

Public Mental Health System Rates Effective July 1, 2018																				
FINAL- revised 7.27.18																				
		Default Fee Codes:		MYLD1/MYUN1	NOPMD/NOPMU MYLDP/MYUNP	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/ MYUN3	MYLD4/ MYUN4	MYLD5/ MYUN5	S2PRP2	PRP3	PRP2	MYLD7	MYLD6	MYLD10	N/A- gets custom f/s	N/A	PRONLY; S2PRP2	
		Provider types:		PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT9,CC	PTMC	P2PR- POS 52	P2PR- POS 12/15	P2PR- POS 49	PTCM	PTMT	PT86	PTMH	PT01,06, 07	P2PR- POS 52- child rate:P2PR	
Procedure Code	E&M Code	Service Description		Psychiatrist non-facility	NonPsych MD, 23 without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych	LCSW, LCPC	OMHC	PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident, Crisis Facility	
<b>OTHER PROFESSIONAL SERVICES FOR IOP, PHP &amp; CRS</b>																				
<b>MYFC5- (gets all OMHC &amp; E/M at lesser of rate)</b>																				
90791		Psychiatric diagnostic evaluation		163.32				116.44	132.99	116.44										
90791		C&A Psychiatric diagnostic evaluation		163.32				116.44	132.99	116.44										
90792		Psychiatric diagnostic evaluation with medical services		163.32				116.44												
90792		C&A Psychiatric diagnostic evaluation with medical services		163.32				116.44												
99201		Evaluation and Management, including Rx -Minimal, new patient		45.37	45.37	27.04		45.37												
99202		Evaluation and Management, including Rx -Straight forward, new patient		76.01	76.01	50.72		76.01												
99203		Evaluation and Management, including Rx -Low complexity, new patient		109.40	109.40	77.13		109.40												
99204		Evaluation and Management, including Rx -Moderately complex, new patient		166.09	166.09	130.07		166.09												
99205		Evaluation and Management, including Rx -Highly complex, new patient		208.77	208.77	169.54		208.77												
99211		Evaluation and Management, including Rx -Minimal		21.99	21.99	9.18		21.99												
99212		Evaluation and Management, including Rx -Straight forward		44.57	44.57	25.51		44.57												
99213		Evaluation and Management, including Rx -Low complexity		73.65	73.65	51.29		73.65												
99214		Evaluation and Management, including Rx -Moderately complex		108.50	108.50	78.44		108.50												
99215		Evaluation and Management, including Rx -Highly complex		146.22	146.22	111.03		146.22												
90832		Individual psychotherapy (30 min) MD Only		47.14				47.14												
90834		Individual psychotherapy (45 min) MD Only		88.63				88.63												
<b>OUTPATIENT/OFFICE PROFESSIONAL SERVICES</b>																				
90791		Psychiatric diagnostic evaluation		163.32				116.44	132.99	116.44										
90791		C&A Psychiatric diagnostic evaluation		163.32				116.44	132.99	116.44										
90792		Psychiatric diagnostic evaluation with medical services		163.32				116.44												
90792		C&A Psychiatric diagnostic evaluation with medical services		163.32				116.44												
90832		Individual psychotherapy (30 min)-Outpatient		53.89				38.42	44.03	38.42										
90832	Y	C&A Individual psychotherapy (30 min)-Outpatient		53.89				38.42	44.03	38.42										
90833	Y	30 min Psychotherapy add on		53.89				38.42												
90833	Y	C&A 30 min Psychotherapy add on		53.89				38.42												
90834		Individual psychotherapy (45 min)-Outpatient		97.93				70.05	79.79	70.05										
90834	Y	C&A Individual psychotherapy (45 min)-Outpatient		97.93				70.05	79.79	70.05										
90836	Y	45 min Psychotherapy add on		97.93				70.05												
90836	Y	C&A 45 min Psychotherapy add on		97.93				70.05												
90837		Individual psychotherapy (60 min)																		
90837		C&A Individual psychotherapy (60 min)																		
90838	Y	60 min Psychotherapy add on																		
90838	Y	C&A 60 min Psychotherapy add on																		
90839		Psychotherapy for crisis, first 60 min																		
90839		C&A Psychotherapy for crisis, first 60 min																		
90840		Psychotherapy for crisis--additional 30 min																		
90840		C&A Psychotherapy for crisis-- additional 30 min																		
90846		Family psychotherapy without patient present		91.55				59.11	76.85	59.11										
90846		C&A Family psychotherapy without patient present		91.55				59.11	76.85	59.11										
90847		Family psychotherapy with patient present (45-60 min)		101.98				72.10	83.93	72.10										
90847		C&A Fam psychoth with patient present (45-60 min)		101.98				72.10	83.93	72.10										
90847-52		C&A Family psychotherapy with patient present-- Abbrev		63.16				45.22	51.43	45.22										
90849		Multiple family group psychotherapy 45- 60 minutes																		
90849		C&A Multiple family group psychotherapy 45- 60 minutes																		
