

Mental Health Codes and Maximum Adjusted Fee For Service (FFS) Rate by Date of Rate Change

Prepared by the Behavioral Health Administration, Behavioral Health Payments and Rates Team

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Notes:

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The rates shown in these charts represent the current estimated minimum and maximum allowable fee-for-service rates for each code and applicable modifier. Reimbursement may be adjusted based on one or more of the conditions labeled A through D, as indicated in the Notes column. The Minimum Rate column reflects the base rate, while the Maximum Rate column incorporates estimated adjustments associated with the applicable A–D conditions. These rates are estimates and subject to change.

- A. [Minnesota Statute \(MS\) 256B.0625, Subd. 38.](#) Payments for mental health services are subject to a “cutback” when provided by a master’s level enrolled provider (80% of the maximum allowed rate). The master’s level cutback does not apply to services provided in a Community Mental Health Center (CMHC).
- B. Critical Access Mental Health (CAMH) services are adjusted per legislated rate enhancements [MS 256B.763 Subd. 2.](#) Effective 1/1/2025, mandated services are reimbursed at 11.85% over the posted rate when the service is provided by one of the following providers:
 - 1. Psychiatrists and APRNs;
 - 2. CMHC;
 - 3. Mental health clinics and centers certified under [MS 245I.20 Mental Health Clinic](#) designated by the MN Department of Health (MDH) as essential community providers; or,
 - 4. Hospital outpatient psychiatric departments designated by MDH as essential community providers;
 - 5. CTSS providers who did not qualify for the CAMH rate increase on July 1, 2007, received the CAMH increase on 1/1/08 for certain approved services;
 - 6. Mental health clinics certified under section [MS 245I.20 Mental Health Clinic](#) that are not designated as essential community providers.
- C. Mental health (MH) services increased by 5% effective for services rendered on or after 9/1/2014 in accordance with [MS 256B.76 Subd. 1. \(f\).](#)
- D. MH services rate adjustments in accordance with [MS 256B.761 \(e\)](#)
 - 1. Starting on January 1, 2024, the rates will be increased 3% compared to the rates that were in effect on December 31, 2023.
 - 2. Starting on January 1, 2025, the rates will be adjusted every year based on the change in the Medicare Economic Index (MEI). This change will be calculated from the middle of the previous year to the middle of the year for which the new rate is being set, using the MEI forecast from the fourth quarter of the year before. As of the date of this publication providers will not receive the rate adjustment due to delays to MNIT system updates. Once the systems work is completed the MEI will apply and claims will be reprocessed back to 1/1/2025.

Other general notes:

- 1. An additional **1.8%** over the rate shown is added to payments subject to the MinnesotaCare provider tax.
- 2. All listed services if provided by the Indian Health Service are reimbursed at the Federal encounter rate. Qualified Tribal Agencies (638) can choose to either receive the Federal encounter rate or the listed rate (MHCP Manual). Federally Qualified Health Centers (FQHC) reimbursement for a mental health encounter is at the facility specific FQHC medical rate.
- 3. Non-Facility based rates for general providers (covers providers other than CMHC, Psychiatrists, APRNs, [MS 245I.20 Mental Health Clinic](#), and hospital outpatient psychiatric departments who are designated as essential providers).
- 4. Non-Facility based rates for specialized providers (covers CMHC, Psychiatrists, APRNs, [MS 245I.20 Mental Health Clinic](#), CTSS and hospital outpatient psychiatric departments who are designated as essential providers) who are designated as essential providers.

