

**ATTACHMENT B
REIMBURSEMENT TERMS**

**CMHSP:
Provider:**

For medically necessary covered services rendered to Covered Persons by Provider, in accordance with the terms of this Agreement, Provider shall accept as payment in full the lesser of (1) Provider’s billed charges or (2) the rates as described in the compensation schedule below or inserted into CMHSP’s current electronic system, including the following required elements: billing code; modifier (if applicable); service description; reporting unit; reimbursement rate.

- Billing codes and rates for authorized services can be found electronically at: _____.
- Billing codes and rates for authorized services are defined in the Compensation schedule below.

Code	Modifier (if applicable)	Service Description	Reporting Unit	Rate

Codes must be consistent with the definitions outlined in the MDHHS PIHP/CMHSP Encounter Reporting PCPCS and Revenue Codes document.