90849-52		Multiple family group psychotherapy--Abbrev																		
90849-52		C&A Multiple family group psychotherapy--Abbrev																		
H2027		Family psycho-education with consumer present																		
		Family psycho-education without																		
90853		Group psychotherapy (not multi-family.) 45-60 minutes		26.66				27.20	27.20	27.20										
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.		26.66				27.20	27.20	27.20										
90853-21		Group psychotherapy prolonged (More than 75 minutes)																		
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)																		
99201		Evaluation and Management, including Rx -Minimal, new patient		45.37	45.37	27.04		45.37												
99201		C & A Evaluation and Management, including Rx -Minimal, new patient		45.37	45.37	27.04		45.37												
99202		Evaluation and Management, including Rx -Straight forward, new patient		76.01	76.01	50.72		76.01												
99202		C & A Evaluation and Management, including Rx -Straight forward, new patient		76.01	76.01	50.72		76.01												
99203		Evaluation and Management, including Rx -Low complexity, new patient		109.40	109.40	77.13		109.40												
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient		109.40	109.40	77.13		109.40												
99204		Evaluation and Management, including Rx -Moderately complex, new patient		166.09	166.09	130.07		166.09												
99204		C & A Evaluation and Management, including Rx -Moderately complex, new patient		166.09	166.09	130.07		166.09												
99205		Evaluation and Management, including Rx -Highly complex, new patient		208.77	208.77	169.54		208.77												
99205		C & A Evaluation and Management, including Rx -Highly complex, new patient		208.77	208.77	169.54		208.77												
99211		Evaluation and Management, including Rx -Minimal		21.99	21.99	9.18		21.99												
99211		C&A Evaluation and Management, including Rx -Minimal		21.99	21.99	9.18		21.99												
99212		Evaluation and Management, including Rx -Straight forward		44.57	44.57	25.51		44.57												
99212		C&A Evaluation and Management, including Rx -Straight forward		44.57	44.57	25.51		44.57												
99213		Evaluation and Management, including Rx -Low complexity		73.65	73.65	51.29		73.65												
99213		C&A Evaluation and Management, including Rx -Low complexity		73.65	73.65	51.29		73.65												
99214		Evaluation and Management, including Rx -Moderately complex		108.50	108.50	78.44		108.50												
99214		C&A Evaluation and Management, including Rx -Moderately complex		108.50	108.50	78.44		108.50												
99215		Evaluation and Management, including Rx -Highly complex		146.22	146.22	111.03		146.22												
99215		C&A Evaluation and Management, including Rx -Highly complex		146.22	146.22	111.03		146.22												
90875		Indiv psychophysio therapy incl biofeedback (20-30 min)		53.89				38.42	44.03	38.42										
90876		Indiv psychophysio therapy incl biofeedback (45-50 min)		97.93				70.05	79.79	70.05										
90889		Discharge OMS (HCFA)																		23.65
0929		Discharge OMS (UB)																		
96101		Psch testing_per hour, Ph.D. Lic-Maximum 8 hours per service						108.76		108.76										
96102		Psychological Testing Computer (Flat rate)						30.25		30.25										
99241		Office Consultation - also used for H&P for PHP (15 Min)		48.00	48.00	32.49		48.00												
99242		Office Consultation - also used for H&P for PHP (30 min)		89.93	89.93	68.15		89.93												
99243		Office Consultation - also used for H&P for PHP (40 min)		123.01	123.01	95.32		123.01												
99244		Office Consultation - also used for H&P for PHP (60 min)		183.50	183.50	153.22		183.50												
99245		Office Consultation - also used for H&P for PHP (80 min)		223.47	223.47	189.48		223.47												

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Provider types: PT20-psych PT20-Nonpsych, 23 without PMH, 80 PT20,23 in facility PT23 with PMH,24 PT15 PT94,CC PTMC 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	Psychiatrist non-facility	NonPsych MD, 23 without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych	LCSW, LCPC	OMHC	PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident, Crisis Facility
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service								130.73								
99355		Each additional 30 minutes of a prolonged phy svc								98.82								
<b>INPATIENT HOSPITAL SERVICES</b>																		
99221		Initial hospital care (30 min) (MD only)	N/A	N/A	101.86	N/A												
99221		C&A Initial hospital care (30 min) (MD only)	N/A	N/A	101.86	N/A												
99222		Initial hospital care (60 min) (MD only)	N/A	N/A	136.99	N/A												