Modifier	Definition (Some services require one or more modifiers)
AG	Primary Care Provider receiving Psychiatric Consultation
AM	Consulting Psychiatrist to primary care provider
HA	Child or Adolescent
HE	Mental Health
HK	Intensive or Children's Day Treatment
HM	Adult MH Rehabilitation Worker or Mental Health Behavioral Aide Level II
HN	Mental Health Practitioner or Bachelor Degree Level (Clinical Trainee)
HQ	Group Modality
HR	Family/Couple with Client Present
HS	Family/Couple without Client Present
HX	OICC - Funded by county/local agency
TG	Psychiatric Consultation complex/lengthy
TS	ARMHS follow-up service
UA	CTSS service package/Children's crisis service package
UB	Children's Clinical Care Consultation - 21 to 30 minutes
UC	Children's Clinical Care Consultation - 31 minutes and above
UD	MH Assessment, Physician Administered Claims
U1	Dialectical Behavior Therapy (DBT)
U3	ARMHS Transitioning to community living
U4	Service provided via non face-to-face contact, e.g., telephone
U5	Certified Peer Specialist Level II/
U6	Interactive Behavioral Health Day Treatment
U8	Children's Clinical Care Consultation - 5 to 10 minutes
U9	Children's Clinical Care Consultation - 11 to 20 minutes
52	Brief Diagnostic Assessment

Abbreviation	Definition
ACT	Assertive Community Treatment
Adult Day Tx	Day Treatment
ARMHS	Adult Rehabilitative Mental Health Services
BHH	Behavioral Health Home
Child Outpatient	Children's Outpatient Mental Health
Child Resid Tx	Children's Residential Treatment
CM	Case Manager
CNS-MH	Clinical Nurse Specialist in Mental Health
Crisis - Adult	Adult Crisis Response Services
Crisis - Child	Children's Crisis Response Services
CTSS	Children's Therapeutic Services and Supports
CTSS Day Tx	Children's Therapeutic Services & Supports Day Treatment Services
DBT	Dialectical Behavior Therapy
Diag Assess	Diagnostic Assessment
IRTS	Intensive Residential Rehabilitative Services
ITFC	Intensive Treatment Foster Care
LICSW	Licensed Independent Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LP	Licensed Psychologist
LPCC	Licensed Professional Clinical Counselor
MH	Mental Health
MHTCM	Mental Health Targeted Case Management
Neuro	Neuropsychological Services
NP	Nurse Practitioner with psychiatric specialty
OICC	Officer-Involved Community-Based Care Coordination
SED	Severe emotional disturbance
SPMI	Serious and persistent mental illness

