

## CY2026 Rate Increases

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This notice serves as communication of the following rate changes:

- ➔ Effective **July 1, 2026**, the *standard* levels of care, the list of which is attached to this Bulletin as Appendix A, will receive a 5% increase to their current rate. *Standard* levels of care have established rates for all providers of that service. These rates are not negotiated.
- ➔ Effective **October 1, 2026**, the in-network, *non-standard* levels of care, the list of which is attached to this Bulletin as Appendix B, will receive a 3% increase to their current rate. *Non-standard* levels of care have rates that are negotiated due to program variations, such as population served, services offered, specialty, modality, etc.

CBH has made the decision to increase the above rates because these levels of care have not received an increase for a considerable period. These increases will replace CBH's provider-initiated rate increase process for CY2026. CBH will not accept individual provider-initiated requests for increases during the September 2026 request cycle. CBH will keep the network updated regarding the March 2027 cycle.

*Please Note: The following levels of care are **not** included in the rate increases:*

- ➔ Intensive Behavioral Health Services (IBHS) – Regionalized
- ➔ Intensive Behavioral Health Services (IBHS) – Applied Behavioral Analysis (ABA)
- ➔ Federally Qualified Health Centers (FQHC)
- ➔ Integrated Community Wellness Centers (ICWC)
- ➔ Psychiatric Rehabilitation Services (PRS)
- ➔ Opioid Use Disorder (OUD) Centers of Excellence (COE)

We appreciate your continued partnership. Any questions should be directed to your assigned Provider Relations Representative.

**Standard Rate LOCs**

- (100-1) Acute Hospital Services

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- (100-3) ECT Services

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- (100-4) Acute 302

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- (100-10) Inpatient Psychiatric 2:1 Staffing

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- (100-22) 1:1 Staffing

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- (100-26) Emergency Psychiatric Eval

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- (100-32) Private Room Exception

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- (100-39) Acute Hospital Services – Pregnant Member

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- (140-22) 1:1 Staffing Extended Acute

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- (150-1) ASAM 4.0 WM Medically Managed Intensive IP

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- (150-2) ASAM 4.0 Medically Managed Intensive IP Services

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- (150-6) Drug and Alcohol Assessment

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- (150-9) Inpatient D&A 1:1 Staffing

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- (200-1) ASAM 3.7 WM Medically Monitored IP

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- (200-5) ASAM 3.1 Clinically Managed Low Intensity Residential Svc

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- (200-27) ASAM 3.7 Medically Monitored Intensive IP

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- (300-1) Evaluation MD

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- (300-3) Assessment

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- (300-5) Medication Management

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- (300-7) Psychological Testing

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- (300-8) Indiv. Therapy w/Psychiatrist

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- (300-9) Indiv. Therapy Non-Psychiatrist

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- (300-10) Family/Couples Psychiatrist

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- (300-11) Family/Couples Non-Psychiatrist

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- (300-12) Collateral Family Psychiatrist

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- (300-13) Group Therapy

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- (300-18) Non-Acute ECT

**Standard Rate LOCs**

- (300-20) Healing Hurt People – Licensed Clinician

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- (300-21) Healing Hurt People – Certified Peer Specialist

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- (300-24) Collateral Family, Non-Psychiatrist

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- (300-26) Clozaril Monitor and Eval

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- (300-27) Clozapine Support Services

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- (300-30) Language Interpreter

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- (300-37) Specialized Autism Services

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- (300-40) OP Therapy for Deaf w/Master Level

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- (300-41) Specialized Outpatient

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- (300-49) Therapeutic Floor Time

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- (300-50) Biopsychosocial Eval MD

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- (300-51) Biopsychosocial Eval Non-MD

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- (300-53) Court Evaluation Non-MD

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- (300-54) Re-Evaluation MD

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- (300-55) Medication Admin and Eval (Non -Psychiatrist)

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- (300-56) Office/Outpatient Medical Mgmt of New Patient

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- (300-57) Re-Evaluation Non-MD

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- (300-63) Assessment

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- (300-73) Individual Therapy w/Med Mgmt Psychiatrist

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- (300-87) Collateral Family – Enhanced Non-Psych

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- (300-88) Family/Couple – Enhanced Non-Psych

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- (300-91) Collateral Group Therapy

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- (300-93) Music Therapy

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- (300-94) Enhanced Group Therapy

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- (300-97) Art Therapy

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- (300-98) OP Medical Evaluation Mgmt of Established Patient

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- (300-100) Specialized Outpatient Family Therapy

