

Iowa Behavioral Health Safety Net Management Information System (SNMIS)

Behavioral Health Services Fee Schedule (effective 4/1/2026)

Crisis, treatment, and recovery services provided by behavioral health providers may be billed based on the following fee schedule.

Providers may only bill for services for which they are qualified under the scope of their licensure, certification, or accreditation and adhere to the Iowa Medicaid service-specific policies, unless otherwise specified in the [SNMIS Billing Guide](#). Providers must be enrolled under the applicable Iowa Medicaid provider type for the service and be registered for the SNMIS line of business.

All claims on this fee schedule must be billed on the Professional claim form unless otherwise noted in the Billing Requirements and Limitations column.

New additions are highlighted in yellow and are effective for dates of service beginning 4/1/2026.

Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
90791	--	Diagnostic Evaluation	Integrated behavioral health assessment, including history, mental status, and recommendations. Also includes crisis evaluation.	Per Evaluation	\$135.15	02, 03, 29, 48, 50, 62, 68, 80, 88	Limitation: Access Centers may not bill this for patients subsequently admitted to CSRS, as evaluation is included in the CSRS rate. Valid POS codes: Any
90792	--	Diagnostic Interview with Medical Services	Integrated behavioral health diagnostic assessment, with medical services Note: this code may be used for billing the initial medical assessment for Medications for Opioid Use Disorder (MOUD)	Per Evaluation	\$168.94	02, 03, 50, 62, 68, 80, 88	Limitation: Access Centers may not bill this for patients subsequently admitted to CSRS, as evaluation is included in the CSRS rate. Valid POS codes: Any
90832	--	Psychotherapy, Individual, 30 mins	Psychotherapy services 30 minutes with patient by a	30 Minutes	\$50.57	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
			licensed mental health provider				
90833	--	Psychotherapy, Individual, 30 mins, with E&M	Psychotherapy services 30 minutes with patient, add-on to evaluation and management visit	30 Minutes	\$59.76	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90834	--	Psychotherapy, Individual, 45 mins	Psychotherapy services 45 minutes with patient by a licensed mental health provider	45 Minutes	\$75.85	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90836	--	Psychotherapy, Individual, 45 mins, with E&M	Psychotherapy services 45 minutes with patient, add-on to evaluation and management visit	45 Minutes	\$66.50	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90837	--	Psychotherapy, Individual, 60 mins	Psychotherapy services 60 minutes with patient by a licensed mental health provider	60 Minutes	\$101.12	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90838	--	Psychotherapy, Individual, 60 mins, with E&M	Psychotherapy services 60 minutes with patient, add-on to evaluation and management visit	60 Minutes	\$75.32	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90839	--	Psychotherapy for crisis, initial 60 minutes	Psychotherapy for Crisis, first hour, including urgent assessment and history of the crisis state, mental status exam, and disposition.	60 Minutes	\$87.30	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 03, 11, 12, 15, 16, 17, 19, 20, 21, 22, 27, 53, 57, 58, 71, 72 Unit Maximum: 1 Unit