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Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
ACT	H0040	HA	Assertive Community Treatment - Children	County-contracted multidisciplinary treatment teams	Per diem	See table	N/A	
ACT	H0040	HK	Assertive Community Treatment - Forensic	County-contracted multidisciplinary treatment teams	Per diem	See table	N/A	
ACT	H0040		Assertive Community Treatment - Adult	County-contracted multidisciplinary treatment teams	Per diem	See table	N/A	
Adult Day Tx	H2012		Adult Behavioral Health Day Treatment	DHS approved: Outpatient Hospital, CMHC, or County Contracted Agency-Multidisciplinary Team: MH Professional, MH Practitioner	1 hour	\$30.62 This includes the 2024 50% base rate increase	\$33.10	C D (2 only)
ARMHS	90882	HM	Community Intervention	DHS Certified MH Rehabilitation Agency - MH Rehabilitation Worker	Session	\$36.51	\$40.78	C D
ARMHS	90882	U3	Transition to Community Living (TCL) Intervention	DHS Certified MH Rehabilitation Agency - LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; Certified MH Rehabilitation Professional; MH Practitioner	Session	\$48.68	\$54.36	C D
ARMHS	90882	U3 HM	Transition to Community Living	DHS Certified MH Rehabilitation	Session	\$36.51	\$42.81	C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
			(TCL) Intervention by a mental health rehabilitation worker	Agency - MH Rehabilitation Worker				
ARMHS	90882		Community Intervention	DHS Certified MH Rehabilitation Agency - LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; Certified MH Rehabilitation Professional; MH Practitioner	Session	\$48.68	\$54.37	C D
ARMHS	H0031		Functional Assessment	DHS Certified MH Rehabilitation Agency-MH Professional; MH Practitioner under the supervision of a MH Professional Clinical Supervisor	Session	\$82.44	\$92.07	C D
ARMHS	H0031	TS	Functional Assessment Update/Review	DHS Certified MH Rehabilitation Agency-MH Professional; MH Practitioner under the supervision of a MH Professional Clinical Supervisor	Session	\$82.44	\$92.07	C D
ARMHS	H0032		Individual Treatment Plan	DHS Certified MH Rehabilitation Agency-MH Professional; MH Practitioner under the supervision of a MH Professional Clinical Supervisor	Session	\$94.80	\$105.88	C D
ARMHS	H0032	TS	Individual Treatment Plan Update/Review	DHS Certified MH Rehabilitation Agency-MH	Session	\$94.80	\$105.88	C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
				Professional; MH Practitioner under the supervision of a MH Professional Clinical Supervisor				
ARMHS	H0034	HQ	Medication Education – Group	DHS Certified MH Rehabilitation Agency-Physician; RN; Pharmacist; Physician’s Assistant	15 min	\$11.04	\$13.79	B C D
ARMHS	H0034		Medication Education – Individual	DHS Certified MH Rehabilitation Agency-Physician; RN; Pharmacist; Physician’s Assistant	15 min	\$16.98	\$19.83	B C D
ARMHS	H2017	HM	Psychosocial Rehabilitation – Individual (basic social & living skills)	DHS Certified MH Rehabilitation Agency-MH Rehabilitation Worker	15 min	\$12.87	\$14.37	C D
ARMHS	H2017	HQ	Psychosocial Rehabilitation – Group (basic social & living skills)	DHS Certified MH Rehabilitation Agency - LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; Certified MH Rehabilitation Professional; MH Practitioner; MH Rehabilitation Worker	15 min	\$7.55	\$8.43	C D
ARMHS	H2017	U3	Transition to Community Living (TCL)	DHS Certified MH Rehabilitation Agency-MH Rehabilitation Worker	15 min	\$17.17	\$19.18	C D
ARMHS	H2017	U3 HM	Transition to Community Living	DHS Certified MH Rehabilitation	15 min	\$17.17	\$19.18	C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
			(TCL) by a mental health rehabilitation worker	Agency-MH Rehabilitation Worker				
ARMHS	H2017		Psychosocial Rehabilitation – Individual (basic social & living skills)	DHS Certified MH Rehabilitation Agency-LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; Certified MH Rehabilitation Professional; MH Practitioner	15 min	\$17.17	\$19.18	C D
BHH	S0280	U5	Behavioral Health Home Services care engagement, initial plan	Certified BHH Providers	One payment per month	\$350.00	\$372.31	D
BHH	S0281	U5	Behavioral Health Home Services ongoing standard care maintenance of plan	Certified BHH Providers	One payment per month	\$245.00	\$260.61	D
Child Outpatient	90899	U8	Clinical Care Consultation - Face to Face, 5 to 10 min	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	5 to 10 min.	\$14.10	\$15.75	A C D