**Standard Rate LOCs**

(300-101) Specialized Outpatient Individual Therapy

(300-102) Specialized Group Therapy

(300-120) Group Therapy PSB-CBT-SY

(300-121) Individual Therapy w/CRNP

(300-123) Medication Management-CRNP

(300-130) IP Follow-Up Consultation Low

(300-131) IP Follow-Up Consultation Moderate

(300-132) IP Follow-Up Consultation High

(300-133) Nursing Home Consultation – Initial

(300-134) Nursing Home Consultation – Follow-Up

(300-138) Initial IP Consult for New or Estab PT for 45 Min

(300-139) Initial IP Consultation Moderate

(300-140) Initial IP Consult for New or Estab PT for 60 Min

(300-141) Initial IP Consult for New or Estab PT for 80 Min

(300-142) Individual Therapy – Non-Psychiatrist Moderate

(300-143) Individual Therapy – Non-Psychiatrist Complex

(300-152) CRNP Evaluation

(300-155) Individual Therapy Non-Psych 60 Min

(300-156) Individual Therapy – CFTSI

(300-157) Individual Therapy – TF-CBT

(300-158) Family Therapy – CFTSI

(300-159) Family Therapy – TF-CBT

(300-162) Indiv Therapy w/Psychiatrist Moderate

(300-163) Indiv Therapy w/Psychiatrist Complex

(300-164) OP Psychiatric – Individ UAL Therapy Non-Psychiatrist

(300-165) OP Psychiatric – Assessment Non-Psychiatric

(300-167) Common Ground – Medication Train and Support

**Standard Rate LOCs**

(300-169) Autism Extended Assessment

(300-170) Initial Autism Assessment

(300-171) OP Psychiatric – Indiv Therapy Non-Psych Trauma Counseling

(300-172) Op Psychiatric – Indiv Therapy Non-Psych Moderate Trauma Counseling

(300-173) OP Psychiatric – Indiv Therapy Non-Psych Complex Trauma Counseling

(300-175) ER Visit for Eval and Mgmt of PT, Problem Low to Moderate

(300-176) ER Visit for Eval and Mgmt of PT, Problem Moderate

(300-177) ER Visit for Eval and Mgmt of PT, Problem High/Urgent

(300-178) ER Visit for Eval and Mgmt of PT, Problem High/Threat To Life

(300-179) Office Consult New or Established PT – Problem Moderate Severe – 40 Min

(300-180) Office Consult New or Established PT – Problem Moderate to High Severe – 60 Min

(300-181) Office Consult New or Established PT – Problem Moderate to High Severe – 80 Min

(300-182) Family Therapy – PCIT

(300-183) Group Therapy – DBT

(300-184) Individual Therapy – PE

(300-185) Individual Therapy – DBT

(300-186) Family Collateral – PCIT

(300-187) Family Collateral – TF-CBT

(300-188) Group Therapy – Family DBT Group

(300-189) Group Therapy – Family Collateral DBT Group

(300-191) PriCARE – Family Collateral Group

(300-192) BHC – Psychologist

(300-193) BHC – Licensed Clinician

**Standard Rate LOCs**

(300-197) Biopsychosocial Eval Psychologist – Adults

(300-198) Biopsychosocial Re-eval Psychologist – Adults

(300-199) MAT – Physical Exam – Opioid Tx Non-Methadone

(300-200) MAT – Medication Management Opioid Tx Non-Methadone

(300-201) MAT – Medication Admin and Eval Opioid Tx Non-Methadone

(300-202) Peace – Case Rate Payment (1-7 Days)

(300-203) Peace – Case Rate Payment (8-14 Days)

(300-204) Peace – Case Rate Payment (15-21 Days)

(300-205) Peace – Case Rate Payment (22 Days or Greater)