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
90840	--	Psychotherapy for crisis, additional 30 minutes	Psychotherapy for Crisis, add-on for each additional 30 minutes	30 Minutes	\$34.92	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 03, 11, 12, 15, 16, 17, 19, 20, 21, 22, 27, 53, 57, 58, 71, 72 Unit Maximum: 3 Units
90846	--	Psychotherapy, Family Therapy without Patient, 50 mins	Family Psychotherapy services without patient, 50 minutes by a licensed mental health provider	50 Minutes	\$99.04	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90846	HK	Psychotherapy, Family Therapy without Patient, 50 mins	Functional Family Therapy (FFT), without patient, 50 minutes by a licensed mental health provider	50 Minutes	\$144.86	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90847	--	Psychotherapy, Family Therapy with Patient, 50 mins	Family Psychotherapy services with patient, 50 minutes by a licensed mental health provider	50 Minutes	\$99.04	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90847	HK	Psychotherapy, Family Therapy without Patient, 50 mins	Functional Family Therapy (FFT) with patient, 50 minutes by a licensed mental health provider	50 Minutes	\$144.86	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90849	--	Psychotherapy, Multi-family Group Therapy, 60 mins	Multi-Family Group Psychotherapy services, 60 minutes by a licensed mental health provider	60 Minutes	\$56.29	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
90853	HE	Psychotherapy, Group Psychotherapy	Mental Health Group Psychotherapy services, 60 minutes by a licensed mental health provider	60 Minutes	\$56.29	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
96127	--	Brief Emotional-Behavioral Assessment	Brief assessment using standardized instrument	Per Assessment	\$52.28	02, 03, 29, 48, 50, 62, 68, 88	Valid POS codes: Any
96130	--	Psychological Test Evaluation, First Hour	Psychological Test Evaluation, by Psychologist or Qualified Professional, First Hour	60 Minutes	\$81.00	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96131	--	Psychological Test Evaluation, Additional Hour	Psychological Test Evaluation, by Psychologist or Qualified Professional, Each Addtl Hour	60 Minutes	\$81.00	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96132	--	Neuropsychological Test Evaluation, First Hour	Neuropsychological Test Evaluation, by Psychologist or Qualified Professional, First Hour	60 Minutes	\$85.58	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96133	--	Neuropsychological Test Evaluation, Additional Hour	Neuropsychological Test Evaluation, by Psychologist or Qualified Professional, Each Addtl Hour	60 Minutes	\$85.58	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96136	--	Psychological or neuropsych test admin/scoring by professional, 30 mins	Psychological or neuropsychological test administration and scoring by Psychologist or Qualified Professional, 30 mins	30 Minutes	\$40.50	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96137	--	Psychological or neuropsych test admin/scoring by professional, Addtl 30 mins	Psychological or neuropsychological test administration and scoring by Psychologist or Qualified Professional, Additional 30 mins	30 Minutes	\$40.50	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
96138	--	Psychological or neuropsych test admin/scoring by technician, first 30 minutes	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes	30 Minutes	\$40.50	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96139	--	Psychological or neuropsych test admin/scoring by technician, each additional 30 minutes	Psychological or neuropsychological test administration and scoring by technician, each additional 30 minutes	30 Minutes	\$40.50	29	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
96372	--	Administration of Long-Acting Injectable	Administration of Long-Acting Injectable - Intramuscular or subcutaneous	Per Injection	\$3.37	02, 03, 50, 62, 67, 68, 88	Valid POS codes: 02, 03, 10, 11, 12, 14, 21
99202	--	Psychiatric Visit, New patient, straightforward, avg 15 mins	Psychiatric Outpatient Office Visit, New Patient, with straightforward medical decision making, 15 minutes	15 Minutes	\$13.95	02,03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99203	--	Psychiatric Visit, New patient, low, avg 30 mins	Psychiatric Outpatient Office Visit, New Patient, with low level of medical decision making, 30 minutes	30 Minutes	\$27.91	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99204	--	Psychiatric Visit, New patient,	Psychiatric Outpatient Office Visit, New Patient, with moderate level of medical decision making, 45 minutes	45 Minutes	\$50.50	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
		moderate, avg 45 mins					
99205	--	Psychiatric Visit, New patient, high, avg 60 mins	Psychiatric Outpatient Office Visit, New Patient, with high level of medical decision making, 60 minutes	60 Minutes	\$56.81	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99211	--	Psychiatric Visit, Established patient, may not req physician, avg 5 mins	Psychiatric Outpatient Office Visit, Established Patient, for Evaluation and Management that may not require presence of healthcare professional, Avg 5 minutes	5 Minutes	\$11.63	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99212	--	Psychiatric Visit, Established patient, straightforward, avg 10 mins	Psychiatric Outpatient Office Visit, Established Patient, with straightforward medical decision making, 10 minutes	10 Minutes	\$20.35	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99213	--	Psychiatric Visit, established patient, low, avg 20 mins	Psychiatric Outpatient Office Visit, Established Patient, with low level of medical decision making, 20 minutes	20 Minutes	\$29.07	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99214	--	Psychiatric Visit, established patient,	Psychiatric Outpatient Office Visit, Established Patient, with moderate level of medical decision making, 30 minutes	30 Minutes	\$31.40	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
		moderate, avg 30 mins					
99215	--	Psychiatric Visit, Established patient, high, avg 40 mins	Psychiatric Outpatient Office Visit, Established Patient, with high level of medical decision making, 40 minutes	40 Minutes	\$53.65	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
99223	--	Initial hospital Inpatient or Observation Care, E&M	Initial hospital inpatient or observation care visit involving evaluation and management, any length of time	Per Visit	\$67.70	02, 03, 50, 68	Valid POS codes: Any
99233	--	Subsequent Hospital Inpatient or Observation Care, E&M	Subsequent hospital inpatient or observation care visit involving evaluation and management, any length of time	Per Visit	\$26.44	02, 03, 50, 68	Valid POS codes: Any
H0004	HE	Substance Use Disorder Counseling, 15 min	Substance use disorder counseling and therapy, per 15 minutes	15 Minutes	\$19.24	29, 48, 62, 88	Providers must be licensed under Iowa Code Ch. 125 to provide substance use disorder treatment. Valid POS codes: 02, 10, 11, 12, 55, 57, 58
H0015	HE	Alcohol, drug and/or gambling services; intensive outpatient	Alcohol, drug and/or gambling services; intensive outpatient	Daily	\$190.11	01, 62, 88	Providers must be licensed under Iowa Code Ch. 125 to provide substance use disorder treatment.

