

<b>Health Homes Fee Schedule</b>		
<b>Procedure Code</b>	<b>Service</b>	<b>July 1, 2017 Reimbursement Amount</b>
W1760	Health Home Intake	\$102.86
W1761	Health Home Monthly Services	\$102.86

\*Claims for services not reported and billed within 30 days of the end of the month in which they were delivered may be subject to a 10% sanction on payment.