Child Outpatient	90899	U8 HN	Clinical Care Consultation - Face to Face, 5 to 10 min	Clinical Trainee (same rate as clinical supervisor)	5 to 10 min.	\$14.10	\$15.75	A C D
Child Outpatient	90899	U8 U4	Clinical Care Consultation - Non Face to Face, 5 to 10 min	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	5 to 10 min.	\$10.57	\$11.81	A C D
Child Outpatient	90899	U8 U4 HN	Clinical Care Consultation - Non Face to Face, 5 to 10 min	Clinical Trainee (same rate as clinical supervisor)	5 to 10 min.	\$10.57	\$11.81	A C D
Child Outpatient	90899	U9	Clinical Care Consultation - Face to Face, 11 to 20 min	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	11 to 20 min.	\$29.14	\$32.55	A C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
Child Outpatient	90899	U9 HN	Clinical Care Consultation - Face to Face, 11 to 20 min	Clinical Trainee (same rate as clinical supervisor)	11 to 20 min.	\$29.14	\$32.55	A C D
Child Outpatient	90899	U9 U4	Clinical Care Consultation - Non Face to Face, 11 to 20 min	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	11 to 20 min.	\$21.85	\$24.40	A C D
Child Outpatient	90899	U9 U4 HN	Clinical Care Consultation - Non Face to Face, 11 to 20 min	Clinical Trainee (same rate as clinical supervisor)	11 to 20 min.	\$21.85	\$24.40	A C D
Child Outpatient	90899	UB	Clinical Care Consultation - Face to Face, 21 to 30 min	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	21 to 30 min.	\$47.94	\$53.52	A C D
Child Outpatient	90899	UB HN	Clinical Care Consultation - Face to Face, 21 to 30 min	Clinical Trainee (same rate as clinical supervisor)	21 to 30 min.	\$47.94	\$53.52	A C D
Child Outpatient	90899	UB U4	Clinical Care Consultation - Non Face to Face, 21 to 30 min	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	21 to 30 min.	\$35.95	\$40.15	A C D
Child Outpatient	90899	UB U4 HN	Clinical Care Consultation - Non Face to Face, 21 to 30 min	Clinical Trainee (same rate as clinical supervisor)	21 to 30 min.	\$35.95	\$40.15	A C D
Child Outpatient	90899	UC	Clinical Care Consultation - Face to Face, 31 min plus	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	31 min. plus	\$76.02	\$84.90	A C D
Child Outpatient	90899	UC HN	Clinical Care Consultation - Face to Face, 31 min plus	Clinical Trainee (same rate as clinical supervisor)	31 min. plus	\$76.02	\$84.90	A C D
Child Outpatient	90899	UC U4	Clinical Care Consultation - Non Face to Face, 31 min plus	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	31 min. plus	\$57.01	\$63.67	A C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
Child Outpatient	90899	UC U4 HN	Clinical Care Consultation - Non Face to Face, 31 min. plus	Clinical Trainee (same rate as clinical supervisor)	31 min. plus	\$57.01	\$63.67	A C D
Child Outpatient	H2027	HN	Family Psychoeducation - Individual	Clinical Trainee (same rate as clinical supervisor)	15 min	\$28.34	\$31.65	A C D
Child Outpatient	H2027	HQ	Family Psychoeducation - Group, per recipient	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee (same rate as clinical supervisor)	15 min	\$5.68	\$6.34	A C D
Child Outpatient	H2027	HQ HN	Family Psychoeducation - Group, per recipient	Clinical Trainee (same rate as clinical supervisor)	15 min	\$5.68	\$6.34	A C D
Child Outpatient	H2027	HQ HR	Family Psychoeducation - Multiple families w/recipients	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee (same rate as clinical supervisor)	15 min	\$7.87	\$8.79	A C D
Child Outpatient	H2027	HQ HR HN	Family Psychoeducation - Multiple families w/recipients	Clinical Trainee (same rate as clinical supervisor)	15 min	\$7.87	\$8.79	A C D
Child Outpatient	H2027	HQ HS	Family Psychoeducation - Multiple families w/o recipients	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee (same rate as clinical supervisor)	15 min	\$7.87	\$8.79	A C D
Child Outpatient	H2027	HQ HS HN	Family Psychoeducation - Multiple families w/o recipients	Clinical Trainee (same rate as clinical supervisor)	15 min	\$7.87	\$8.79	A C D
Child Outpatient	H2027	HR	Family Psychoeducation - Family w/recipient	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee (same rate	15 min	\$23.79	\$26.57	A C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
				as clinical supervisor)				
Child Outpatient	H2027	HR HN	Family Psychoeducation - Family w/recipient	Clinical Trainee (same rate as clinical supervisor)	15 min	\$23.79	\$26.57	A C D
