

FINAL- revised 3/14/19

|                                                                      |          | Default Fee Codes:                                                                                                                                                                                   |             |                |                 |                  |                |                        |                                  |          | 52PRP2                      | PRP3            | PRP2         | MYLD7 | MYLD6 | MYLD10 | N/A- gets custom f/s | N/A         | PRONLY; 52PRP2               |
|----------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------|------------------|----------------|------------------------|----------------------------------|----------|-----------------------------|-----------------|--------------|-------|-------|--------|----------------------|-------------|------------------------------|
|                                                                      |          | Provider types:                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          | PTPR- POS 52                | PTPR- POS 12/15 | PTPR- POS 49 | PTCM  | PTMT  | PT86   | PTMH                 | PT01, 06,07 | PTPR- POS 52- child rate;PRP |
| Procedure Code                                                       | E&M Code | Service Description                                                                                                                                                                                  | PRP On-Site | PRP Off-Site   | PRP On/Off Site | CM               | Mobile Tx      | Traumatic Brain Injury | Freestanding Part. Hosp. Program | Facility | Residential Crisis Facility |                 |              |       |       |        |                      |             |                              |
| <b>MENTAL HEALTH CASE MANAGEMENT</b>                                 |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0031                                                                |          | Case Management Annual Assessment (only if approved by program)                                                                                                                                      |             |                |                 | 119.29           |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| T1016                                                                |          | Mental health case management (Daily rate)                                                                                                                                                           |             |                |                 | 119.29           |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| T1017                                                                |          | Targeted Case Management (Children and Youth)                                                                                                                                                        |             |                |                 | \$32.00/15 mins. |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| T1017-HG                                                             |          |                                                                                                                                                                                                      |             |                |                 | \$32.00/15 mins. |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| <b>MOBILE TREATMENT</b>                                              |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0040-21                                                             |          | Assertive Community Treatment (ACT) EBP                                                                                                                                                              |             |                |                 |                  | 1,300.27       |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0040-U9                                                             |          | Assertive Community Treatment (ACT) EBP for Medicare consumers                                                                                                                                       |             |                |                 |                  | 1,152.51       |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0040                                                                |          | Mobil treatment Non-EBP                                                                                                                                                                              |             |                |                 |                  | 922.01         |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0040-52                                                             |          | Mobil treatment Non-EBP for Medicare consumers                                                                                                                                                       |             |                |                 |                  | 706.87         |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| <b>PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM</b> |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0002                                                                |          | Rehabilitation Assessment                                                                                                                                                                            | 67.68       | 67.68          |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2016                                                                |          | Encounter (only bill w/POS 15 (off-site) or 52 (on-site))                                                                                                                                            |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| S9445                                                                |          | Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)                                                      | 118.21      | 118.21         | 118.21          |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U2                                                             |          | Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)                                |             |                | 468.98          |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U2                                                             |          | On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)                                                                                                      | 201.24      |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U2                                                             |          | Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)                                                                                                     |             | 267.73         |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U3                                                             |          | Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)                                           |             |                | 835.71          |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U3                                                             |          | On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)                                                                                               | 284.88      |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U3                                                             |          | Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)                                                                                              |             | 550.84         |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U4                                                             |          | On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)                                                                                         | 491.73      |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U4                                                             |          | Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)                                                                                       |             | 1,320.35       |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U5                                                             |          | On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)                                                                                       | 491.73      |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U5                                                             |          | Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)                                                                                     |             | 3,430.33       |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U6                                                             |          | Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)                                                                     |             |                | 1,812.10        |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2018-U7                                                             |          | Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)                                                                   |             |                | 3,922.07        |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| T1023                                                                |          | Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each) |             |                | 491.73          |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| <b>HOUSING SERVICES</b>                                              |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| T2048                                                                |          | Residential room and board (per day)                                                                                                                                                                 | 13.83       |                |                 |                  |                |                        |                                  |          | 13.83                       |                 |              |       |       |        |                      |             |                              |
| S5150                                                                |          | Enhanced support (per hour) (10 hour maximum)                                                                                                                                                        | 14.18       |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0019                                                                |          | Crisis Bed hold (per day)                                                                                                                                                                            | 13.83       |                |                 |                  |                |                        |                                  |          | 13.83                       |                 |              |       |       |        |                      |             |                              |
| <b>RESPITE CARE</b>                                                  |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0045                                                                |          | Adult Respite care, not in home, per diem                                                                                                                                                            | 83.04       |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H0045                                                                |          | C&A Respite care, not in home, per diem                                                                                                                                                              |             |                |                 |                  |                |                        |                                  |          | 191.50                      |                 |              |       |       |        |                      |             |                              |
| T1005                                                                |          | In home respite care                                                                                                                                                                                 |             | \$3.83/15 min. |                 |                  | \$3.83/15 min. |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| <b>RESIDENTIAL CRISIS SERVICES</b>                                   |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| S9485                                                                |          | Residential crisis services (also bill as T2048)                                                                                                                                                     |             |                |                 |                  |                |                        |                                  |          | 277.16                      |                 |              |       |       |        |                      |             |                              |
| S5145                                                                |          | Residential crisis, treatment foster care                                                                                                                                                            |             |                |                 |                  |                |                        |                                  |          | 178.22                      |                 |              |       |       |        |                      |             |                              |
| <b>SUPPORTED EMPLOYMENT</b>                                          |          |                                                                                                                                                                                                      |             |                |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2023                                                                |          | Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)                                                                                          |             | 8.12           |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2024                                                                |          | Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)                                                                                                  |             | 472.83         |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2024-21                                                             |          | Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)                                                                                                  |             | 1,180.87       |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2026                                                                |          | Ongoing support to maintain employment, per month                                                                                                                                                    |             | 384.18         |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |
| H2026-21                                                             |          | Ongoing support to maintain employment, per month - EBP                                                                                                                                              |             | 472.83         |                 |                  |                |                        |                                  |          |                             |                 |              |       |       |        |                      |             |                              |

