---------|---|-------------|-----------|-----------|-----------|----------|----------------|-----------|--|
| H2023        | U2   | U6   | U4   |      |         | Initial Individual Supported Employmentm TCL            | B3          |           |           | 15 min    | \$ 19.56 | 4/1/2022       | 9/30/2023 |  |
| H2023        | U2   | U6   | U4   |      |         | Initial Individual Supported Employmentm TCL            | B3          |           |           | 15 min    | \$ 26.40 | 10/1/2023      | 6/30/2024 |  |
| H2023        | U3   | U4   |      |      |         | Initial Individual Supported Employment I/DD            | B3          |           |           | 15 min    | \$ 8.54  | 4/1/2022       | 9/14/2023 | DD Consumers only                        |
| H2023        | U3   | U4   |      |      |         | Initial Individual Supported Employment I/DD            | 1915i       |           |           | 15 min    | \$ 8.54  | 9/15/2023      | 6/30/2024 | DD Consumers only                        |
| H2023        | U3   |      |      |      |         | Initial Individual Supported Employment I/DD            | B3          |           |           | 15 min    | \$ 8.54  | 9/15/2023      | 6/30/2024 | DD Consumers only                        |
| H2023        | U6   | U4   |      |      |         | Initial Supported Employment - TCL                      | B3          |           |           | 15 min    | \$ 19.56 | 4/1/2022       | 9/30/2023 | TCL Initiative/Based on Meeting Fidelity |
| H2023        | U6   | U4   |      |      |         | Initial Supported Employment - TCL                      | B3          |           |           | 15 min    | \$ 26.40 | 10/1/2023      | 6/30/2024 | TCL Initiative/Based on Meeting Fidelity |
| H2025        | HQ   | U4   |      |      |         | Supported Employment - Group Setting                    | B3          |           |           | 15 min    | \$ 2.26  | 4/1/2022       | 6/30/2024 |  |
| H2025        | TS   | U2   |      |      |         | Supported Employment Long Term Follow Up-Transportation | Innovations |           |           | Invoice   |          | 11/1/2016      | 6/30/2024 |  |
| H2025        | TS   | U4   |      |      |         | Supported Employment Long Term Follow Up                | B3          |           |           | 15 min    | \$ 7.75  | 1/1/2022       | 6/30/2024 |  |
| H2025        | U4   |      |      |      |         | Supported Employment - Individual                       | B3          |           |           | 15 min    | \$ 8.29  | 4/1/2022       | 6/30/2024 |  |
| H2025        | TS   | HQ   |      |      |         | Support Employment - Long Term Follow-UP Group          | Innovations |           |           | 15 min    | \$ 2.26  | 4/1/2022       | 6/30/2024 |  |
| H2025        | HQ   |      |      |      |         | Supported Employment Group Setting                      | Innovations |           |           | 15 min    | \$ 2.26  | 4/1/2022       | 6/30/2024 |  |
| H2025        | TS   |      |      |      |         | Supported Employment - Long Term Follow-Up              | Innovations |           |           | 15 min    | \$ 8.29  | 4/1/2022       | 6/30/2024 |  |
| H2025        |      |      |      |      |         | Supported Employment                                    | Innovations |           |           | 15 min    | \$ 8.29  | 4/1/2022       | 6/30/2024 |  |
| H2026        | HQ   | U4   |      |      |         | Group Supported Employment Maintenance IDD only         | B3          |           |           | 15 min    | \$ 2.26  | 4/1/2022       | 9/14/2023 |  |
| H2026        | HQ   | U4   |      |      |         | Group Supported Employment Maintenance IDD only         | 1915i       |           |           | 15 min    | \$ 2.26  | 9/15/2023      | 6/30/2024 |  |
| H2026        | HQ   |      |      |      |         | Group Supported Employment Maintenance IDD only         | B3          |           |           | 15 min    | \$ 2.26  | 9/15/2023      | 6/30/2024 |  |
| H2026        | U2   | U4   |      |      |         | MH Long Term Vocational Supports                        | B3          |           |           | 15 min    | \$ 14.76 | 4/1/2022       | 6/30/2024 | MH/SA Consumers                          |
| H2026        | U3   | U4   |      |      |         | I/DD Long Term Vocational Supports                      | B3          |           |           | 15 min    | \$ 11.75 | 4/1/2022       | 9/14/2023 | I/DD Consumers only                      |
| H2026        | U3   | U4   |      |      |         | I/DD Long Term Vocational Supports                      | 1915i       |           |           | 15 min    | \$ 11.75 | 9/15/2023      | 6/30/2024 | I/DD Consumers only                      |
| H2026        | U3   |      |      |      |         | I/DD Long Term Vocational Supports                      | B3          |           |           | 15 min    | \$ 11.75 | 9/15/2023      | 6/30/2024 | I/DD Consumers only                      |
| H2033        |      |      |      |      |         | Multi-Systemic Therapy (MST)                            | Medicaid B  |           |           | 15 min    | \$ 36.57 | 10/1/2012      | 6/30/2024 |  |