Child Outpatient	H2027	HS	Family Psychoeducation - Family w/o recipient	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee (same rate as clinical supervisor)	15 min	\$22.98	\$24.12	A C D
Child Outpatient	H2027	HS HN	Family Psychoeducation - Family w/o recipient	Clinical Trainee (same rate as clinical supervisor)	15 min	\$22.98	\$24.12	A C D
Child Outpatient	H2027		Family Psychoeducation - Individual	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee (same rate as clinical supervisor)	15 min	\$28.34	\$29.75	A C D
Child Resid Tx	H0019		Children's Residential Treatment	County Only	Per diem	Contracted	N/A	
CIBHS	S5145	HE	Children's Intensive Behavioral Health Services	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Clinical Trainee	Per diem	\$431.23	\$431.23	A C D
CIBHS	S5145	HE HN	Children's Intensive Behavioral Health Services	Clinical Trainee (same rate as clinical supervisor)	Per diem	\$431.23	\$431.23	A C D
Crisis - Adult	90882	HK	Community Intervention	DHS Certified MH Rehabilitation Agency-LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; Certified MH Rehabilitation	Session	\$48.68	\$54.37	C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
				Professional; MH Practitioner				
Crisis - Adult	90882	HK HM	Community Intervention	DHS Certified MH Rehabilitation Agency-MH Rehabilitation Worker	Session	\$27.66	\$30.89	C D
Crisis - Adult	H0018		Adult Crisis Stabilization – Residential	County Contracted Agency-LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; Certified MH Rehabilitation Professional; MH Practitioner; MH Rehabilitation Worker	Per diem	See table	N/A	
Crisis - Adult		Revenue Code: 1001	Room and Board		Daily	\$55.72	N/A	
Crisis - Adult	H2011	HM	Adult mental health crisis assessment, intervention and stabilization - individual	Mental Health Rehab Worker	15 min	\$18.59	\$20.76	C D
Crisis - Adult	H2011	HN	Adult mental health crisis assessment, intervention and stabilization - individual	Mental Health Practitioner	15 min	\$26.03	\$29.07	C D
Crisis - Adult	H2011	HQ	Adult Crisis Stabilization – Group, Non-Residential	County or County Contracted Agency-LP; LICSW; LMFT; LPCC; CNS-MH; Psychiatrist; NP; MH Rehabilitation Professional; MH Practitioner; MH	15 min	\$9.29	\$10.38	C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
				Rehabilitation Worker				
Crisis - Adult	H2011		Adult mental health crisis assessment, intervention and stabilization - individual	Mental Health Professional	15 min	\$37.19	\$41.54	C D
Crisis - Child	H2011	UA	Child crisis intervention mental health service (Mental Health Crisis Intervention and Stabilization)	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	15 min	\$37.19	\$41.54	A C D
Crisis - Child	H2011	UA HN	Child crisis intervention mental health service (Mental Health Crisis Intervention and Stabilization)	Practitioners	15 min	\$26.03	\$29.07	C D
CTSS	90832	UA	Psychotherapy, with patient and/or family member	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	30 min	\$64.71	\$84.80	A B C D
CTSS	90833	UA	Psychotherapy, with patient and/or family member when performed with an E&M service	Psychiatrist; NP; CNS-MH	30 min	\$59.34	\$77.10	A B C D
CTSS	90834	UA	Psychotherapy, with patient and/or family member	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	45 min	\$85.65	\$111.28	A B C D
CTSS	90836	UA	Psychotherapy, with patient and/or family member when performed with an E&M service	Psychiatrist; NP; CNS-MH	45 min	\$75.44	\$98.00	A B C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
CTSS	90837	UA	Psychotherapy, with patient and/or family member	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	60 min	\$126.72	\$164.67	A B C D
CTSS	90838	UA	Psychotherapy, with patient and/or family member when performed with an E&M service	Psychiatrist; NP; CNS-MH	60 min	\$99.87	\$129.77	A B C D
CTSS	90839	UA	Psychotherapy for Crisis	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	60 min.	\$121.62	\$158.04	A B C D
CTSS	90840	UA	Psychotherapy for Crisis (add on to 90839)	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	30 min	\$59.34	\$77.10	A B C D
CTSS	90846	UA	Family Psychotherapy - without patient present	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$80.54	\$104.65	A B C D
CTSS	90847	UA	Family Psychotherapy - with patient present	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$84.03	\$109.17	A B C D
