			Public	Mental Hea	lth Systen	n Rates Effe	ctive July 1											
			1			PRP/RRP												
Dunnadium	FOM		MD	NDD	DUD	1.0014/	OMUO							T	F		Desident	
Procedure Code	E&M Code**	Service Description	MD	NPP	PHD Psych	LCSW, RN Ther,	OMHC	On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Freestandin Part. Hosp.		Resident. Crisis	
	Jour				1 3 9 0 11	LCPC		On one	On one	On/On one	1 0110	OW	MIODITE 1X	Injury	Program	Facility		
OTHER PRO	FESSION/	AL SERVICES FOR IOP, PHP & CRS													ŭ			
90791		Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	170.32											
90791		C&A Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	190.23										<u> </u>	
90792 90792		Psychiatric diagnostic evaluation with medical services C&A Psychiatric diagnostic evaluation with medical services	151.68 151.68	106.01 106.01			170.32 190.23								-			
99201		Evaluation and Management, including Rx -Minimal, new patient	48.70	48.70			48.70											
99202		Evaluation and Management, including Rx -Straight forward, new patient	82.48	82.48			82.48											
99202		Evaluation and Management, including Rx -Low complexity, new patient	119.25	119.25			119.25											
55255		Evaluation and Management, including Rx -Moderately complex, new patient	110.20	110.20			110.20											
99204		J	181.64	181.64			181.64											
99205		Evaluation and Management, including Rx -Highly complex, new patient	224.53	224.53			224.53											
99211		Evaluation and Management, including Rx -Minimal	22.72	22.72			22.72										ļ	
99212		Evaluation and Management, including Rx -Straight forward	48.70	48.70			48.70											
99213 99214		Evaluation and Management, including Rx -Low complexity Evaluation and Management, including Rx -Moderately complex	80.11 117.60	80.11 117.60			80.11 117.60										-	
99214	1	Evaluation and Management, including Rx -Moderately complex Evaluation and Management, including Rx -Highly complex	157.64	157.64			157.64					1		1	-		 	
90832		Individual psychotherapy (30 min) MD Only	43.78	30.65			43.78											
90834		Individual psychotherapy (45 min) MD Only	82.30	57.61			82.30											
	IT/OFFICE	PROFESSIONAL SERVICES																
90791		Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	170.32											
90791		C&A Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	190.23										<u> </u>	
90792		Psychiatric diagnostic evaluation with medical services	151.68	106.01			170.32										<u> </u>	
90792 90832		C&A Psychiatric diagnostic evaluation with medical services	151.68 50.05	106.01 34.98	40.09	34.98	190.23 50.05								-			
90832		Individual psychotherapy (30 min)-Outpatient C&A Individual psychotherapy (30 min)-Outpatient	50.05	34.98	40.09	34.98	59.19											
90833	Y	30 min Psychotherapy add on	\$50.05	34.98	40.03	34.30	50.05											
90833	Ý	C&A 30 min Psychotherapy add on	\$50.05	34.98			59.19											
90834		Individual psychotherapy (45 min)-Outpatient	90.94	63.77	72.65	63.77	90.94											
90834		C&A Individual psychotherapy (45 min)-Outpatient	90.94	63.77	72.65	63.77	105.20											
90836	Υ	45 min Psychotherapy add on	\$90.94	63.77			90.94											
90836	Υ	C&A 45 min Psychotherapy add on	\$90.94	63.77			105.20											
90837		Individual psychotherapy (60 min)					90.94											
90837		C&A Individual psychotherapy (60 min)					105.20										<u> </u>	
90838 90838	Y	60 min Psychotherapy add on					90.94 105.20								-			
90839	Ť	C&A 60 min Psychotherapy add on Psychotherapy for crisis, first 60 min	+				100.10											
90839		C&A Psychotherapy for crisis, first 60 min					118.37										<u> </u>	
90840		Psychotherapy for crisisadditional 30 min					54.16											
90840		C&A Psychotherapy for crisis additional 30 min					61.77											
90846		Family psychotherapy without patient present	85.02	53.81	69.96	53.81	90.14											
90846		C&A Family psychotherapy without patient present	85.02	53.81	69.96	53.81	104.13											
