

Public Mental Health System Rates Effective July 1, 2008

Procedure Code	Service Description	Private Practitioners				PRP/RRP						Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility	
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM					Mobile Tx
OUTPATIENT/OFFICE PROFESSIONAL SERVICES																
90801	Psychiatric diagnostic interview exam	\$145.72	\$101.98	\$116.47	\$101.98	\$163.84										
90801	C&A Psychiatric diagnostic interview exam	\$145.72	\$101.98	\$116.47	\$101.98	\$182.99										
90804	Individual psychotherapy (20-30 min)	\$48.14	\$33.65	\$38.57	\$33.65	\$48.14										
90804	C&A Individual psychotherapy (20-30 min)	\$48.14	\$33.65	\$38.57	\$33.65	\$56.94										
90805	Indiv psychotherapy w/ med eval & mgmt (20-30 min)	\$69.88	\$48.92			\$82.05										
90805	C&A Indiv psychotherapy w/ med eval & mgmt (20-30 min)	\$69.88	\$48.92			\$91.62										
90806	Individual psychotherapy (45-50 min)	\$87.48	\$61.35	\$69.88	\$61.35	\$87.48										
90806	C&A Individual psychotherapy (45-50 min)	\$87.48	\$61.35	\$69.88	\$61.35	\$101.21										
90807	Indiv psychotherapy w/ med eval & mgmt (45-50 min)	\$103.79	\$72.73			\$117.51										
90807	C&A Indiv psychotherapy w/ med eval & mgmt (45-50 min)	\$103.79	\$72.73			\$131.48										
90808	Individual psychotherapy (75-80 min)	\$87.48	\$61.35	\$69.88	\$61.35	\$114.15										
90808	C&A Individual psychotherapy (75-80 min)	\$87.48	\$61.35	\$69.88	\$61.35	\$133.30										
90809	Indiv psychotherapy w/ med eval & mgmt (75-80 min)	\$103.79	\$72.73			\$167.98										
90809	C&A Indiv psychotherapy w/ med eval & mgmt (75-80 min)	\$103.79	\$72.73			\$187.65										
90846	Family psychotherapy without patient present	\$81.79	\$51.77	\$67.29	\$51.77	\$86.71										
90846	C&A Family psychotherapy without patient present	\$81.79	\$51.77	\$67.29	\$51.77	\$100.17										
90847	Family psychotherapy with patient present (45-60 min)	\$91.11	\$63.15	\$73.51	\$63.15	\$91.11										
90847	C&A Fam psychoth with patient present (45-60 min)	\$91.11	\$63.15	\$73.51	\$63.15	\$103.53										
90847-52	C&A Family psychotherapy with patient present--Abbrev	\$56.42	\$39.61	\$45.04	\$39.61	\$56.42										

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		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT		On-Site	Off-Site	On/Off Site	FQHC	CM					Mobile Tx
90849	Multiple family group psychotherapy 45 - 60 minutes					\$38.31										
90849	C&A Multiple family group psychotherapy 45 - 60 minutes					\$40.38										
90849-52	Multiple family group psychotherapy--Abbrev					\$33.91										
90849-52	C&A Multiple family group psychotherapy--Abbrev					\$37.27										
H2027	Family psycho-education with consumer present					\$51.77										
H1011	Family psycho-education without consumer present					\$51.00										
90853	Group psychotherapy (not multi-family.) 45-60 minutes	\$23.81	\$23.81	\$23.81	\$23.81	\$37.27										
90853	C&A Group psychotherapy (not multi-family.) 45-60 minutes.	\$23.81	\$23.81	\$23.81	\$23.81	\$39.34										
90853-21	Group psychotherapy prolonged (More than 75 minutes)	\$28.99	\$28.99	\$28.99	\$28.99	\$48.66										
90853-21	C&A Group psychotherapy prolonged (More than 75 minutes)	\$28.99	\$28.99	\$28.99	\$28.99	\$51.25										
90862	Pharmacological mgmt, including Rx	\$54.87	\$38.31			\$65.74										
90862	C&A Pharmacological mgmt, including Rx	\$54.87	\$38.31			\$65.74										
90875	Indiv psychophysio therapy incl biofdbk (20-30 min)	\$48.14	\$33.65	\$38.57	\$33.65	\$48.14										
90876	Indiv psychophysio therapy incl biofdbk (45-50 min)	\$87.48	\$61.35	\$69.88	\$61.35	\$87.48										
90889	Discharge OMS (HCFA)					\$20.70										
929	Discharge OMS (UB)															\$20.70
96101	Psych testing, per hour, Ph.D. Lic- Maximum 8 hours per service			\$95.25		\$95.25										
96102	Psychological testing, per hour, Associate			\$26.50		\$26.50										
99241	Office Consultation - also used for H&P for PHP (15 Min)	\$34.43				\$34.43										
99242	Office Consultation - also used for H&P for PHP (30 min)	\$69.87				\$69.87										

