







Procedure Code	E&M Code**	Service Description	MD	NPP	PHD	LCSW,	OMHC											
					Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Traumat Brain Injury	Freestandin Part. Hosp. Program	Facility	Resident. Crisis Facility	
H0019		Crisis Bed hold (per day)							\$12.59								\$12.59	
<b>RESPIRE CARE</b>																		
H0045		Adult Respite care, not in home, per diem							\$75.61									
H0045		C&A Respite care, not in home, per diem															\$174.34	
T1005		In home respite care						\$3.49/15min.									\$3.49/15min.	
<b>RESIDENTIAL CRISIS SERVICES</b>																		
S9485		Residential crisis services (also bill as T2048)																\$252.34
S5145		Residential crisis, treatment foster care																\$162.25
<b>SUPPORTED EMPLOYMENT</b>																		
H2023		CSA w/lifetime benefit of \$2,750)																
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)																\$7.40
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)																\$430.49
H2026		Ongoing support to maintain employment, per month																\$1,075.14
H2026-21		Ongoing support to maintain employment, per month - EBP																\$349.77
S9445-52		Clinic coordination - EBP																\$430.49
<b>TRAUMATIC BRAIN INJURY</b>																		
W0037		Residential habilitation Level 1 (per day)																\$192.76
W0038		Residential habilitation Level 2 (per day)																\$255.24
W0039		Residential habilitation Level 3 (per day)																\$353.11
W0054		Day habilitation Level 1 (per day)																\$49.76
W0055		Day habilitation Level 2 (per day)																\$86.81
W0056		Day habilitation Level 3 (per day)																\$122.14
W0057		Supported employment Level 1 (per day)																\$29.53
W0058		Supported employment Level 2 (per day)																\$49.76
W0059		Supported employment Level 3 (per day)																\$122.14
W0060		Individual Support Services (ISS)																\$24.14
<b>THERAPEUTIC BEHAVIORAL SERVICES</b>																		
96150		Initial Assessment & Development of Behavioral Plan for TBS	\$105.51															
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)	\$99.18															
96152		EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)	\$21.56/hr (\$5.39/15 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