90847		Family psychotherapy with patient present (45-60 min)	94.71	65.64	76.41	65.64	94.71											
90847		C&A Fam psychoth with patient present (45-60 min)	94.71	65.64	76.41	65.64	107.62										<u> </u>	
90847-52		C&A Family psychotherapy with patient presentAbbrev	58.65	41.17	46.82	41.17	58.65					-		-			 	
90849 90849		Multiple family group psychotherapy 45 - 60 minutes C&A Multiple family group psychotherapy 45 - 60 minutes	+				39.83 41.98							-	 			
90849-52		Multiple family group psychotherapy-Abbrev	1				35.75							1	 		\vdash	
90849-52		C&A Multiple family group psychotherapyAbbrev					38.55							<u> </u>			$\vdash \vdash \vdash$	
H2027		Family psycho-education with consumer present					53.81											
		Family psycho-education without					53.81											
90853		Group psychotherapy (not multi-family.) 45-60 minutes	24.75	24.75	24.75	24.75	38.74											
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	24.75	24.75	24.75	24.75	40.90											
90853-21		Group psychotherapy prolonged (More than 75 minutes)					50.58								ļ		<u> </u>	
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)	40.70	40.70			50.58					ļ						
99201		Evaluation and Management, including Rx -Minimal, new patient	48.70	48.70			48.70							<u> </u>	-		<u> </u>	
99201 99202		C & A Evaluation and Management, including Rx -Minimal, new patient Evaluation and Management, including Rx -Straight forward, new patient	48.70 82.48	48.70 82.48			48.70 82.48							-	 			
JJZUZ		C & A Evaluation and Management, including Rx -Straight forward, new	02.40	02.40			02.40					-		1	1		 	
99202		patient	82.48	82.48			82.48								1			
99203		Evaluation and Management, including Rx -Low complexity, new patient	119.25	119.25			119.25											
99203		C & A Evaluation and Management, including Rx -Low complexity, new	119.25	119.25			119.25											
		patient Evaluation and Management, including Rx -Moderately complex, new patient																
99204			181.64	181.64			181.64]					1			

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Procedure	E&M	Service Description	MD	NPP	PHD	LCSW,	OMHC								Freestandin		Resident.		
Code	Code**				Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Brain	Part. Hosp.	<u> </u>	Crisis		
						LCPC								Injury	Program	Facility	Facility		
00004		C & A Evaluation and Management, including Rx -Moderately complex, new	101.01	404.04			404.04												
99204 99205		patient Published Programme Control of the Control	181.64 224.53	181.64 224.53			181.64 224.53				ļ	ļ				<u> </u>			
99205		Evaluation and Management, including Rx -Highly complex, new patient C & A Evaluation and Management, including Rx -Highly complex, new	224.53	224.53			224.53									<u> </u>			
99205		patient	224.53	224.53			224.53												
99211		Evaluation and Management, including Rx -Minimal	22.72	22.72			22.72												
99211		C&A Evaluation and Management, including Rx -Minimal	22.72	22.72			22.72									 	 		
99212		Evaluation and Management, including Rx -Straight forward	48.70	48.70			48.70									 	 		
99212		C&A Evaluation and Management, including Rx -Straight forward	48.70	48.70			48.70												
99213		Evaluation and Management, including Rx -Low complexity	80.11	80.11			80.11												
99213		C&A Evaluation and Management, including Rx -Low complexity	80.11	80.11			80.11										 		
99214		Evaluation and Management, including Rx -Moderately complex	117.60	117.60			117.60										 		
99214		C&A Evaluation and Management, including Rx -Moderately complex	117.60	117.60			117.60									\vdash			
99215		Evaluation and Management, including Rx -Highly complex	157.64	157.64			157.64									\vdash			
99215		C&A Evaluation and Management, including Rx -Highly complex	157.64	157.64			157.64												
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	50.05	34.98	40.09	34.98	50.05									†			
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	90.94	63.77	72.65	63.77	90.94									†			
90889		Discharge OMS (HCFA)	30.34	00.11	72.00	03.77	21.53									 	 		