| H2033        |      |      |      |      |         | Multi-Systemic Therapy (MST)                            | State       |           |           | 15 min    | \$ 36.57 | 10/1/2012      | 6/30/2024 |  |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding     | Specialty | Spec Name | Rate Unit | UnitRate  | Effective date | End Date   | Notes |
|--------------|------|------|------|------|---------|--|-------------|-----------|-----------|-----------|-----------|----------------|------------|-------|
| H2034        |      |      |      |      |         | SA Halfway House   | State       |           |           | per day   | \$ 58.21  | 4/1/2012       | 6/30/2024  |       |
| H2035        |      |      |      |      |         | SA Comprehensive Outpatient Treatment Program  | Medicaid B  |           |           | per hour  | \$ 46.07  | 4/1/2022       | 6/30/2024  |       |
| H2035        |      |      |      |      |         | SA Comprehensive Outpatient Treatment Program  | State       |           |           | per hour  | \$ 45.35  | 4/1/2022       | 4/30/2023  |       |
| H2035        |      |      |      |      |         | SA Comprehensive Outpatient Treatment Program  | State       |           |           | per hour  | \$ 46.00  | 5/1/2023       | 12/31/2023 |       |
| Q3014        | GT   |      |      |      |         | telehealth originating site facility fee   | Medicaid B  | 112       | CNP       | per diem  | \$ 20.83  | 4/1/2012       | 6/30/2024  |       |
| Q3014        |      |      |      |      |         | telehealth originating site facility fee   | State       | 112       | CNP       | per diem  | \$ 20.83  | 4/1/2012       | 6/30/2024  |       |
| Q3014        |      |      |      |      |         | telehealth originating site facility fee   | Medicaid B  | 001       | Physician | per diem  | \$ 23.38  | 10/1/2013      | 6/30/2024  |       |
| Q3014        | GT   |      |      |      |         | telehealth originating site facility fee   | State       | 001       | Physician | per diem  | \$ 23.38  | 10/1/2013      | 6/30/2024  |       |
| S5110        | U4   |      |      |      |         | Natural Supports Education - Individual  | B3          |           |           | 15 min    | \$ 8.36   | 1/1/2014       | 6/30/2024  |       |
| S5110        |      |      |      |      |         | Natural Supports Education   | Innovations |           |           | 15 min    | \$ 8.36   | 4/1/2013       | 6/30/2024  |       |
| S5111        | U4   |      |      |      |         | Natural Supports Education - Conference  | B3          |           |           | Invoice   |           | 1/1/2014       | 6/30/2024  |       |
| S5111        |      |      |      |      |         | Natural Supports Education - Conference  | Innovations |           |           | Invoice   |           | 4/1/2012       | 6/30/2024  |       |
| S5125        | U4   |      |      |      |         | Personal Care  | B3          |           |           | 15 min    | \$ 4.28   | 1/1/2022       | 6/30/2024  |       |
| S5145        | HK   |      |      |      |         | Intensive Alternative Family Services  | Medicaid B  |           |           | per diem  | \$ 231.28 | 4/1/2013       | 6/30/2024  |       |
| S5145        |      |      |      |      | 0902    | Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)                   | Medicaid B  |           |           | per diem  | \$ 175.00 | 10/1/2022      | 6/30/2024  |       |
| S5145        |      |      |      |      | 0183    | Foster Care, Therapeutic, Child Therapeutic Leave (HRI Level II - Therapeutic Foster Care) | Medicaid B  |           |           | per diem  | \$ 175.00 | 10/1/2022      | 6/30/2024  |       |
| S5150        | HQ   | U4   |      |      |         | Respite Care- Community Group  | B3          |           |           | 15 min    | \$ 3.09   | 4/1/2022       | 6/30/2024  |       |
| S5150        | US   | U4   |      |      |         | Respite Care - Community Facility  | B3          |           |           | per event | \$ 120.91 | 1/1/2022       | 6/30/2024  |       |
| S5150        | U4   |      |      |      |         | Respite Care- Community Individual   | B3          |           |           | 15 min    | \$ 4.25   | 4/1/2022       | 6/30/2024  |       |
| S5150        | HQ   |      |      |      |         | Respite Care - Community Group   | Innovations |           |           | 15 min    | \$ 3.09   | 4/1/2022       | 6/30/2024  |       |
| S5150        | US   |      |      |      |         | Respite Care - Community Facility  | Innovations |           |           | per day   | \$ 132.43 | 4/1/2022       | 6/30/2024  |       |
| S5150        |      |      |      |      |         | Respite Care - Community Individual  | Innovations |           |           | 15 min    | \$ 4.25   | 4/1/2022       | 6/30/2024  |       |



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|--------------|------|------|------|------|---------|--|-------------|-----------|-----------|-----------|-----------|----------------|-----------|-------|
| S5151        | U4   |      |      |      |         | Respite Care- Community Facility                                   | B3          |           |           | per day   | \$ 240.09 | 1/1/2022       | 6/30/2024 |       |