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|-------------------------------|--------------------------------------------------------------------------------------------|--|--|--------|--|--|--|---------------------------|--|--|
| S9445-52                      | Clinic coordination - EBP                                                                  |  |  | 118.21 |  |  |  |                           |  |  |
| <b>TRAUMATIC BRAIN INJURY</b> |                                                                                            |  |  |        |  |  |  |                           |  |  |
| W0037                         | Residential habilitation Level 1 (per day)                                                 |  |  |        |  |  |  | 211.72                    |  |  |
| W0038                         | Residential habilitation Level 2 (per day)                                                 |  |  |        |  |  |  | 280.34                    |  |  |
| W0039                         | Residential habilitation Level 3 (per day)                                                 |  |  |        |  |  |  | 387.84                    |  |  |
| W0054                         | Day habilitation Level 1 (per day)                                                         |  |  |        |  |  |  | 54.67                     |  |  |
| W0055                         | Day habilitation Level 2 (per day)                                                         |  |  |        |  |  |  | 95.35                     |  |  |
| W0056                         | Day habilitation Level 3 (per day)                                                         |  |  |        |  |  |  | 134.15                    |  |  |
| W0057                         | Supported employment Level 1 (per day)                                                     |  |  |        |  |  |  | 32.43                     |  |  |
| W0058                         | Supported employment Level 2 (per day)                                                     |  |  |        |  |  |  | 54.67                     |  |  |
| W0059                         | Supported employment Level 3 (per day)                                                     |  |  |        |  |  |  | 134.15                    |  |  |
| W0060                         | Individual Support Services (ISS) (rate per hour) <b>5-1-19 Changed to 15 Min per unit</b> |  |  |        |  |  |  | 26.52 (\$6.63 per 15 Min) |  |  |