

Public Mental Health System Rates Effective July 1, 2018									
FINAL- revised 3/14/19									
Default Fee Codes:									
Provider types:									
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/ PsyD	LCSW-C, LCPC, LCADC, LCMFT	OMHC
<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	187.07
90791		C&A Psychiatric diagnostic evaluation	163.32			116.44	132.99	116.44	208.94
90792		Psychiatric diagnostic evaluation with medical services	163.32			116.44			187.07
90792		C&A Psychiatric diagnostic evaluation with medical services	163.32			116.44			208.94
99201		Evaluation and Management, including Rx -Minimal, new patient	45.37	45.37	27.04	45.37			45.37
99202		Evaluation and Management, including Rx -Straight forward, new patient	76.01	76.01	50.72	76.01			76.01
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.40	109.40	77.13	109.40			109.40
99204		Evaluation and Management, including Rx -Moderately complex, new patient	166.09	166.09	130.07	166.09			166.09
99205		Evaluation and Management, including Rx -Highly complex, new patient	208.77	208.77	169.54	208.77			208.77
99211		Evaluation and Management, including Rx -Minimal	21.99	21.99	9.18	21.99			21.99
99212		Evaluation and Management, including Rx -Straight forward	44.57	44.57	25.51	44.57			44.57
99213		Evaluation and Management, including Rx -Low complexity	73.65	73.65	51.29	73.65			73.65
99214		Evaluation and Management, including Rx -Moderately complex	108.50	108.50	78.44	108.50			108.50
99215		Evaluation and Management, including Rx -Highly complex	146.22	146.22	111.03	146.22			146.22
90832		Individual psychotherapy (30 min) MD Only	47.14			47.14			48.09
90834		Individual psychotherapy (45 min) MD Only	88.63			88.63			90.40
<b>OUTPATIENT/OFFICE PROFESSIONAL SERVICES</b>									
90791		Psychiatric diagnostic evaluation	163.32			116.44	132.99	116.44	187.07
90791		C&A Psychiatric diagnostic evaluation	163.32			116.44	132.99	116.44	208.94
90792		Psychiatric diagnostic evaluation with medical services	163.32			116.44			187.07
90792		C&A Psychiatric diagnostic evaluation with medical services	163.32			116.44			208.94
90832		Individual psychotherapy (30 min)-Outpatient	53.89			38.42	44.03	38.42	54.97
90832		C&A Individual psychotherapy (30 min)-Outpatient	53.89			38.42	44.03	38.42	65.01
90833	Y	30 min Psychotherapy add on	53.89			38.42			54.97
90833	Y	C&A 30 min Psychotherapy add on	53.89			38.42			65.01
90834		Individual psychotherapy (45 min)-Outpatient	97.93			70.05	79.79	70.05	99.89
90834		C&A Individual psychotherapy (45 min)-Outpatient	97.93			70.05	79.79	70.05	115.55
90836	Y	45 min Psychotherapy add on	97.93			70.05			99.89
90836	Y	C&A 45 min Psychotherapy add on	97.93			70.05			115.55
90837		Individual psychotherapy (60 min)							99.89
90837		C&A Individual psychotherapy (60 min)							115.55
90838	Y	60 min Psychotherapy add on							99.89
90838	Y	C&A 60 min Psychotherapy add on							115.55
90839		Psychotherapy for crisis, first 60 min							109.94
90839		C&A Psychotherapy for crisis, first 60 min							130.01
90840		Psychotherapy for crisis--additional 30 min							59.48
90840		C&A Psychotherapy for crisis-- additional 30 min							67.85
90846		Family psychotherapy without patient present	91.55			59.11	76.85	59.11	99.01
90846		C&A Family psychotherapy without patient present	91.55			59.11	76.85	59.11	114.37
90847		Family psychotherapy with patient present (45-60 min)	101.98			72.10	83.93	72.10	104.02
90847		C&A Fam psychoth with patient present (45-60 min)	101.98			72.10	83.93	72.10	118.21
90847-52		C&A Family psychotherapy with patient present--Abbrev	63.16			45.22	51.43	45.22	64.42
90849		Multiple family group psychotherapy 45 - 60 minutes							43.75
90849		C&A Multiple family group psychotherapy 45 - 60 minutes							46.11
90849-52		Multiple family group psychotherapy--Abbrev							39.27
90849-52		C&A Multiple family group psychotherapy--Abbrev							42.34
H2027		Family psycho-education with consumer present							59.11
		Family psycho-education without							59.11
90853		Group psychotherapy (not multi-family.) 45-60 minutes	26.66			27.20	27.20	27.20	42.55
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	26.66			27.20	27.20	27.20	44.92
90853-21		Group psychotherapy prolonged (More than 75 minutes)							55.55