0929		Discharge OMS (UB)					21.00									\$21.53	 		
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service			99.02		99.02	-			 			1		ψ <u>_</u> 1.00	†		
96102		Psychological Testing, per hour, psychologist associate			27.55		27.55	-			 			1		 	†		
99241		Office Consultation - also used for H&P for PHP (15 Min)	51.49	51.49	27.00		27.00	1			1	1	1	1	1				
99242		Office Consultation - also used for H&P for PHP (30 min)	96.74	96.74				1			1	1	1	1	1				
99243		Office Consultation - also used for H&P for PHP (40 min)	131.91	131.91												†			
99244		Office Consultation - also used for H&P for PHP (60 min)	194.48	194.48												†			
		, ,														<u> </u>			
99245		Office Consultation - also used for H&P for PHP (80 min)	237.73	237.73															
00054		Prolonged phy svc req face-to-face pat contact beyond the usual service					400.70												
99354		Factor additional CO princetor of a made and above or					106.79				ļ	ļ				<u> </u>	↓		
99355		Each additional 30 minutes of a prolonged phy svc					104.10												
INPATIENT H	LOCDITAL	SERVICES					104.10												
99221	HUSFITAL	Initial hospital care (30 min) (MD only)	100.42	100.12															
99221		C&A Initial hospital care (30 min) (MD only)	108.43	108.43							ļ	ļ				<u> </u>			
		, ,, ,,	108.43	108.43												<u> </u>	<u> </u>		
99222		Initial hospital care (50 min) (MD only)	147.19	147.19													<u> </u>		
99222		C&A Initial hospital care (50 min) (MD only)	147.19	147.19												<u> </u>			
99223		Initial hospital care (70 min) (MD only)	216.47	216.47															
99223		C&A Initial hospital care (70 min) (MD only)	216.47	216.47															
99231		Subsequent IP care (15 min) (MD only)	41.71	41.71															
99231		C&A Subsequent IP care (15 min) (MD only)	41.71	41.71												1			
99232		Subsequent IP care (25 min) (MD only)	76.73	76.73															
99232		C&A Subsequent IP care (25 min) (MD only)	76.73	76.73															
99233		Subsequent IP care (35 min) (MD only)	110.63	110.63															
99233		C&A Subsequent IP care (35 min) (MD only)	110.63	110.63															
99238		Hospital discharge day mgmt (30 min or less) (MD only)	77.68	77.68															
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	77.68	77.68							1	-		1	 	 	 		
99239		Hospital discharge day mgmt (>30 min) (MD only)	114.63				-	1			1	 	1	1	1	 	 		
99239		C&A Hospital discharge day right (>30 min) (MD only)		114.63				-			1	-	1	1		 	 		
		, , , , , , , , , , , , , , , , , , , ,	114.63	114.63		1		-	1		-	-		1		 	 		
99251		Initial inpatient consultation (20 min) (MD only)	51.66	51.66							ļ		1	1	 	 	 		
99252		Initial inpatient consultation (40 min) (MD only)	79.60	79.60			ļ				 	1		1		 '	ļ		
99253		Initial inpatient consultation (55 min) (MD only)	121.30	121.30										<u> </u>	ļ	<u> </u>			
99254		Initial inpatient consultation (80 min) (MD only)	174.86	174.86							<u> </u>]		<u> </u>	ļ		
99255		Initial inpatient consultation (110 min) (MD only)	217.80	217.80															
99281		ER Visit	22.27	22.27											1				
99282		ER Visit	43.80	43.80															
99283		ER Visit	65.29	65.29							1						1		
99284		ER Visit	124.63	124.63							1				İ		1		
99285		ER Visit	182.80	182.80				1			1	1	1	1	1		†		
MISCELLAN	FOLIS		102.00	102.00										 					
00104	LUUS	Anesthesia for ECT	00.07																
			98.27			1		1	1		1	1		1	 	 	 		
90870		ECT single seizure w/ monitoring (Physician only)	98.39								Ind		ļ	<u> </u>	ļ	<u> </u>			
T1015		Clinic visit/encounter, all inclusive rate per day		1			1				Ind. Rate				1				
		1 2					,				rkate		ļ	<u> </u>	ļ	<u> </u>	 		
36415		Collection of blood by venipuncture					14.94				ļ			ļ	ļ		<u> </u>		
90772		Therapeutic injection - Ends 12/31/2008					14.94		<u> </u>	<u> </u>	<u></u>			<u> </u>	L	L '	<u> </u>		

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Procedure	E&M	Service Description	MD	NPP	PHD	LCSW,	OMHC							Traumat	Freestandin		Resident.