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
							1 Unit Per Day; Max of 3 Units per 7-day period. Valid POS codes: 02, 55, 57, 58 Date span billing is allowable
H0017	--	Psychiatric Inpatient	Inpatient Psychiatric Hospitalization (non-MHI)	Daily	\$747.21	01	Institutional Claim. Include Revenue Code 0190
H0035	HE	Mental Health Partial Hospitalization	Mental Health Partial Hospitalization, Under 24 hours	Daily	\$302.86	01, 62	Date span billing is allowable Valid POS codes: Any
H0037	--	Community Psychiatric Supportive Treatment Program	Mental Health Community Support Program, Monthly, Low Intensity	Monthly	\$146.69	62	Valid POS codes: Any
H0037	TF	Community Psychiatric Supportive Treatment Program	Mental Health Community Support Program, Monthly, High Intensity	Monthly	\$413.95	62	Valid POS codes: Any
H0038	--	Peer Support	Peer Support or Family Peer Support, 15-min	15 Minutes	\$16.97	01, 13, 49, 62, 88	Providers must be enrolled with Iowa Medicaid to provide B-3 Peer Support services. Valid POS codes: Any

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
H0040	--	Assertive Community Treatment	Assertive Community Treatment Program, Daily	Daily	\$71.32	62, 67	Limitation: Reimbursable a maximum of 5 days per week Valid POS codes: Any
H2011	--	Mobile Crisis Response	Mobile Crisis Response, 15 minutes	15 Minutes	\$53.76	80	Valid POS codes: Any
H2013	--	Subacute Facility	Mental Health Subacute Facility, Per Diem	Daily	\$391.00	81	Institutional Claim. Include Revenue Code 0190
H2017	--	Intensive Psychiatric Rehabilitation (IPR)	Intensive Psychiatric Rehabilitation Program, 15 Minutes	15 Minutes	\$21.68	62	Unit Maximum: 25 Units Valid POS codes: Any
H2033	--	Multi-Systemic Therapy	Multi-Systemic Therapy, Per 15 Minutes	15 Minutes	\$40.72	02, 03, 50, 62, 68, 88	Valid POS codes: 02, 10, 11, 12, 17, 19, 20, 22, 27, 53, 57, 58, 71, 72
J1630	--	Haldol Long Acting Injectable	Haldol Injection, long-acting, up to 5mg	Per Injection	\$2.58	02, 03, 50, 62, 67, 68, 88	Valid POS codes: Any
J2358	--	Olanzapine Long Acting Injectable	Olanzapine Injection, long-acting, 1mg	Per Injection	\$2.41	02, 03, 50, 62, 67, 68, 88	Valid POS codes: Any
J2794	--	Risperidone Long Acting Injectable	Risperidone Injection, long-acting, 0.5mg	Per Injection	\$10.58	02, 03, 50, 62, 67, 68, 88	Valid POS codes: Any
S0201	--	23-hour Crisis Observation & Holding	23 Hour Crisis Observation and Holding, 8 to 23 Hours, Per Diem	Daily	\$403.84	01, 80	Institutional Claim. Include Revenue Code 762