CTSS	90849	UA	Multiple Family Group Psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$30.88	\$40.09	A B C D
CTSS	90853	UA	Group Psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$22.82	\$29.62	A B C D
CTSS	90875	UA	Biofeedback Training	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	20-30 min	\$45.91	\$59.63	A B C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
CTSS	90876	UA	Individual psychophysiological therapy incorporating biofeedback - with psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	45-50 min	\$81.35	\$105.69	A B C D
CTSS	H0031	UA	Administering and reporting standardized measures	Mental Health Professional, Mental Health Practitioner	Session	\$82.44	\$92.07	C D
CTSS	H0032	UA	Treatment Plan Development and Review	Mental Health Professional, Mental Health Practitioner	Session	\$94.80	\$105.88	C D
CTSS	H2014	UA	Skills Training & Development - Individual	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	15 min	\$12.80	\$14.62	C D
CTSS	H2014	UA HQ	Skills Training & Development - Group	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	15 min	\$8.60	\$9.61	B C D
CTSS	H2014	UA HR	Skills Training & Development - Family	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	15 min	\$16.67	\$19.05	C D
CTSS	H2015	UA	Comprehensive Community Support Services (Crisis Assistance)	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	15 min	\$13.65	\$15.25	C D
CTSS	H2019	UA	Therapeutic Behavioral Services (Level I MHBA)	Level I MHBA	15 min	\$6.03	\$7.53	B C D
CTSS	H2019	UA HE	Therapeutic Behavioral Services (Direction of MHBA)	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	15 min	\$8.80	\$10.99	B C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
CTSS	H2019	UA HM	Therapeutic Behavioral Services (Level II MHBA)	Level II MHBA	15 min	\$7.89	\$9.85	B C D
CTSS Day Tx	H2012	UA HK	Behavioral Health Day Treatment	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	1 hour	\$48.30	\$62.77	B C D
CTSS Day Tx	H2012	UA HK U6	Behavioral Health Day Treatment - Interactive	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist; Practitioner	1 hour	\$56.81	\$73.83	B C D
DBT	H2019	U1	Individual DBT Therapy	DHS Certified DBT providers	15 min	\$40.00	\$44.67	C D
DBT	H2019	U1 HN	Individual DBT Therapy	Clinical Trainee (same rate as clinical supervisor)	15 min	\$40.00	\$44.67	C D
DBT	H2019	U1 HQ	DBT Skills Group	DHS Certified DBT providers	15 min	\$18.16	\$20.28	C D
DBT	H2019	U1 HQ HN	DBT Skills Group	Clinical Trainee (same rate as clinical supervisor)	15 min	\$18.16	\$20.28	C D
Diag Assess	90785		Interactive Complexity	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist		\$11.55	\$14.40	A B C D
Diag Assess	90791	52	Diagnostic Assessment - Brief	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$109.54	\$153.20	A B C D
Diag Assess	90791	52 HN	Diagnostic Assessment - Brief	Clinical Trainee (same rate as clinical supervisor)	Session	\$109.54	\$153.20	A B C D
Diag Assess	90791	HN	Diagnostic Assessment - Standard	Clinical Trainee (same rate as clinical supervisor)	Session	\$136.93	\$171.05	A B C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
Diag Assess	90791		Diagnostic Assessment - Standard	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$136.93	\$171.03	A B C D
Diag Assess	90792	52	Diagnostic Assessment (with Medical Service) - Brief	Psychiatrist; NP; CNS-MH	Session	\$122.64	\$153.20	A B C D
Diag Assess	90792	52 HN	Diagnostic Assessment (with Medical Service) - Brief	Clinical Trainee (same rate as clinical supervisor)	Session	\$122.64	\$153.20	A B C D
Diag Assess	90792	HN	Diagnostic Assessment (with Medical Service) - Standard	Clinical Trainee (same rate as clinical supervisor)	Session	\$153.30	\$191.50	A B C D
Diag Assess	90792		Diagnostic Assessment (with Medical Service) - Standard	Psychiatrist; NP; CNS-MH	Session	\$153.30	\$191.49	A B C D
IRTS	H0019		Intensive Residential Treatment Services - Adult	County-contracted DHS certified agency multidisciplinary treatment staff	Per diem	See table	N/A	
IRTS		Revenue Code: 1001	Room and Board		Daily	\$55.72	N/A	
MHTCM	T1017	HE	Face-to-face encounter – age 18 and over with a SPMI	Indian Health Service – 638	encounter	Federal rate	N/A	
MHTCM	T1017	HE HA	Face-to-face encounter – age 17 and under with a SED	Indian Health Service – 638	encounter	Federal rate	N/A	
MHTCM	T2023	HE	Face-to-face contact – age 18	County Case Manager	1 month	See rate	N/A	