Code	Code**				Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Brain	Part. Hosp.		Crisis
						LCPC								Injury	Program	Facility	Facility
96372		Therapeutic injection - Starts 01/01/2009					14.94										
SPECIAL SE	RVICES																
S0201		Mental health partial hosp, tx <24 hours													\$203.68	<u> </u>	
S0201-52		Intensive outpatient program (IOP)													\$110.85	<u> </u>	
S9480		Intensive OP psych svcs, per diem (clinic model)					129.69										
S9480		C&A Intensive OP psych svcs, per diem (clinic model)					154.17										
H0032		Interdisciplinary team tx plng w/patient present					82.87									<u> </u>	
H0046		Therapeutic Nursery					42.20										
OCCUPATIO	ONAL THE																
97003		Occupational therapy evaluation, per 15 min				15.07											
97004		Occupational therapy re-evaluation, per 15 min				15.07											
97150		Therapeutic procedure(s) group (2 or more)				18.30										L	
97530		Therapeutic activities, direct patient contact, per 15 min.				11.83											
97532		Development of cognitive skills, direct contact per 15 min.				11.83										L	
97535		Self-care/home mgmt trng, per 15 min.				11.83											
97537		Community/work reintegration trng, direct contact, per 15 min.				11.83										<u> </u>	
	ALTH CAS	E MANAGEMENT															
H0031		Case Management Annual Assessment (only if approved by program)										\$108.61					
T1016		Mental health case management (Daily rate)										\$108.61					
MOBILE TR	EATMENT																
H0040-21		Assertive Community Treatment (ACT) EBP											\$1,183.84		ļ	L	L
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers											\$1,049.31				
H0040		Mobil treatment Non-EBP											\$839.45				
H0040-52		Mobil treatment Non-EBP for Medicare consumers											\$643.58				
	IC REHAB	LITATION-RESIDENTIAL REHABILITATION PROGRAM															
H0002		Rehabilitation Assessment						\$61.62	\$61.62								
H2016		Encounter (only bill w/POS 15 (off-site) or 52 (on-site)														<u> </u>	
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)						\$107.62	\$107.62	\$107.62							
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)						\$101.0 <u>2</u>	ψ101102	\$426.99							
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)						\$183.22		Ψ-20.33							
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)							\$243.76								
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)								\$760.88							
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)						\$259.37									
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)							\$501.51								
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						\$447.70									
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)							\$1,202.13								
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						\$447.70									
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)							\$3,123.17								
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)								\$1,649.83							
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)								\$3,570.87							
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)								\$447.70							
HOUSING S	ERVICES																
T2048		Residential room and board (per day)						\$12.59								\$12.59	
S5150		Enhanced support (per hour) (10 hour maximum)						\$12.91			1				1	,	

Procedure Code	E&M Code**		MD	NPP	PHD	LCSW,	OMHC							Traumat	Freestandin		Resident.
		Service Description	IVID	INFF	Psych	RN Ther.	OWILIC	On-Site	Off-Sito	On/Off Site	FOHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
	Couc		-		1 Sycii	LCPC		Oil-Oile	OII-OILE	On/On one	1 0110	OW	WODING 1X	Injury	Program		
10019		Crisis Bed hold (per day)						\$12.59						,		\$12.59	
ESPITE CA	RE																
10045		Adult Respite care, not in home, per diem						\$75.61									
10045		C&A Respite care, not in home, per diem														\$174.34	1
							\$3.49/						\$3.49/				1
1005		In home respite care					15min.						15min.				
ESIDENTIA																	
9485		Residential crisis services (also bill as T2048)															\$252.34
5145		Residential crisis, treatment foster care															\$162.25
UPPORTED																	
12023		CSA w/lifetime benefit of \$2,750)							\$7.40								
		Supported employment (Pre-placement phase) (Auth'd by CSA and has a															
12024		maximum number of 3 units/year)							\$430.49								<u> </u>
12024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							£4.075.44								
12024-21		Ongoing support to maintain employment, per month							\$1,075.14 \$349.77				-		<u> </u>		
12026		Ongoing support to maintain employment, per month - EBP							\$349.77				-		<u> </u>		
9445-52		Clinic coordination - EBP	 						\$107.62								+
RAUMATIC									\$107.62								
V0037		Residential habilitation Level 1 (per day)												\$192.76			+
V0037 V0038		Residential habilitation Level 2 (per day)												\$192.76	<u> </u>		
V0038 V0039		Residential habilitation Level 3 (per day)	 											\$353.11	1		+
V0059 V0054		Day habilitation Level 1 (per day)	 											\$49.76			+
V0054 V0055		Day habilitation Level 1 (per day)	 											\$86.81			+
V0055 V0056		Day habilitation Level 3 (per day)											-	\$122.14	<u> </u>		
V0050 V0057		Supported employment Level 1 (per day)	 											\$29.53			+
V0057 V0058		Supported employment Level 2 (per day)												\$49.76			
V0058 V0059		Supported employment Level 2 (per day) Supported employment Level 3 (per day)											-	\$49.76	<u> </u>		
V0060		Individual Support Services (ISS)	 										1	\$24.14			+
		(IORAL SERVICES												φ24.14			+
ILKAFLUI	IC BLITAV	IORAL SERVICES											1				+
6150		Initial Assessment & Development of Behavioral Plan for TBS	\$105.51														
		Reassessment and development of new Behavior Plan for TBS (licensed															
6151		TBS Providers only)	\$99.18										1				
		EPSDT Health & behavior intervention, each 15 min (must be a designated	\$21.56/hr												Ì		1
		provider of Therapeutic Behavioral Services)	(\$5.39/15										1				
6152			minutes)														<u> </u>