99222		C&A Initial hospital care (60 min) (MD only)	N/A	N/A	136.99	N/A												
99223		Initial hospital care (70 min) (MD only)	N/A	N/A	203.07	N/A												
99223		C&A Initial hospital care (70 min) (MD only)	N/A	N/A	203.07	N/A												
99231		Subsequent IP care (15 min) (MD only)	N/A	N/A	39.26	N/A												
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	N/A	39.26	N/A												
99232		Subsequent IP care (25 min) (MD only)	N/A	N/A	72.84	N/A												
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	N/A	72.84	N/A												
99233		Subsequent IP care (35 min) (MD only)	N/A	N/A	104.26	N/A												
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	N/A	104.26	N/A												
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	N/A	73.40	N/A												
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	N/A	N/A	73.40	N/A												
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A												
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A												
99251		Initial inpatient consultation (20 min) (MD only)	N/A	N/A	48.63	N/A												
99252		Initial inpatient consultation (40 min) (MD only)	N/A	N/A	74.42	N/A												
99253		Initial inpatient consultation (55 min) (MD only)	N/A	N/A	114.61	N/A												
99254		Initial inpatient consultation (80 min) (MD only)	N/A	N/A	166.44	N/A												
99255		Initial inpatient consultation (110 min) (MD only)	N/A	N/A	200.43	N/A												
99281		ER Visit	N/A	N/A	21.18	N/A												
99282		ER Visit	N/A	N/A	41.31	N/A												
99283		ER Visit	N/A	N/A	61.72	N/A												
99284		ER Visit	N/A	N/A	117.08	N/A												
99285		ER Visit	N/A	N/A	172.43	N/A												
<b>MISCELLANEOUS</b>																		
00104		Anesthesia for ECT	103.75															
90870		ECT single seizure w/ monitoring (Physician only)	103.87															
36415		Collection of blood by venipuncture							16.08									
96372		Therapeutic injection							16.08									
<b>SPECIAL SERVICES</b>																		
S0201		Mental health partial hosp, tx <24 hours																223.72
S0201-52		Intensive outpatient program (IOP)																121.76
S9480		Intensive OP psych svcs, per diem (clinic model)							142.45									
S9480		C&A Intensive OP psych svcs, per diem (clinic model)							169.34									
H0032		Interdisciplinary team tx plng w/patient present							91.02									
H0046		Therapeutic Nursery							46.35									
<b>OCCUPATIONAL THERAPY</b>																		
97003		Occupational therapy evaluation, per 15 min							16.55									
97004		Occupational therapy re-evaluation, per 15 min							16.55									
97150		Therapeutic procedure(s) group (2 or more)							20.10									
97530		Therapeutic activities, direct patient contact, per 15 min.							13.00									
97532		Development of cognitive skills, direct contact per 15 min.							13.00									
97535		Self-care/home mgmt trng, per 15 min.							13.00									
97537		Community/work reintegration trng, direct contact, per 15 min.							13.00									
<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
T1017-HG																		\$32.00/15
<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)																
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)								118.21	118.21	118.21						
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)										468.98						
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)								201.24								
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)										267.73						
												835.71						

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Procedure Code	E&M Code	Service Description	Psychiatrist non-facility	NonPsych MD, 23 without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych	LCSW, LCPC	OMHC	PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident, Crisis Facility
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 mpt. 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>RESPIRE 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						
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)																26.51
<b>THERAPEUTIC BEHAVIORAL SERVICES- Default Fee Code: TWTBBS Provider Type: 51/52</b>																		
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)																\$115.92 (\$28.98/15 mins)
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)																\$108.99 (\$27.25/15 mins)
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)																\$23.69/hr (\$5.92/15 minutes)
* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed																		
** If value of field is "Y", can charge one E&M Code between 99201 and 99215																		
E&M codes were updated effective 5-1-16																		