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
			and over with a SPMI					
MHTCM	T2023	HE	Face-to-face contact – age 18 and over with a SPMI	County-contracted Case Manager	1 month	See rate	N/A	
MHTCM	T2023	HE HA	Face-to-face contact between CM & client – age 17 and under with SED	County Case Manager	1 month	See rate	N/A	
MHTCM	T2023	HE HA	Face-to-face contact between CM & client – age 17 and under with SED	County-contracted Case Manager	1 month	See rate	N/A	
MHTCM	T2023	HE U4	Telephone contact – age 18 and over with a SPMI	County or county-contracted entity, Case Manager; Case Manager Associate	1 month	Same rate as face-to-face	N/A	
Neuro	96116		Neuropsychological Assessment - (neurobehavioral status exam) <i>1st hour</i>	DHS approved Psychologist	1 hour	\$72.49	\$90.54	B C D
Neuro	96121		Neuropsychological Assessment - (neurobehavioral status exam) <i>each addt'l hour</i>	DHS approved Psychologist	1 hour	\$59.60	\$74.43	B C D
Neuro	96127		Brief emotional/behav assmt	DHS approved Psychologist	Assessment	\$3.49	\$4.34	B C D
Neuro	96132		Neuropsychological Assessment - (neurobehavioral status exam) <i>1st hour</i>	DHS approved Psychologist	1 hour	\$102.55	\$128.09	B C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
Neuro	96133		Neuropsychological Assessment - (neurobehavioral status exam) <i>each addt'l hour</i>	DHS approved Psychologist	1 hour	\$77.05	\$96.23	B C D
Neuro	96136		Neuropsychological Testing/Scoring (2+ tests) <i>1st 30 min</i>	DHS approved Psychologist	30 min	\$33.56	\$41.90	B C D
Neuro	96137		Neuropsychological Testing/Scoring (2+ tests) <i>each addt'l 30 min</i>	DHS approved Psychologist	30 min	\$29.80	\$37.20	B C D
Neuro	96138		Neuropsychological Testing/Scoring - any method (2+ tests) <i>1st 30 min</i>	DHS approved Psychologist	30 min	\$28.19	\$35.20	B C D
Neuro	96139		Neuropsychological Testing/Scoring - any method (2+ tests) <i>each addt'l 30 min</i>	DHS approved Psychologist	30 min	\$28.19	\$35.20	B C D
Neuro	96146		Neuropsychological Testing - Electronic automated results only	DHS approved Psychologist	Session	\$1.61	\$2.00	B C D
Neuro	H2012	HK	Cognitive Rehabilitative Therapy	DHS approved provider agency, Multidisciplinary Team: CNS-MH; LICSW; LMFT; LPCC; LP; MH Practitioner; NP; Psychiatrist	60 min	\$37.80	\$47.22	A B C D
OICC	T1016	HX	Officer-Involved Community-Based Care Coordination	Enrolled county or county-contract	15 min	\$9.54	\$10.02	C
Partial Hosp	H0035	HA	Partial Hospitalization – under age 18	DHS and Medicare approved: Outpatient Hospital or CMHC, Multidisciplinary	Session	\$217.17	\$242.55	C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
				Team: MH Professional or MH Practitioner				
Partial Hosp	H0035		Partial Hospitalization – age 18 and older	DHS and Medicare approved: Outpatient Hospital or CMHC, Multidisciplinary Team: MH Professional or MH Practitioner	Session	\$322.40	\$360.08	C D
Peer - Adult	H0038	HQ	Self-Help/Peer Services Group Setting	Certified Peer Specialist - Level I or Level II	15 min	\$7.55	\$8.43	C D
Peer - Adult	H0038	U5	Self-Help/Peer Services	Certified Peer Specialist Level II	15 min	\$17.17	\$19.18	C D
Peer - Adult	H0038		Self-Help/Peer Services	Certified Peer Specialist Level I	15 min	\$15.02	\$16.78	C D
Peer – Family	H0038	HA	Certified Family Peer Specialist Services	Certified Family Peer Specialist	15 min	\$15.02	\$15.77	C
Peer – Family	H0038	HA HQ	Certified Family Peer Specialist Services - Group	Certified Family Peer Specialist	15 min	\$7.55	\$7.93	C
Psych Consult	99499	HE AG	Psychiatric Consultation for primary care - face-to-face	Primary care provider	Session	\$35.77	\$38.05	D
Psych Consult	99499	HE AM	Psychiatric Consultation for primary care - face-to-face	Psychiatrist; NP; CNS-MH; LP	Session	\$67.91	\$69.95	D
Psych Ther	90832		Psychotherapy, with patient and/or family member	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	30 min	\$64.71	\$80.80	A B C D
Psych Ther	90833		Psychotherapy, with patient and/or family member	Psychiatrist; NP; CNS-MH	30 min	\$59.34	\$74.11	A B C