(300-206) Individual Therapy – ESFT

(300-207) Family Therapy – ESFT

(300-208) Family Collateral Therapy – ESFT

(300-210) Individual Therapy – EMDR

(300-211) Individual Therapy – CBT

(300-212) Group Therapy – CBT

(300-213) Family Therapy – CBT

(300-216) Neuropsychology Consult – First Hour

(300-217) Neuropsychology Consult – Additional Hours

(300-218) Neuropsychological Testing – First Hour

(300-219) Neuropsychological Testing – Additional Hours

(300-220) Individual Therapy – TARGET

(300-221) Group Therapy – TARGET

(300-222) Individual Therapy – Exposure-Based CBT

(300-223) Family Therapy – Exposure-Based CBT

(300-224) Family Collateral Therapy – Exposure-Based CBT

(300-225) Spravato – Observation and Monitoring

**Standard Rate LOCs**

(300-226) Group Therapy PSB-CBT-A

(300-227) Tobacco Cessation

(300-228) Group Therapy for Diagnosis of Eating Disorder

(300-229) Psychological Test Administration and Scoring

(300-230) TMS Treatment – Initial, Subsequent, Motor Threshold

(300-233) Long-Acting Injectable Medication Management

(300-234) Psychosexual Evaluation

(350-1) ASAM 1.0 Psych Evaluation

(350-2) ASAM 1.0 Physical Exam

(350-3) ASAM 1.0 Assessment

(350-4) Case Rate Payment

(350-5) ASAM 1.0 Medication Management

(350-8) ASAM 1.0 Individual Therapy – Psychiatrist

(350-9) ASAM 1.0 Individual Therapy – Non-Psychiatrist

(350-11) ASAM 1.0 Family/Couples – Non-Psychiatrist

(350-13) ASAM 1.0 Group Therapy

(350-18) ASAM 1.0 Office/OP Medical and Eval Mgmt of New Patient

(350-19) ASAM 1.0 OP Medical and Eval Mgmt of Established Patient

(350-40) ASAM 1.0 Biopsychosocial Eval – MD

(350-41) ASAM 1.0 Biopsychosocial Eval – Non-MD

(350-55) ASAM 1.0 Medication Admin and Eval – Non-Psychiatrist

(350-152) ASAM 1.0 CRNP Evaluation

(350-154) ASAM 1.0 MAT Medication Admin and Eval – Opioid Tx Non-Methadone

(350-155) ASAM 1.0 MAT Medication Mgmt – Opioid Tx Non-Methadone

(350-158) ASAM 1.0 Individual Therapy – Non-Psychiatrist

**Standard Rate LOCs**

(350-160) ASAM 1.0 Individual Therapy – Non-Psychiatrist

(350-161) ASAM 1.0 OP D&A Ambulatory Detox Assessment

(350-168) ASAM 1.0 D&A – Methadone Daily

(350-169) ASAM 1.0 D&A – Methadone Take-Home Services

(350-170) ASAM 2.1 IOP

(350-171) ASAM 1.0 Tobacco Cessation

(350-177) Mobile Methadone Case Rate

(375-2) Methadone Maintenance Daily

(375-12) Methadone Take-Home Service

(375-14) ASAM 2.5 Partial Hospitalization Services

(425-20) Functional Family Therapy

(425-21) Multi-Systemic Therapy

(425-22) Multi-Systemic Therapy – PSB

(425-23) CTSS

(425-24) Multi-Systemic Therapy – RSB

(500-22) 1:1 Staffing

(500-24) Pre-Admission Assessment

(550-30) 1:1 Staffing w/R&B and Treatment

(600-4) Carbamazepine

(600-5) Lithium

(600-6) Nortriptyline

(600-9) Urinal.Dip Stick/Reag.Bilirub Gluc.Hemo Leuk, ETC; WO/Mic, Auto

(600-11) Dipropylacetic Acid

(600-15) Lead

(600-16) Thyroid Stimulating Hormone (THS)

(600-19) BL.Count; Hemogram, Manual, Compl (RBC, WBC, HGB, HCT, Diff.&Indices

**Standard Rate LOCs**

(600-24) Syphilis, Test; Qualitative (EG, VDRL, RPR, ART)

(600-42) Desipramine

(600-43) Imipramine

(600-45) Urinal by Dipstick/Tab Reagent for ETC Constituent w/Microscopy

(600-46) Urinal by Dipstick/Tab Autom any # of Constituent w/Microscopy

(600-56) Prolactin

(600-67) Blood Count; White Blood Cell (WBC)

(600-88) Phenytoin, Total

(600-101) Blood Count; Hemogram and Platelet Count; Auto and Auto Comp Diff WBC

(600-102) Basic Metabolic Panel

(600-103) Electrolyte Panel

(600-104) Comprehensive Metabolic Panel

(600-105) Hepatic Function Panel

(600-107) Infect Agent Antig Immuno Tech Adenovoir Ent Type 40/41

(600-108) Hepatitis B Core Antibody (HBcAb); IGG and IGM

(600-109) Hepatitis B Surface Antibody

(600-110) Hepatitis C Antibody

(600-111) Amalase

(600-112) FTA

(600-113) Glutamyl Transferase, Gamma (GGT)

(600-114) Lipase

(600-115) Magnesium

(600-116) Primadone

(600-117) Creatine Kinase (CK), (CPK); Total

(600-118) Hepatitis A Antibody (HAAB), IGG

(600-119) Hepatitis A Antibody (HAAB), IGM

**Standard Rate LOCs**

- (600-121) Thyroxine – Total

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- (600-122) Thyroid Hormone Uptake

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- (600-123) Oral Drug Testing

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- (600-124) Lipid Panel

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- (600-125) Blood Count Hematocrit (HCT)

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- (600-127) Blood Count Hemoglobin (HGB)