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99243	Office Consultation - also used for H&P for PHP (40 min)	\$93.84				\$93.84										
99244	Office Consultation - also used for H&P for PHP (60 min)	\$138.47				\$138.47										
99245	Office Consultation - also used for H&P for PHP (80 min)	\$184.37				\$184.37										
99354	Prolonged phy svc req face-to-face pat contact beyond the usual service					\$75.06										
99355	Each additional 30 minutes of a prolonged phy svc					\$37.79										

INPATIENT HOSPITAL SERVICES

90816	Individual psychotherapy, IP (20-30 min) (MD only)	\$42.33	\$29.63			42.33*										
90817	Indiv psy, IP, w/med eval & mgmt (20-30 min) (MD only)	\$42.22	\$29.63			42.33*										
90818	Individual psychotherapy, IP (45-50 min) (MD only)	\$79.56	\$55.69			79.56*										
90819	Indiv psy, IP, w/med eval & mgmt (45-50 min) (MD only)	\$79.56	\$55.69			79.56*										
99221	Initial hospital care (30 min) (MD only)	\$69.11	\$48.38													
99221	C&A Initial hospital care (30 min) (MD only)	\$69.11	\$50.58													
99222	Initial hospital care (50 min) (MD only)	\$104.31	\$73.02													
99222	C&A Initial hospital care (50 min) (MD only)	\$104.31	\$76.13													
99223	Initial hospital care (70 min) (MD only)	\$159.44	\$116.61													
99223	C&A Initial hospital care (70 min) (MD only)	\$159.44	\$116.55													
99231	Subsequent IP care (15 min) (MD only)	\$34.68	\$24.28													
99231	C&A Subsequent IP care (15 min) (MD only)	\$34.68	\$25.20													
99232	Subsequent IP care (25 min) (MD only)	\$56.42	\$38.91													
99232	C&A Subsequent IP care (25 min) (MD only)	\$56.42	\$41.30													
99233	Subsequent IP care (35 min) (MD only)	\$80.24	\$51.17													

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99233	C&A Subsequent IP care (35 min) (MD only)	\$80.24	\$58.63													
99238	Hospital discharge day mgmt (30 min or less) (MD only)	\$72.22	\$55.55													
99238	C&A Hospital discharge day mgmt (30 min or less) (MD only)	\$72.25	\$50.58													
99239	Hospital discharge day mgmt (>30 min) (MD only)	\$96.90	\$68.85													
99239	C&A Hospital discharge day mgmt (>30 min) (MD only)	\$102.50	\$71.75													
99251	Initial inpatient consultation (20 min) (MD only)	\$35.96	\$25.17													
99252	Initial inpatient consultation (40 min) (MD only)	\$72.42	\$50.69													
99253	Initial inpatient consultation (55 min) (MD only)	\$98.94	\$69.26													
99254	Initial inpatient consultation (80 min) (MD only)	\$142.04	\$99.43													
99255	Initial inpatient consultation (110 min) (MD only)	\$195.84	\$137.09													
99281	ER Visit	\$16.58														
99282	ER Visit	\$27.54														
99283	ER Visit	\$61.71														
99284	ER Visit	\$96.39														
99285	ER Visit	\$150.96														
MISCELLANEOUS																
00104	Anesthesia for ECT	\$95.00														
90870	ECT single seizure w/ monitoring (Physician only)	\$93.25				\$95.12										
T1015	Clinic visit/encounter, all inclusive rate per day									Ind. Rate						
36415	Collection of blood by venipuncture					\$14.49										
90772	Therapeutic injection					\$14.49										
SPECIAL SERVICES																
S0201	Mental health partial hosp, tx <24 hours													\$ 195.94		
S0201-52	Intensive outpatient program (IOP)													\$ 106.64		
S9480	Intensive OP psych svcs, per diem (clinic model)					\$124.75										

