

99223		Initial hospital care (70 min) (MD only)	\$160.84	\$112.59																
99223		C&A Initial hospital care (70 min) (MD only)	\$160.84	\$112.59																
99231		Subsequent IP care (15 min) (MD only)	\$34.99	\$24.49																
99231		C&A Subsequent IP care (15 min) (MD only)	\$34.99	\$24.49																
99232		Subsequent IP care (25 min) (MD only)	\$56.92	\$39.25																
99232		C&A Subsequent IP care (25 min) (MD only)	\$56.92	\$39.25																
99233		Subsequent IP care (35 min) (MD only)	\$80.95	\$51.62																
99233		C&A Subsequent IP care (35 min) (MD only)	\$80.95	\$51.62																
99238		Hospital discharge day mgmt (30 min or less) (MD only)	\$72.86	\$50.99																
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	\$72.86	\$50.99																
99239		Hospital discharge day mgmt (>30 min) (MD only)	\$99.22	\$69.46																
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	\$103.40	\$72.38																
99251		Initial inpatient consultation (20 min) (MD only)	\$36.28	\$25.39																
99252		Initial inpatient consultation (40 min) (MD only)	\$73.06	\$51.14																
99253		Initial inpatient consultation (55 min) (MD only)	\$99.81	\$69.87																
99254		Initial inpatient consultation (80 min) (MD only)	\$143.29	\$100.30																
99255		Initial inpatient consultation (110 min) (MD only)	\$197.56	\$138.30																
99281		ER Visit	\$16.73																	
99282		ER Visit	\$27.78																	
99283		ER Visit	\$62.25																	
99284		ER Visit	\$97.24																	
99285		ER Visit	\$152.29																	
MISCELLANEOUS																				
00104		Anesthesia for ECT	\$95.84																	
90870		ECT single seizure w/ monitoring (Physician only)	\$95.96																	
T1015		Clinic visit/encounter, all inclusive rate per day																		Ind. Rate
36415		Collection of blood by venipuncture								\$14.57										
90772		Therapeutic injection - Ends 12/31/2008								\$14.57										
96372		Therapeutic injection - Starts 01/01/2009								\$14.57										
SPECIAL SERVICES																				
S0201		Mental health partial hosp, tx <24 hours																		\$198.63
S0201-52		Intensive outpatient program (IOP)																		\$108.10
S9480		Intensive OP psych svcs, per diem (clinic model)								\$126.47										
S9480		C&A Intensive OP psych svcs, per diem (clinic model)								\$150.35										
H0032		Interdisciplinary team tx plng w/patient present								\$80.81										
H0046		Therapeutic Nursery								\$41.16										
OCCUPATIONAL THERAPY																				
97003		Occupational therapy evaluation, per 15 min								\$14.70										
97004		Occupational therapy re-evaluation, per 15 min								\$14.70										
97150		Therapeutic procedure(s) group (2 or more)								\$17.85										
97530		Therapeutic activities, direct patient contact, per 15 min.								\$11.54										
97532		Development of cognitive skills, direct contact per 15 min.								\$11.54										
97535		Self-care/home mgmt trng, per 15 min.								\$11.54										
97537		Community/work reintegration trng, direct contact, per 15 min.								\$11.54										
MENTAL HEALTH CASE MANAGEMENT																				
H0031		Case Management Annual Assessment (only if approved by program)																		\$105.92
T1016		Mental health case management (Daily rate)																		\$105.92
MOBILE TREATMENT																				
H0040-21		Assertive Community Treatment (ACT) EBP																		\$1,154.51
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers																		\$1,023.32
H0040		Mobil treatment Non-EBP																		\$818.65
H0040-52		Mobil treatment Non-EBP for Medicare consumers																		\$627.64
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																				
H0002		Rehabilitation Assessment								\$60.09	\$60.09									
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)								\$104.96	\$104.96	\$104.96								
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)											\$416.41							

H2018-U2	On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)							\$178.68											
H2018-U2	Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)								\$237.72										
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)														\$742.03				
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)							\$252.95											
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)								\$489.09										
H2018-U4	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							\$436.61											
H2018-U4	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)								\$1,172.36										
H2018-U5	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							\$436.61											
H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)								\$3,045.81										
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)														\$1,608.97				
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)														\$3,482.42				
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)														\$436.61				
HOUSING SERVICES																			
T2048	Residential room and board (per day)								\$12.28										\$12.28
S5150	Enhanced support (per hour) (10 hour maximum)								\$12.59										
H0019	Crisis Bed hold (per day)								\$12.28										\$12.28
RESPIRE CARE																			
H0045	Adult Respite care, not in home, per diem														\$73.73				
H0045	C&A Respite care, not in home, per diem																		\$170.02
T1005	In home respite care								3.40/15min.						3.40/15min.				3.40/15min.
RESIDENTIAL CRISIS SERVICES																			
S9485	Residential crisis services (also bill as T2048)																		\$246.09
S5145	Residential crisis, treatment foster care																		\$158.23
SUPPORTED EMPLOYMENT																			
H2023	benefit of \$2,750)														\$7.21				
H2024	number of 3 units/year)														\$419.82				
H2024-21	number of 3 units/year)														\$1,048.51				
H2026	Ongoing support to maintain employment, per month														\$341.11				
H2026-21	Ongoing support to maintain employment, per month - EBP														\$419.82				
S9445-52	Clinic coordination - EBP														\$104.96				
TRAUMATIC BRAIN INJURY																			
W0037	Residential habilitation Level 1 (per day)														\$187.99				
W0038	Residential habilitation Level 2 (per day)														\$248.92				
W0039	Residential habilitation Level 3 (per day)														\$344.36				
W0054	Day habilitation Level 1 (per day)														\$48.52				
W0055	Day habilitation Level 2 (per day)														\$84.66				
W0056	Day habilitation Level 3 (per day)														\$119.12				
W0057	Supported employment Level 1 (per day)														\$28.80				
W0058	Supported employment Level 2 (per day)														\$48.52				
W0059	Supported employment Level 3 (per day)														\$119.11				
W0060	Individual Support Services (ISS)														\$23.55				
THERAPEUTIC BEHAVIORAL SERVICES																			
96150	Initial Assessment & Development of Behavioral Plan for TBS														\$102.90				
96151	Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)														\$96.72				
96152	EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)														(\$5.26/15 minutes)				