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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	
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/ PsyD	LCSW-C, LCPC, LCADC, LCMFT	OMHC
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)									55.55
99201		Evaluation and Management, including Rx -Minimal, new patient			45.37	45.37	27.04	45.37			45.37
99201		C & A Evaluation and Management, including Rx -Minimal, new patient			45.37	45.37	27.04	45.37			45.37
99202		Evaluation and Management, including Rx -Straight forward, new patient			76.01	76.01	50.72	76.01			76.01
99202		C & A Evaluation and Management, including Rx -Straight forward, new patient			76.01	76.01	50.72	76.01			76.01
99203		Evaluation and Management, including Rx -Low complexity, new patient			109.40	109.40	77.13	109.40			109.40
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient			109.40	109.40	77.13	109.40			109.40
99204		Evaluation and Management, including Rx -Moderately complex, new patient			166.09	166.09	130.07	166.09			166.09
99204		C & A Evaluation and Management, including Rx -Moderately complex, new patient			166.09	166.09	130.07	166.09			166.09
99205		Evaluation and Management, including Rx -Highly complex, new patient			208.77	208.77	169.54	208.77			208.77
99205		C & A Evaluation and Management, including Rx -Highly complex, new patient			208.77	208.77	169.54	208.77			208.77
99211		Evaluation and Management, including Rx -Minimal			21.99	21.99	9.18	21.99			21.99
99211		C&A Evaluation and Management, including Rx -Minimal			21.99	21.99	9.18	21.99			21.99
99212		Evaluation and Management, including Rx -Straight forward			44.57	44.57	25.51	44.57			44.57
99212		C&A Evaluation and Management, including Rx -Straight forward			44.57	44.57	25.51	44.57			44.57
99213		Evaluation and Management, including Rx -Low complexity			73.65	73.65	51.29	73.65			73.65
99213		C&A Evaluation and Management, including Rx -Low complexity			73.65	73.65	51.29	73.65			73.65
99214		Evaluation and Management, including Rx -Moderately complex			108.50	108.50	78.44	108.50			108.50
99214		C&A Evaluation and Management, including Rx -Moderately complex			108.50	108.50	78.44	108.50			108.50
99215		Evaluation and Management, including Rx -Highly complex			146.22	146.22	111.03	146.22			146.22
99215		C&A Evaluation and Management, including Rx -Highly complex			146.22	146.22	111.03	146.22			146.22
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)			53.89			38.42	44.03	38.42	54.97
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)			97.93			70.05	79.79	70.05	99.89
90889		Discharge OMS (HCFA)									23.65
0929		Discharge OMS (UB)									
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service Terminated 12/31/18							108.76		108.76
96102		Psychological Testing Computer (Flat rate) Terminated 12/31/18							30.25		30.25
96130		Psychological Testing Evaluation services by a Physician or other qualified professional. Treatment planning and Report and Interactive feed back to the patient, family members and caregiver's (first hour)							124.31		124.31
96131		Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)							94.47		94.47
96136		Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)							51.27		51.27
96137		Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)							47.79		47.79
96138		Psychological test administration and scoring by a Technician (first 30 minutes)							42.69		42.69
96139		Psychological test administration and scoring by a Technician (each additional 30 minutes)							42.69		42.69
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			
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 (50 min) (MD only)			N/A	N/A	136.99	N/A			

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99222		C&A Initial hospital care (50 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) - also used for H&P for Inpatient Non Psych Physician	N/A	48.63	48.63	N/A			
99252		Initial inpatient consultation (40 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	74.42	74.42	N/A			
99253		Initial inpatient consultation (55 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	114.61	114.61	N/A			
99254		Initial inpatient consultation (80 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	166.44	166.44	N/A			
99255		Initial inpatient consultation (110 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	200.43	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							
S0201-52		Intensive outpatient program (IOP)							
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 (for recipients under 21 only)</b>									
97150		Therapeutic procedure(s) group (2 or more)						20.10	
97530		Therapeutic activities, direct patient 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>RESPITE CARE</b>									
H0045		Adult Respite care, not in home, per diem							
H0045		C&A Respite care, not in home, per diem							
T1005		In home respite care							\$3.83/15 min.
<b>THERAPEUTIC BEHAVIORAL SERVICES- Default Fee Code: TWTBS 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)						

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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	
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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)						
TRANSCRANIAL MAGNETIC STIMULATION - Effective 8-1-18											
90867		Therapeutic repetitive TMS Treatment, Initial Treatment Plan			\$159.53						
90868		Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session)			\$146.32						
90869		Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management			\$399.60						
90201-25	Y	Evaluation and Management, including Rx -Minimal, new patient			45.37						
99202-25	Y	Evaluation and Management, including Rx -Straight forward, new patient			76.01						
99203-25	Y	Evaluation and Management, including Rx -Low complexity, new patient			109.40						
99204-25	Y	Evaluation and Management, including Rx -Moderately complex, new patient			166.09						
99205-25	Y	Evaluation and Management, including Rx -Highly complex, new patient			208.77						
99211-25	Y	Evaluation and Management, including Rx -Minimal			21.99						
99212-25	Y	Evaluation and Management, including Rx -Straight forward			44.57						
99213-25	Y	Evaluation and Management, including Rx -Low complexity			73.65						
99214-25	Y	Evaluation and Management, including Rx -Moderately complex			108.50						
99215-25	Y	Evaluation and Management, including Rx -Highly complex			146.22						
* 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											