| S5165        | U4   |      |      |      |         | Home   | B3          |           |           | Invoice   |           | 1/1/2014       | 6/30/2024 |       |
| S5165        |      |      |      |      |         | Home Modifications   | Innovations |           |           | Invoice   |           | 11/1/2016      | 6/30/2024 |       |
| S9484        | HA   |      |      |      |         | Crisis Intervention (Facility Based Crisis) Child & Adolescents    | Medicaid B  |           |           | per hour  | \$ 30.00  | 1/1/2016       | 6/30/2024 |       |
| S9484        |      |      |      |      |         | Crisis Intervention (Facility Based Crisis) Adults                 | Medicaid B  |           |           | per hour  | \$ 30.00  | 7/1/2021       | 6/30/2024 |       |
| S9484        | HA   |      |      |      |         | Crisis Intervention (Facility Based Crisis) Adults                 | State       |           |           | per hour  | \$ 30.00  | 7/1/2021       | 6/30/2024 |       |
| S9484        |      |      |      |      |         | Crisis Intervention (Facility Based Crisis)                        | State       |           |           | per hour  | \$ 30.00  | 7/1/2021       | 6/30/2024 |       |
| T1005        | TD   | U4   |      |      |         | Respite Care Nursing - RN  | B3          |           |           | 15 min    | \$ 9.24   | 1/1/2022       | 6/30/2024 |       |
| T1005        | TE   | U4   |      |      |         | Respite Care Nursing - LPN   | B3          |           |           | 15 min    | \$ 9.24   | 1/1/2022       | 6/30/2024 |       |
| T1005        | TD   |      |      |      |         | Respite Care Nursing - RN  | Innovations |           |           | 15 min    | \$ 9.24   | 1/1/2022       | 6/30/2024 |       |
| T1005        | TE   |      |      |      |         | Respite Care Nursing - LPN   | Innovations |           |           | 15 min    | \$ 9.24   | 1/1/2022       | 6/30/2024 |       |
| T1015        | TD   | U4   |      |      |         | Intensive In Home Support  | B3          |           |           | 15 min    | \$ 4.93   | 1/1/2022       | 6/30/2024 |       |
| T1015        |      |      |      |      |         | Intensive In Home Support  | Innovations |           |           | 15 min    | \$ 4.93   | 1/1/2022       | 6/30/2024 |       |
| T1017        | HE   | HB   |      |      |         | Case Management Crisis Response, Prevention, Stabilization Program | Medicaid B  |           |           | per unit  | \$ 61.01  | 10/1/2019      | 6/30/2024 |       |
| T1019        | U4   |      |      |      |         | Individual Support   | B3          |           |           | 15 min    | \$ 20.59  | 12/1/2022      | 9/14/2023 |       |
| T1019        | U4   |      |      |      |         | Individual Support   | 1915i       |           |           | 15 min    | \$ 20.59  | 9/15/2023      | 6/30/2024 |       |
| T1019        |      |      |      |      |         | Individual Support   | B3          |           |           | 15 min    | \$ 20.59  | 9/15/2023      | 6/30/2024 |       |
| T1023        |      |      |      |      |         | Diagnostic Assessment (MH/SA)                                      | Medicaid B  |           |           | event     | \$ 231.30 | 4/1/2013       | 6/30/2024 |       |
| T1023        |      |      |      |      |         | Diagnostic Assessment (MH/SA)                                      | State       |           |           | event     | \$ 231.30 | 4/1/2013       | 6/30/2024 |       |
| T1999        | U4   |      |      |      |         | Individual Goods and Services                                      | B3          |           |           | Invoice   |           | 1/1/2014       | 6/30/2024 |       |
| T1999        |      |      |      |      |         | Individual Goods and Services                                      | Innovations |           |           | Invoice   |           | 4/1/2012       | 6/30/2024 |       |
| T2012        |      |      |      |      |         | Community Living and Supports                                      | Innovations |           |           | 15 min    | \$ 6.10   | 4/1/2022       | 6/30/2024 |       |

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|--------------|------|------|------|------|---------|--|-------------|-----------|-----------|-----------|-----------|----------------|-----------|-------|
| T2012        | HQ   |      |      |      |         | Community Living and Supports                    | Innovations |           |           | 15 min    | \$ 3.46   | 4/1/2022       | 6/30/2024 |       |
| T2013        | TF   | HQ   |      |      |         | Community Living Supports - Group                | Innovations |           |           | 15 min    | \$ 3.46   | 4/1/2022       | 6/30/2024 |       |
| T2013        | TF   | HQ   | U4   |      |         | Community Living and Supports Group              | B3          |           |           | 15 min    | \$ 3.46   | 4/1/2022       | 9/14/2023 |       |
| T2013        | TF   | HQ   |      |      |         | Community Living and Supports Group              | B3          |           |           | 15 min    | \$ 3.46   | 9/15/2023      | 6/30/2024 |       |