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
			when performed with an E&M service					D
Psych Ther	90834		Psychotherapy, with patient and/or family member	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	45 min	\$85.65	\$106.96	A B C D
Psych Ther	90836		Psychotherapy, with patient and/or family member when performed with an E&M service	Psychiatrist; NP; CNS-MH	45 min	\$75.44	\$94.21	A B C D
Psych Ther	90837		Psychotherapy, with patient and/or family member	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	60 min	\$126.72	\$158.28	A B C D
Psych Ther	90838		Psychotherapy, with patient and/or family member when performed with an E&M service	Psychiatrist; NP; CNS-MH	60 min	\$99.87	\$124.75	A B C D
Psych Ther	90839		Psychotherapy for Crisis	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	60 min.	\$121.62	\$151.92	A B C D
Psych Ther	90840		Psychotherapy for Crisis (add on to 90839)	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	30 min	\$59.34	\$74.11	A B C D
Psych Ther	90846		Family Psychotherapy <i>without</i> patient present	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$80.54	\$100.59	A B C D
Psych Ther	90847		Family Psychotherapy <i>with</i> patient present	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$84.03	\$104.95	A B C D

Type	CPT or HCPC Code	Modifier	Service Name	Eligible Providers	Unit	Base Rate (minimum rate*)	Enhanced Legislative Rates (maximum rate*)	Notes (see notes above – Sections A through E may apply*)
Psych Ther	90849		Multiple Family Group Psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$30.88	\$38.55	A B C D
Psych Ther	90853		Group Psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$22.82	\$28.49	A B C D
Psych Ther	90875		Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	20-30 min	\$45.91	\$57.18	A B C D
Psych Ther	90876		Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	45-50 min	\$81.35	\$101.59	A B C D
Testing	90887	HN	Explanation of Findings	Clinical Trainee (same rate as clinical supervisor)	Session	\$67.93	\$84.83	A B C D
Testing	90887		Explanation of Findings	CNS-MH; LICSW; LMFT; LPCC; LP; NP; Psychiatrist	Session	\$67.93	\$84.83	A B C D
Testing	96130		Psychological Testing - 1st hour	LP; clinically-supervised clinical psychology trainee	1 hour	\$95.31	\$119.04	B C D
Testing	96131		Psychological Testing - each addtl hour	LP; clinically-supervised clinical psychology trainee	1 hour	\$67.93	\$84.83	B C D
Travel	H0046		Mental Health Provider Travel Time	Any qualified MH provider (except case managers and children's day treatment)	1 min	\$0.52	\$0.58	C D

Legal references

- A. Masters level cutback 256B.0625 Subd. 38
- B. Critical Access Rate Increase 256B.763 <https://www.revisor.mn.gov/statutes/cite/256B.763>
- C. Mental health services five percent rate increase MN Statute 256B.76 Subd. 1 (f).
- D. Three percent rate increase for services included in the 2024 MHCP Outpatient Rate Study 256B.761 (e) <https://www.revisor.mn.gov/statutes/cite/256B.761>
- E. Inflationary adjustment for services included in the 2024 MHCP Outpatient Rate Study 256B.761 (e) <https://www.revisor.mn.gov/statutes/cite/256B.761>

Contact Information

BHDRates.DHS@state.mn.us