

**Certified Clinical Supervisor Fee Schedule
Provider Specialty 129**

Code	Mod	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
H0001		Behavioral Health Assessment	15 minutes	\$ 20.21	\$ 20.21	10/1/2009
H0004		Behavioral Health Counseling and Therapy	15 minutes	\$ 20.21	\$ 20.21	10/1/2009
H0004	HQ	DMH Outpatient Treatment Group	15 minutes	\$ 7.45	\$ 7.45	10/1/2009
H0004	HR	DMH Outpatient Tx Family Therapy w/Client	15 minutes	\$ 20.21	\$ 20.21	10/1/2009
H0004	HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$ 20.21	\$ 20.21	10/1/2009
H0005		Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$ 7.45	\$ 7.45	10/1/2009
H0031		Mental Health Assessment	15 minutes	\$ 20.21	\$ 20.21	10/1/2009