

OCCUPATIONAL THERAPY													
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
97530		Therapeutic activities, direct patient contact, per 15 min.											11.83
97532		Development of cognitive skills, direct contact per 15 min.											11.83
97535		Self-care/home mgmt trng, per 15 min.											11.83
97537		Community/work reintegration trng, direct contact, per 15 min.											11.83
MENTAL HEALTH CASE MANAGEMENT													
H0031		Case Management Annual Assessment (only if approved by program)											\$108.61
T1016		Mental health case management (Daily rate)											\$108.61
MOBILE TREATMENT													
H0040-21		Assertive Community Treatment (ACT) EBP											\$1,183.84
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
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM													
H0002		Rehabilitation Assessment					\$61.62	\$61.62					
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)					\$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)								\$426.99			
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)					\$183.22						
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 Intensive 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 SERVICES													
T2048		Residential room and board (per day)					\$12.59						\$12.59
S5150		Enhanced support (per hour) (10 hour maximum)					\$12.91						
H0019		Crisis Bed hold (per day)					\$12.59						\$12.59
RESPITE CARE													
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.
RESIDENTIAL CRISIS SERVICES													
S9485		Residential crisis services (also bill as T2048)											\$252.34
S5145		Residential crisis, treatment foster care											\$162.25
SUPPORTED EMPLOYMENT													
H2023		CSA w/lifetime benefit of \$2,750)						\$7.40					
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)						\$430.49					
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)						\$1,075.14					

H2026		Ongoing support to maintain employment, per month																	\$349.77
H2026-21		Ongoing support to maintain employment, per month - EBP																	\$430.49
S9445-52		Clinic coordination - EBP																	\$107.62
TRAUMATIC BRAIN INJURY																			
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
THERAPEUTIC BEHAVIORAL SERVICES																			
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)		\$105.51 (\$26.38/ 15 mins)															
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)		\$99.18 (\$24.80/ 15 mins)															
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)		\$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																			