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- (600-129) Drug Screen Qualitative, 6-10

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- (600-130) Drug Screen Qualitative, 1-5

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- (600-133) Pregnancy Test

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- (600-134) Hemoglobin; Glycosylated (A1C)

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- (600-135) Testing for Presence of a Drug

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- (600-136) HIV Testing, 4th Generation

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- (600-137) Infectious Agent Detection by Nucleic Acid (DNA or RNA) Hep C

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- (600-138) Serum Clozapine Level Test

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- (600-139) Confirmatory Testing

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- (800-1) Family-Based Mental Health Services – Specialized

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- (800-3) Community Treatment Team (CTT)

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- (800-4) Mobile Hoarding Interventions and Therapy Program

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- (800-8) Family-Based Mental Health Services

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- (800-13) Specialized Case Management

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- (800-17) Self-Help/Peer Services – Telecommunication

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- (800-18) Community Support Psychiatric Target MH Case Mgmt – Blended CM

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- (800-23) Community Support Psychiatric – Self-Help/Peer Services

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- (800-24) BHID Community Treatment Team (CTT)

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- (800-26) Community Support Psychiatric – D&A Treatment Court Case Mgmt

**Standard Rate LOCs**

- (800-29) Community Support Psychiatric – D&A Recovery Specialist

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- (800-32) CRC Evaluation

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- (800-34) CRC Evaluation – Adult

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- (800-35) CRC 23-Hour Holding Bed

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- (800-39) CRC Evaluation – MAT Induction

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- (800-40) Community Autism Peer Specialist (CAPS)

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- (800-42) ACT Case Rate Payment

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- (800-46) Family-Based Services – Specialized Value-Based Payment

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- (800-47) Family-Based Services – Value-Based Payment

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- (800-48) Warm Handoff (WHO)

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- (800-50) Behavioral Health Urgent Care Center Evaluation

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- (900-1) Integrated BH Services in a LTC Per Diem Rate

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- (900-5) Mobile Psychiatric Rehabilitation

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- (900-9) Intensive Maximum CRR

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- (900-10) Maximum CRR

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- (900-11) Moderate CRR

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- (900-22) 1:1 Staffing

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- (900-31) Other Mental Health Services

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- (900-95) Integrated Clinical Services Team (ICST)

**Non-Standard Rate LOCs**

- (100-2) Subacute Hospital Services

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- (100-7) Neurodevelopmental Specialty Unit

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- (100-8) Subacute Services – Child/Adolescent

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- (140-1) Extended Acute Hospital-Based Services

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- (150-3) Specialized/HIV

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- (200-9) Journey of Hope Clinically Managed High Intensity Residential Services

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- (200-24) Withdrawal Management – 3-Day

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- (200-28) ASAM 3.5 Clinically Managed High Intensity Residential Services

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- (300-145) Behavioral Health Forensic Eval – MD Tier II

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- (300-146) Behavioral Health Forensic Eval – MD Tier III

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- (300-147) Behavioral Health Forensic Eval – MD Addendum

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- (300-149) Behavioral Health Forensic Eval – Psychologist Tier II

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- (300-150) Behavioral Health Forensic Eval – Psychologist Tier III

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- (300-151) Behavioral Health Forensic Eval – Psychologist Addendum

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- (300-194) Urgent Care Assessment

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- (300-195) Urgent Care Psychiatric Evaluation

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- (325-6) Licensed Child Psy Part Child Child

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- (325-21) Acute Partial 60 Minutes

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- (325-22) Partial Psychiatric – New Subacute Partial – PCHD Only

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- (325-23) Partial Psychiatric – New Intermediate Partial – PCHD Only

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- (325-24) Partial Psychiatric – New Acute Partial – PCHD Only

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- (325-25) Eating Disorder Partial Hospital Program (PHP)

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- (325-26) Half-Day Extended Care PHP

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- (500-2) R&B and Treatment

**Non-Standard Rate LOCs**

- (500-5) R&B and Specialized Treatment

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- (500-7) R&B and Treatment (Enhanced Rate)

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- (500-23) 2:1 Staffing

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- (500-25) RTF Enhancement

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- (550-2) R&B and Treatment

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- (550-6) Biopsychosocial Treatment Only

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- (550-7) Biopsychosocial R&B and Treatment

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- (550-32) Pre-Admission Assessment

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- (550-33) RTF Enhancement

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- (800-5) Crisis Residence

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- (800-9) ICM: Office/Home/Other

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- (800-12) Res Coord: Office/Home/Other

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- (800-16) D&A ICM

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- (800-45) CTT Housing First Case Rate

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- (900-13) Long Term Residential

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- (900-15) Residential Services Other

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- (900-28) Residential Services (Non-DHS Services)