Procedure Codes and Affiliated Price Schedules

	Mental Health Services		AOD Services	
	(P0) Primary Price Schedule 044	**(P2) Primary Price Schedule 244**	**(P0) Primary Price Schedule 044**	**(P1) Primary Price Schedule 144**
Medicaid Reimbursable Services	90801 90862 H0004 (ind) H0031 H0036 (ind) H0040* H2016* S0201 S9484	H0004 (grp) H0036 (grp)	H0001 H0003 H0005 H0006 H0007 H0014 H0015 H0016 H0020	H0004 (ind)
	(A0) Alt. Price Schedule A44	**n/a**	**(A0) Alt. Price Schedule A44**	**(A1) Alt. Price Schedule B44**
Non-Medicaid Reimbursable Services	H0030 H0038 H0046 M143x M144x M153x M154x M155x M162x M181x M191x M220x M224x M225x M226x M227x M228x M229x M312x M314x M411x M412x M413x M414x		99236 A023x A051x A056x A061x A062x A063x A064x A065x A066x A074x A075x A078x A121x A122x H0009 H0012 H0017 H0018 H0019 H0021 H0022 H0023 H0047 T1006 T1009 T1010	H0030

*Until service is approved for reimbursement from Medicaid, use the Alt. Psched for entering rates.