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S9480	C&A Intensive OP psych svcs, per diem (clinic model)					\$148.31											
H0032	Interdisciplinary team tx plng w/patient present					\$79.72											
H0046	Therapeutic Nursery					\$40.00											
OCCUPATIONAL THERAPY																	
97003	Occupational therapy evaluation, per 15 min					\$14.49											
97004	Occupational therapy re-evaluation, per 15 min					\$14.49											
97150	Therapeutic procedure(s) group (2 or more)					\$17.60											
97530	Therapeutic activities, direct patient contact, per 15 min.					\$11.39											
97532	Development of cognitive skills, direct contact per 15 min.					\$11.39											
97535	Self-care/home mgmt trng, per 15 min.					\$11.39											
97537	Community/work reintegration trng, direct contact, per 15 min.					\$11.39											
MOBILE TREATMENT																	
H0040-21	Assertive Community Treatment (ACT) EBP												\$1,138.83				
H0040-U9	Assertive Community Treatment (ACT) EBP for Medicare consumers												\$1,009.42				
H0040	Mobil treatment Non-EBP												\$807.53				
H0040-52	Mobil treatment Non-EBP for Medicare consumers												\$619.11				
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																	
H0002	Rehabilitation Assessment						\$59.28	\$59.28									
H2016	Encounter (only bill w/POS 15 (off-site) or 52 (on-site))						\$0.00	\$0.00									

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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)						\$103.53	\$103.53	\$103.53								
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)																
H2018-U2	On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)						\$176.26										
H2018-U2	Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)							\$234.50									
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)																
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)						\$249.51										
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)							\$482.45									
H2018-U4	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						\$430.68										
H2018-U4	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)							\$1,156.43									

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H2018-U5	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						\$430.68									
H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)							\$3,004.44								
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)									\$1,587.11						
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)									\$3,426.84						
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)									\$414.12						
HOUSING SERVICES																
T2048	Residential room and board (per day)						\$12.11								\$12.11	
S5150	Enhanced support (per hour) (10 hour maximum)						\$13.46									
H0019	Crisis Bed hold (per day)						\$12.11								\$12.11	
RESPIRE CARE																
H0045	Adult Respite care, not in home, per diem									\$72.73						
H0045	C&A Respite care, not in home, per diem														\$167.72	
T1005	In home respite care					3.11/ 15min.		3.11/ 15min.				3.11/ 15min				

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RESIDENTIAL CRISIS SERVICES																
S9485	Residential crisis services (also bill as T2048)															\$242.78
S5145	Residential crisis, prevention model															\$156.08
SUPPORTED EMPLOYMENT																
H2023	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)							\$7.11								
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							\$414.12								
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							\$1,034.26								
H2026	Ongoing support to maintain employment, per month							\$336.47								
H2026-21	Ongoing support to maintain employment, per month - EBP							\$414.12								
S9445-52	Clinic coordination - EBP							\$103.53								
TRAUMATIC BRAIN INJURY																
W0037	Residential habilitation Level 1 (per day)												\$185.44			
W0038	Residential habilitation Level 2 (per day)												\$245.54			
W0039	Residential habilitation Level 3 (per day)												\$339.69			
W0054	Day habilitation Level 1 (per day)												\$47.87			
W0055	Day habilitation Level 2 (per day)												\$83.50			
W0056	Day habilitation Level 3 (per day)												\$117.50			
W0057	Supported employment Level 1 (per day)												\$28.41			
W0058	Supported employment Level 2 (per day)												\$47.87			
W0059	Supported employment Level 3 (per day)												\$117.49			
W0060	Individual Support Services (ISS)												\$23.22			

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Procedure Code	Service Description	EPSDT Therapeutic Intervention
THERAPEUTIC BEHAVIORAL SERVICES		
96150	Initial Assessment & Development of Behavioral Plan for TBS	\$100.00
96151	Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)	\$94.00
96152	EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)	\$20.71/hr (\$5.18/15 minutes)

* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed