Alabama Medicaid Fee Schedule
TCM Fee Schedule
Report:
Updated: 04/05/2016

Units are subject to change upon Agency review. Some codes have diagnosis restrictions.
Inclusion or exclusion of a procedure code, supply, product or service does not imply Medicaid coverage, reimbursement, or lack thereof. The fee schedules located on the Alabama Medicaid website are prepared as tools to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. This list is published as a guide to information regarding coverage and reimbursement amounts. Verify current coverage and reimbursement amounts through the Automated Voice Response System (AVRS) by calling 1-800-727-7848. AVRS is addressed in Appendix L in the Provider Manual. There may be other restrictions to a procedure code not available from AVRS. Please consult the Provider Manual or call the Provider Assistance Center at 1-800-688-7989.

TARGET GROUP	PROCEDURE CODE	PROCEDURE DESCRIPTION	MOD	ICD-9 DIAGNOSIS CODES	ICD-10 DIAGNOSIS CODES	ALLOWED AMOUNT	REQUIRES PA	BENEFIT LIMIT
1- MI ADULTS	G9008	LEVEL 1 PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES (PCCOS)	U-1	29500 – 29595 29600 – 29666 2967 – 2967 29680 – 29699 2970 – 2989 29900 – 29991 30000 – 30029 3003 – 3007 30081 – 30089 3009 – 3010 30110 – 30113 30120 – 30122 3013 – 3014 30150 – 30159 3016 – 3017 30181 – 30189 3019 - 3019	F200 - F2089 F21 - F258 F28 F3011 - F308 F310 F3111 - F312 F3131 - F315 F3161 - F3164 F3171 - F3189 F320 - F328 F330 - F333 F3341 - F338 F340 - F348 F4001 - F4002 F4011 - F408 F410 - F418 F42 F440 - F4489 F450 - F451 F4521 - F4529 F458 F481 F488 F600 - F6089 F6811 - F688 F840 F843 - F848 F20.9 F25.9 F29 F30.10 F30.9 F31.10 F31.30 F31.60 F31.70 F31.9 F32 F32.9 F33.9 F34.9 F39	6.85/unit**	NO	N/A
1-ID-ADULTS	G9008	LEVEL 2-PCCOS	U-2	317-319	F70-F78	5.28/unit**	NO	N/A
3-ID-CHILD	G9005	LEVEL 3-RISK ADJUSTED MAINTENANCE	U-3	319	F70-F73	5.28/unit**	YES	N/A
3-SENSORY IMPAIRED CHILD	G9008	LEVEL 3-PCCOS	U-3	78199	R29818 R29898 R2990-R2991	4.60/unit**	YES	N/A
3-DISABLING HEALTH CHILD	G9008	LEVEL 3-PCCOS	U-3	780	E035 F518 G4700 G4710 G4720 G4730 G478 - G476	4.60/unit**	YES	N/A

					R400 - R402344 R403 -R413 R4182 R419 - R42 R440 R442 - R443 R4583 - R4584 R502 - R509 R52 - R5383 R55 - R569 R61 R680 - R6812 R6881 R6883 R6889			
3-DD CHILD	G9006	HOME MONITORING	U3	3159	F819-F89	4.80/unit**	YES	N/A
3 SED CHILD	G9002		U3	3009	F489 R455-R456	$3.75/unit**	YES	N/A
3 DISABLED CHILD	G9008	COORDINATED CARE OVERSIGHT SERVICES	U3	7429	Q079	$4.60/unit**	YES	N/A
4 FOSTER CHILD	T2023	TARGETED CASE MANAGEMENT PER MONTH	U4	2999	F849	$427.00	YES	N/A
7 APSI	T2023	TARGETED CASE MANAGEMENT PER MONTH	U7	797	R4181	$525.00	NO	N/A
5-PREGNANT WOMEN	G9008	PREGNANT-PARENTING PROGRAM	HD	V220 – V242 V270 – V289 V3100 – V3900 630 – 632 63300 – 63391 63400 – 63792 6380 – 6399 64000 – 64193 64200 – 64294 64300 – 64393 64400 – 64421 64510 – 64603 64610 – 64624 64630 – 64631 64640 – 64664 64670 – 64673 64680 – 64684 64690 – 64693 64700 – 64894 65100 – 65393 65400 – 65494 65500 – 66393 66400 – 67694	M830 O000 - O9A53 Z0371 - Z0379 Z3201 Z331 - Z3A49 Z640	2.85/unit**	NO	N/A
6-AIDS/HIV	G9012	OTHER SPECIFIED CASE MANAGEMENT	U6	42 7953	B20 B9735 O98711 - O98713 O9872 - O9873	5.00/unit**	YES	N/A
8-TA WAIVER	G9008	PCCOS	U5	V550	Z430	5.33/unit**	NO	N/A