| T2013        | TF   | HQ   | U4   |      |         | Community Living and Supports Group              | 1915i       |           |           | 15 min    | \$ 3.46   | 9/15/2023      | 6/30/2024 |       |
| T2013        | HQ   | U4   |      |      |         | In Home Skill Building - Group                   | B3          |           |           | 15 min    | \$ 3.10   | 1/1/2022       | 6/30/2024 |       |
| T2013        | U4   |      |      |      |         | In Home Skill Building - Individual              | B3          |           |           | 15 min    | \$ 6.10   | 4/1/2022       | 6/30/2024 |       |
| T2013        | TF   |      |      |      |         | Community Living Supports - Individual           | Innovations |           |           | 15 min    | \$ 6.10   | 4/1/2022       | 6/30/2024 |       |
| T2013        | TF   | U4   |      |      |         | Community Living and Supports                    | B3          |           |           | 15 min    | \$ 6.10   | 4/1/2022       | 9/14/2023 |       |
| T2013        | TF   |      |      |      |         | Community Living and Supports                    | B3          |           |           | 15 min    | \$ 6.10   | 9/15/2023      | 6/30/2024 |       |
| T2013        | TF   | U4   |      |      |         | Community Living and Supports                    | 1915i       |           |           | 15 min    | \$ 6.10   | 9/15/2023      | 6/30/2024 |       |
| T2014        | U4   |      |      |      |         | Residential Supports Level 2                     | B3          |           |           | per day   | \$ 149.25 | 4/1/2022       | 6/30/2024 |       |
| T2014        | CG   |      |      |      |         | Residential Supports Level 2 - AFL               | Innovations |           |           | per day   | \$ 149.25 | 4/1/2022       | 6/30/2024 |       |
| T2014        |      |      |      |      |         | Residential Supports Level 2                     | Innovations |           |           | per day   | \$ 149.25 | 4/1/2022       | 6/30/2024 |       |
| T2016        | U1   | U5   |      |      |         | Community Living Facilities and Supports Level 1 | Medicaid B  |           |           | per diem  | \$ 161.16 | 12/1/2022      | 3/31/2023 |       |
| T2016        | U2   | U5   |      |      |         | Community Living Facilities and Supports Level 2 | Medicaid B  |           |           | per diem  | \$ 202.03 | 12/1/2022      | 3/31/2023 |       |
| T2016        | U3   | U5   |      |      |         | Community Living Facilities and Supports Level 3 | Medicaid B  |           |           | per diem  | \$ 271.64 | 12/1/2022      | 3/31/2023 |       |
| T2016        | U4   | U5   |      |      |         | Community Living Facilities and Supports Level 4 | Medicaid B  |           |           | per diem  | \$ 268.03 | 12/1/2022      | 3/31/2023 |       |
| T2016        | U5   |      |      |      |         | Community Living Facilities and Supports Level 5 | Medicaid B  |           |           | per diem  | \$ 275.27 | 12/1/2022      | 3/31/2023 |       |
| T2016        | U5   | U1   |      |      |         | Community Living Facilities and Supports Level 1 | Medicaid B  |           |           | per diem  | \$ 161.16 | 4/1/2023       | 6/30/2024 |       |
| T2016        | U5   | U2   |      |      |         | Community Living Facilities and Supports Level 2 | Medicaid B  |           |           | per diem  | \$ 202.03 | 4/1/2023       | 6/30/2024 |       |
| T2016        | U5   | U3   |      |      |         | Community Living Facilities and Supports Level 3 | Medicaid B  |           |           | per diem  | \$ 271.64 | 4/1/2023       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                                    | Funding     | Specialty | Spec Name | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|-------------|-----------|-----------|-----------|-----------|----------------|-----------|-------|
| T2016        | U5   | U4   |      |      |         | Community Living Facilities and Supports Level 4      | Medicaid B  |           |           | per diem  | \$ 268.03 | 4/1/2023       | 6/30/2024 |       |
| T2016        | U5   | U6   |      |      |         | Community Living Facilities and Supports Level 5      | Medicaid B  |           |           | per diem  | \$ 275.27 | 4/1/2023       | 6/30/2024 |       |
| T2016        | U5   |      |      |      |         | Behaviorial Health Crisis Assessment and Intervention | Medicaid B  |           |           | per diem  | \$ 432.00 | 4/1/2023       | 6/30/2024 |       |
| T2020        | CG   | U4   |      |      |         | Residentail Supports Level 3 AFL                      | B3          |           |           | per day   | \$ 169.27 | 4/1/2022       | 6/30/2024 |       |
| T2020        | U4   |      |      |      |         | Residential Supports Level 3                          | B3          |           |           | per day   | \$ 169.27 | 4/1/2022       | 6/30/2024 |       |
| T2020        | CG   |      |      |      |         | Residential Supports Level 3 - AFL                    | Innovations |           |           | per day   | \$ 169.27 | 4/1/2022       | 6/30/2024 |       |