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Procedure Code	Modifier	Service Name	Description	Unit Type	Rate	Eligible Provider Types	Billing Requirements & Limitations
S9480	--	Intensive Outpatient Program	Mental Health Intensive Outpatient Program, Per Diem	Daily	\$96.48	01, 62	Valid POS codes: Any
S9484	--	Crisis Stabilization Community-Based Services	Crisis Stabilization Community Based, Hourly, Under 8 Hours	Hourly	\$53.76	80	Valid POS codes: Any
S9484	TG	Crisis Stabilization Residential Services	Crisis Stabilization Residential, Hourly, Under 8 Hours	Hourly	\$72.44	80	Valid POS codes: Any
S9485	TF	Crisis Stabilization Community-Based Services	Crisis Stabilization Community Based, 8 to 24 hours	Daily	\$352.09	80	Institutional Claim. Include Revenue Code 761
S9485	TG	Crisis Stabilization Residential Services	Crisis Stabilization Residential Services, 8 to 24 hours	Daily	\$352.09	80	Institutional Claim. Include Revenue Code 762
T2048	--	Psychiatric Medical Institutions for Children (PMIC)	Psychiatric Medical Institutions for Children, Per Diem; By Exception to Policy Only	Daily	\$395.21	41	Limitation: Reimbursable only by Exception to Policy Valid POS codes: 56

Iowa Behavioral Health Safety Net Management Information System (SNMIS)

Modifier Key:

- HE: Mental Health Program
- HK: Specialized Mental Health Program
- HF: Substance Use Disorder
- TF: Community Based
- TG: Residential

Provider Type Key:

- 01 General Hospital (Does not include state MHIs)
- 02 Physician M.D., with Specialty Code 26 – Psychiatry or 86 Neuropsychiatry
- 03 Physician D.O. with Specialty Code 26 – Psychiatry or 86 Neuropsychiatry
- 29 Psychologist
- 41 PMIC
- 48 Clinical Social Worker
- 50 Nurse Practitioner, with Specialty Code 26 – Psychiatry or 86 Neuropsychiatry
- 62 Behavioral Health
- 67 Assertive Community Treatment
- 68 Physician Assistant, with Specialty Code 26 – Psychiatry or 86 Neuropsychiatry
- 80 Crisis Response Services
- 81 Subacute Mental Health Facility
- 88 CCBHC

Place of Service Code Key:

- 02 Telehealth
- 03 School
- 10 Telehealth in patient home
- 11 Office
- 12 Patient's Home
- 14 Group Home
- 15 Mobile Unit
- 16 Temporary Lodging
- 17 Walk-in Retail Health Clinic
- 19 Off Campus Outpatient Hospital
- 20 Urgent Care Facility
- 21 Inpatient Hospital
- 22 On Campus Outpatient Hospital

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- 27 Outreach Street
- 53 CMHC
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 57 Non-Residential Substance Abuse Treatment Facility
- 58 Non-Residential Opioid Treatment Facility
- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic