

ATTACHMENT - HEALTH AND BEHAVIOR ASSESSMENT AND INTERVENTION - COMPREHENSIVE CARE PROGRAM (CCP)

TOS*	Procedure Code	Long Description	Non-Facility (N)/Facility (F)	Age Range	CURRENT				PROPOSED			
					Current Medicaid RVU**	Current Medicaid Conversion Factor	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid RVU**	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	96150	***	N	0-20			Not a Benefit	Not a Benefit	0.60	\$28.0672	\$16.84	\$16.84
1	96150	***	F	0-20			Not a Benefit	Not a Benefit	0.59	\$28.0672	\$16.56	\$16.56
1	96151	***	N	0-20			Not a Benefit	Not a Benefit	0.58	\$28.0672	\$16.28	\$16.28
1	96151	***	F	0-20			Not a Benefit	Not a Benefit	0.57	\$28.0672	\$16.00	\$16.00
1	96152	***	N	0-20			Not a Benefit	Not a Benefit	0.55	\$28.0672	\$15.44	\$15.44
1	96152	***	F	0-20			Not a Benefit	Not a Benefit	0.54	\$28.0672	\$15.16	\$15.16
1	96153	***	N/F	0-20			Not a Benefit	Not a Benefit	0.13	\$28.0672	\$3.65	\$3.65
1	96154	***	N	0-20			Not a Benefit	Not a Benefit	0.54	\$28.0672	\$15.16	\$15.16
1	96154	***	F	0-20			Not a Benefit	Not a Benefit	0.53	\$28.0672	\$14.88	\$14.88
1	96155	***	N/F	0-20			Not a Benefit	Not a Benefit	0.64	\$28.0672	\$17.96	\$17.96

<b>*Type of Service (TOS)</b>	
1	Medical Services
<b>**RVU</b>	Relative Value Unit

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