FINAL- Revised 6/26/2019

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		Default Fee Codes:	52PRP2	PRP3	PRP2	MYLD7	MYLD6	MYLD10	N/A- gets custom f/s	N/A	PRONLY; 52PRP2
		Provider types:	PTPR- POS	PTPR- POS	PTPR- POS 49	PTCM	PTMT	PT86	PTMH	PT01,06,	PTPR- POS 52- child
l			52	12/15						07	rate;PRP
Procedure Code	E&M Code	Service Description	PRP On-Site	PRP Off-Site	PRP On/Off Site	СМ	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident. Crisis Facility
MENTAL HEALTH CASE M.	ANAGEM										
H0031 T1016		Case Management Annual Assessment (only if approved by program) Mental health case management (Daily rate)				123.47 123.47					
11010		montal notati dase management (Dany rate)				\$33.12/					
T1017		Targeted Case Management (Children and Youth)				15 mins. \$33.12/					
T1017-HG						\$33.12/ 15 mins.					
COMMUNITY BASED PARI	TAL HOS	PITALIZATION									
S0201		Mental health partial hosp, tx <24 hours							231.55		
S0201-52		Intensive outpatient program (IOP)							126.02		
MOBILE TREATMENT											
H0040-21		Assertive Community Treatment (ACT) EBP					1,345.78				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers					1,192.85				
H0040 H0040-52		Mobil treatment Non-EBP Mobil treatment Non-EBP for Medicare consumers					954.28 731.61				
	TION-RE	SIDENTIAL REHABILITATION PROGRAM					731.01				
H0002		Rehabilitation Assessment	70.05	70.05							
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	122.35	122.35	122.35						
112010 02		& min 3 encounters) (Monthly rate)									
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)			485.39						
112010-02		OF Side Fixe Sides only for Community client. (wast use Fixe Size & mini z encounters) (working rate)	208.28								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)	200.20	277.10							
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									
H2018-U3		encounters) (Monthly rate) On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)			864.96						
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)	294.85								
112010 00		of site Fix. 3703 only for dapported Enviring orients. (Intake dase Fixe Fixe Annual Controlled Symbol Control Controlle		570.12							
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	508.94								
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)		4 000 50							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)		1,366.56							
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)	508.94								
				3,550.39							
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)			1,875.52						
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)			4.050.04						
T1023		Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt.			4,059.34						
		Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)			E00.04						
HOUSING SERVICES					508.94						
T2048		Residential room and board (per day)	14.31								14.31
S5150		Enhanced support (per hour) (10 hour maximum)	14.68								
H0019		Crisis Bed hold (per day)	14.31								14.31
RESPITE CARE H0045		Adult Respite care, not in home, per diem	85.95								
H0045		C&A Respite care, not in home, per diem	03.83	1	 						198.20
T1005		In home respite care		\$3.96/15 min.			\$3.96/15 min.				
RESIDENTIAL CRISIS SER	/ICES										
S9485		Residential crisis services (also bill as T2048)									286.86
S5145		Residential crisis, treatment foster care									184.46
SUPPORTED EMPLOYMEN H2023	Т	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)		0.40							
H2024		Supported employment (intensive job coaching), per 15 minutes (Auth d by CSA willetime benefit of \$2,750) Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)	 	8.40 489.38	1					1	
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		1,222.20							
H2026		Ongoing support to maintain employment, per month		397.63							
H2026-21		Ongoing support to maintain employment, per month - EBP		489.38							

S9445-52	Clinic coordination - EBP	122.35				
RAUMATIC BRAIN INJURY						
W0037	Residential habilitation Level 1 (per day)			219.13		
W0038	Residential habilitation Level 2 (per day)			290.15		
W0039	Residential habilitation Level 3 (per day)			401.41		
W0054	Day habilitation Level 1 (per day)			56.58		
W0055	Day habilitation Level 2 (per day)			98.69		
W0056	Day habilitation Level 3 (per day)			138.85		
W0057	Supported employment Level 1 (per day)			33.57		
W0058	Supported employment Level 2 (per day)			56.58		
W0059	Supported employment Level 3 (per day)			138.85		
W0060	Individual Support Services (ISS) (rate per hour) 5-1-19 Changed to 15 Min per unit			27.44 (\$6.86 per 15 Min)		