| T2020        |      |      |      |      |         | Residential Supports Level 3                          | Innovations |           |           | per day   | \$ 169.27 | 4/1/2022       | 6/30/2024 |       |
| T2021        | HQ   |      |      |      |         | Day Supports - Group                                  | Innovations |           |           | hourly    | \$ 16.00  | 4/1/2022       | 6/30/2024 |       |
| T2021        | HQ   | U4   |      |      |         | Day Supports-Group                                    | B3          |           |           | hourly    | \$ 16.00  | 4/1/2022       | 3/31/2023 |       |
| T2021        | U4   |      |      |      |         | Day Supports-Individual                               | B3          |           |           | hourly    | \$ 27.88  | 4/1/2022       | 6/30/2024 |       |
| T2021        |      |      |      |      |         | Day Supports - Individual                             | Innovations |           |           | hourly    | \$ 27.88  | 4/1/2022       | 6/30/2024 |       |
| T2025        | HO   |      |      |      |         | Specialized Consultative Services - BCBA              | Innovations |           |           | 15 min    | \$ 31.25  | 1/1/2022       | 6/30/2024 |       |
| T2025        | U1   |      |      |      |         | Financial Supports                                    | Innovations |           |           | monthly   | \$ 175.00 | 1/1/2022       | 6/30/2024 |       |
| T2025        | U2   |      |      |      |         | FM Supplies   | Innovations |           |           | Invoice   |           | 4/1/2012       | 6/30/2024 |       |
| T2025        | U3   |      |      |      |         | Crisis Behavioral Consultation                        | Innovations |           |           | 15 min    | \$ 20.06  | 1/1/2022       | 6/30/2024 |       |
| T2025        | HO   | U4   |      |      |         | Specialized Consultative Services - BCBA              | B3          |           |           | 15 min    | \$ 31.25  | 1/1/2022       | 6/30/2024 |       |
| T2025        | U1   | U4   |      |      |         | Community Networking - Training                       | B3          |           |           | per event | \$ 90.95  | 1/1/2022       | 6/30/2024 |       |
| T2025        | U2   | U4   |      |      |         | Employer Supplies Transportation                      | B3          |           |           | Invoice   |           | 1/1/2014       | 6/30/2024 |       |
| T2025        | U3   | U4   |      |      |         | Crisis Consultation B3 IW Service                     | B3          |           |           | 15 min    | \$ 20.06  | 1/1/2022       | 6/30/2024 |       |
| T2025        | U4   |      |      |      |         | Specialized Consultative Services                     | B3          |           |           | 15 min    | \$ 31.25  | 1/1/2022       | 6/30/2024 |       |
| T2025        |      |      |      |      |         | Specialized Consultative Services                     | Innovations |           |           | 15 min    | \$ 31.25  | 1/1/2022       | 6/30/2024 |       |
| T2027        | U4   |      |      |      |         | Day Supports - Developmental Day                      | B3          |           |           | 15 min    | \$ 26.06  | 4/1/2022       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                            | Funding     | Specialty | Spec Name | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|---|-------------|-----------|-----------|-----------|-----------|----------------|-----------|-------|
| T2027        |      |      |      |      |         | Day Supports - Developmental Day              | Innovations |           |           | hourly    | \$ 26.06  | 4/1/2022       | 6/30/2024 |       |
| T2028        |      |      |      |      |         | Communication Device - Purchase               | Innovations |           |           |           | Invoice   | 4/1/2012       | 6/30/2024 |       |
| T2029        | U4   |      |      |      |         | Assistive Technology - Equipment and Supplies | B3          |           |           |           | Invoice   | 1/1/2014       | 6/30/2024 |       |
| T2029        |      |      |      |      |         | Assistive Technology - Equipment and Supplies | Innovations |           |           |           | Invoice   | 11/1/2016      | 6/30/2024 |       |
| T2033        | U1   |      |      |      |         | Supported Living Periodic                     | Innovations |           |           | 15 min    | \$ 5.25   | 4/1/2022       | 6/30/2024 |       |
| T2033        | U1   | U4   |      |      |         | Supported Living - Periodic                   | B3          |           |           | 15 min    | \$ 5.25   | 4/1/2022       | 6/30/2024 |       |
| T2033        | U2   |      |      |      |         | Supported Living Transition                   | Innovations |           |           | 15 min    | \$ 5.25   | 4/1/2022       | 6/30/2024 |       |
| T2033        | HI   |      |      |      |         | Supported Living Level 2                      | Innovations |           |           | per day   | \$ 218.65 | 4/1/2022       | 6/30/2024 |       |
| T2033        | TF   |      |      |      |         | Supported Living Level 3                      | Innovations |           |           | per day   | \$ 267.01 | 4/1/2022       | 6/30/2024 |       |
| T2033        |      |      |      |      |         | Supported Living Level 1                      | Innovations |           |           | per day   | \$ 169.75 | 4/1/2022       | 6/30/2024 |       |
| T2034        | U4   |      |      |      |         | Out of Home Crisis                            | B3          |           |           | per day   | \$ 251.45 | 1/1/2022       | 6/30/2024 |       |
| T2034        |      |      |      |      |         | Out of Home Crisis                            | Innovations |           |           | per day   | \$ 251.45 | 1/1/2022       | 6/30/2024 |       |
| T2038        | U4   |      |      |      |         | Community Transition Supports                 | B3          |           |           | 1 time    | Invoice   | 1/1/2014       | 6/30/2024 |       |
| T2038        |      |      |      |      |         | Community Transition Supports                 | Innovations |           |           | 1 time    | Invoice   | 11/1/2016      | 6/30/2024 |       |
| T2039        | U4   |      |      |      |         | Vehicle Adaptations                           | B3          |           |           |           | Invoice   | 1/1/2014       | 6/30/2024 |       |
| T2039        |      |      |      |      |         | Vehicle Adaptations                           | Innovations |           |           |           | Invoice   | 4/1/2012       | 6/30/2024 |       |
| T2041        | U1   | U4   |      |      |         | Community Guide Training - Periodic           | B3          |           |           | 15 min    | \$ 9.68   | 1/1/2022       | 6/30/2024 |       |
| T2041        | U1   |      |      |      |         | Community Navigator Training - Employer       | Innovations |           |           | 15 min    | \$ 9.68   | 1/1/2022       | 6/30/2024 |       |
| T2041        | U4   |      |      |      |         | Community Guide                               | B3          |           |           | monthly   | \$ 150.00 | 1/1/2022       | 6/30/2024 |       |
| T2041        |      |      |      |      |         | Community Navigator                           | Innovations |           |           | monthly   | \$ 150.00 | 1/1/2022       | 6/30/2024 |       |
| V5336        |      |      |      |      |         | Communication Device - Repairs                | Innovations |           |           |           | Invoice   | 4/1/2012       | 6/30/2024 |       |
| YA125        |      |      |      |      |         | Hourly Respite                                | State       |           |           | 15 min    | \$ 5.00   | 4/1/2012       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription   | Funding | Specialty | Spec Name | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|---------|-----------|-----------|-----------|-----------|----------------|-----------|-------|
| YA213        |      |      |      |      |         | Community Respite  | State   |           |           | per day   | \$ 214.38 | 4/1/2012       | 6/30/2024 |       |
| YA232        |      |      |      |      |         | Room & Board - Level III (1-4 Beds) (Current DSS Rate)               | State   |           |           | per day   | \$ 21.50  | 4/1/2012       | 6/30/2024 |       |
| YA233        |      |      |      |      |         | Room & Board - Level III (5+ Beds) (Current DSS Rate)                | State   |           |           | per day   | \$ 16.50  | 4/1/2012       | 6/30/2024 |       |
| YA234        |      |      |      |      |         | Room & Board - Level II (Age 5 or less) (Current DSS Rate \$365/mo)  | State   |           |           | per day   | \$ 12.00  | 4/1/2012       | 6/30/2024 |       |
| YA235        |      |      |      |      |         | Room & Board - Level II (Age 6-12 less) (Current DSS Rate \$415/mo ) | State   |           |           | per day   | \$ 13.64  | 4/1/2012       | 6/30/2024 |       |
| YA236        |      |      |      |      |         | Room & Board - Level II (Age 13+) (Current DSS Rate \$465/mo)        | State   |           |           | per day   | \$ 13.64  | 4/1/2012       | 6/30/2024 |       |
| YA238        |      |      |      |      |         | Room & Board - Level IV (5+ beds) (Current DSS Rate)                 | State   |           |           | per day   | \$ 20.10  | 4/1/2012       | 6/30/2024 |       |
| YA326        |      |      |      |      |         | Crisis Respite   | State   |           |           | per day   | \$ 20.00  | 4/1/2012       | 6/30/2024 |       |
| YA328        |      |      |      |      |         | TBI Long Term Residential Rehab                                      | State   |           |           | per day   | \$ 193.54 | 6/1/2022       | 6/30/2024 |       |
| YA340        |      |      |      |      |         | Wellness Education Group   | State   |           |           | per day   | \$ 150.00 | 4/1/2012       | 6/30/2024 |       |
| YA352        |      |      |      |      |         | Assertive Engagement - QP (Licensed & Unlicensed)                    | State   |           |           | per unit  | \$15.00   | 4/1/2023       | 6/30/2024 |       |
| YA353        |      |      |      |      |         | Assertive Engagement - AP, CPSS & Paraprofessional                   | State   |           |           | per unit  | \$15.00   | 4/1/2023       | 6/30/2024 |       |
| YA389        |      |      |      |      |         | Long-Term Vocational Support - I/DD                                  | State   |           |           | 15 min    | \$ 11.21  | 7/1/2013       | 6/30/2024 |       |
| YA390        |      |      |      |      |         | Supported Employment - Individual - I/DD                             | State   |           |           | 15 min    | \$ 11.21  | 7/1/2013       | 6/30/2024 |       |
| YM050        |      |      |      |      |         | Personal Care  | State   |           |           | 15 min    | \$ 3.36   | 4/1/2012       | 6/30/2024 |       |
| YM100        |      |      |      |      |         | Day Supports - Group   | State   |           |           | 15 min    | \$ 3.57   | 7/1/2012       | 6/30/2024 |       |
| YM101        |      |      |      |      |         | Day Supports - Individual  | State   |           |           | 15 min    | \$ 6.01   | 7/1/2012       | 6/30/2024 |       |
| YM106        |      |      |      |      |         | Residential Supports Lvl -1 ADIDD                                    | State   |           |           | per day   | \$ 84.78  | 7/1/2012       | 6/30/2024 |       |
| YM107        |      |      |      |      |         | Residential Supports - Level 2                                       | State   |           |           | per day   | \$ 122.46 | 7/1/2012       | 6/30/2024 |       |
| YM108        |      |      |      |      |         | Residential Supports - Level 3                                       | State   |           |           | per day   | \$ 141.31 | 7/1/2012       | 6/30/2024 |       |
| YM109        |      |      |      |      |         | Residential Supports - Level 4                                       | State   |           |           | per day   | \$ 160.14 | 7/1/2012       | 6/30/2024 |       |
| YM110        |      |      |      |      |         | Specialized Consultative Services                                    | State   |           |           | 15 min    | \$ 17.40  | 7/1/2012       | 6/30/2024 |       |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                     | Funding | Specialty | Spec Name | Rate Unit  | UnitRate  | Effective date | End Date   | Notes  |
|--------------|------|------|------|------|---------|--|---------|-----------|-----------|------------|-----------|----------------|------------|--|
| YM111        |      |      |      |      |         | Supported Employment - Group ADIDD     | State   |           |           | 15 min     | \$ 1.86   | 7/1/2012       | 6/30/2024  |  |
| YM112        |      |      |      |      |         | Supported Employment - Individual      | State   |           |           | 15 min     | \$ 7.24   | 7/1/2012       | 6/30/2024  |  |
| YM113        |      |      |      |      |         | Community Networking                   | State   |           |           | 15 min     | \$ 5.24   | 7/1/2012       | 6/30/2024  |  |
| YM114        |      |      |      |      |         | Community Networking Group ADIDD       | State   |           |           | 15 min     | \$ 2.92   | 7/1/2012       | 6/30/2024  |  |
| YM120        |      |      |      |      |         | Tenancy Support Team                   | State   |           |           | 15 min     | \$ 13.40  | 11/1/2015      | 4/30/2023  | For individuals of TCLI who receive a housing slot |
| YM120        |      |      |      |      |         | Tenancy Support Team                   | State   |           |           | 15 min     | \$ 26.00  | 5/1/2023       | 12/31/2023 | For individuals of TCLI who receive a housing slot |
| YM580        |      |      |      |      |         | Day Supports - Individual              | State   |           |           | per day    | \$ 112.23 | 7/1/2021       | 6/30/2024  |  |
| YM590        |      |      |      |      |         | Day Supports - Group                   | State   |           |           | 15 minutes | \$ 5.35   | 7/1/2021       | 6/30/2024  |  |
| YM686        |      |      |      |      |         | Guardianship                           | State   |           |           | per day    | \$ 208.18 | 7/1/2012       | 6/30/2024  |  |
| YM812        |      |      |      |      |         | Supervised Living - 2 Resident         | State   |           |           | per day    | \$ 161.99 | 4/1/2012       | 6/30/2024  |  |
| YM813        |      |      |      |      |         | Supervised Living - 3 Resident         | State   |           |           | per day    | \$ 133.50 | 4/1/2012       | 6/30/2024  |  |
| YM814        |      |      |      |      |         | Supervised Living - 4 Resident         | State   |           |           | per day    | \$ 93.17  | 4/1/2012       | 6/30/2024  |  |
| YM850        |      |      |      |      |         | Residential Supports                   | State   |           |           | per day    | \$ 189.79 | 4/1/2012       | 6/30/2024  |  |
| YM851        |      |      |      |      |         | Community Living Supports - Individual | State   |           |           | 15 min     | \$ 8.23   | 2/1/2022       | 6/30/2024  |  |
| YP010        |      |      |      |      |         | Hourly Respite - Individual            | State   |           |           | 15 min     | \$ 5.50   | 7/1/2020       | 6/30/2024  |  |
| YP011        |      |      |      |      |         | Hourly Respite - Group                 | State   |           |           | 15 min     | \$ 1.67   | 4/1/2012       | 6/30/2024  |  |
| YP020        |      |      |      |      |         | Personal Assistance                    | State   |           |           | 15 min     | \$ 5.13   | 7/1/2020       | 6/30/2024  |  |
| YP610        |      |      |      |      |         | Developmental Day Activities           | State   |           |           | 15 min     | \$ 4.74   | 6/1/2012       | 6/30/2024  |  |
| YP630        | U6   |      |      |      |         | Individual Supported Employment - TCL  | State   |           |           | 15 min     | \$ 19.02  | 10/6/2015      | 9/30/2023  | TCL Initiative/Based on Meeting Fidelity           |
| YP630        | U6   |      |      |      |         | Individual Supported Employment - TCL  | State   |           |           | 15 min     | \$ 26.40  | 10/1/2023      | 6/30/2024  | TCL Initiative/Based on Meeting Fidelity           |
| YP630        |      |      |      |      |         | Supported Employment - Individual      | State   |           |           | 15 min     | \$ 14.22  | 5/1/2013       | 9/30/2023  |  |

| Service Code | Mod1 | Mod2 | Mod3 | Mod4 | RevCode | ServiceDescription                                       | Funding | Specialty | Spec Name | Rate Unit | UnitRate  | Effective date | End Date  | Notes |
|--------------|------|------|------|------|---------|--|---------|-----------|-----------|-----------|-----------|----------------|-----------|-------|
| YP630        |      |      |      |      |         | Supported Employment - Individual                        | State   |           |           | 15 min    | \$ 26.40  | 10/1/2023      | 6/30/2024 |       |
| YP640        |      |      |      |      |         | Supported Employment - Group                             | State   |           |           | 15 min    | \$ 2.53   | 7/1/2013       | 6/30/2024 |       |
| YP650        |      |      |      |      |         | Community Rehabilitation Program (Sheltered Workshop)    | State   |           |           | 15 min    | \$ 3.71   | 7/1/2013       | 6/30/2024 |       |
| YP710        |      |      |      |      |         | Supervised Living Low                                    | State   |           |           | per day   | \$ 28.92  | 4/1/2012       | 6/30/2024 |       |
| YP720        |      |      |      |      |         | Supervised Living Moderate                               | State   |           |           | per day   | \$ 53.92  | 10/1/2012      | 6/30/2024 |       |
| YP740        |      |      |      |      |         | Family Living Low  | State   |           |           | per day   | \$ 56.50  | 4/1/2012       | 6/30/2024 |       |
| YP750        |      |      |      |      |         | Family Living Moderate                                   | State   |           |           | per day   | \$ 46.83  | 4/1/2012       | 6/30/2024 |       |
| YP760        |      |      |      |      |         | Group Living - Low                                       | State   |           |           | per day   | \$ 55.29  | 7/1/2009       | 6/30/2024 |       |
| YP770        |      |      |      |      |         | Group Living - Moderate                                  | State   |           |           | per day   | \$ 58.21  | 4/1/2012       | 6/30/2024 |       |
| YP780        |      |      |      |      |         | Group Living - High                                      | State   |           |           | per day   | \$ 141.51 | 4/1/2012       | 6/30/2024 |       |
| YP830        |      |      |      |      |         | Alcohol and/or Drug Assessment                           | State   |           |           | 15 min    | \$ 13.78  | 4/1/2012       | 6/30/2024 |       |
| YP831        |      |      |      |      |         | Behavioral Health Counseling                             | State   |           |           | 15 min    | \$ 19.67  | 4/1/2012       | 6/30/2024 |       |
| YP832        |      |      |      |      |         | Behavioral Health Counseling - Group Therapy             | State   |           |           | 15 min    | \$ 7.25   | 4/1/2012       | 6/30/2024 |       |
| YP834        |      |      |      |      |         | Behavioral Health Counseling - Family Therapy w/o Client | State   |           |           | 15 min    | \$ 19.67  | 4/1/2012       | 6/30/2024 |       |
| YP835        |      |      |      |      |         | Alcohol and/or Drug Group Counseling                     | State   |           |           | 15 min    | \$ 5.08   | 4/1/2012       | 6/30/2024 |       |
| YP851        |      |      |      |      |         | Public Psychiatry - Administrative Functions             | State   |           |           | 15 min    | \$ 25.00  | 7/1/2012       | 6/30/2024 |       |
| YP852        |      |      |      |      |         | Public Psychiatry - Consultation/Service Functions       | State   |           |           | 15 min    | \$ 35.00  | 7/1/2012       | 6/30/2024 |       |