Public Men	tal Healt	h System Rates Effective April 1, 2015															(P	1
										PRP/RRP								
Procedure	E&M	Service Description	MD	MD/NPP	NPP	PHD	LCSW,	омнс							Traumat	Freestandin	├───┦	Resident.
			non-facility	facility		Psych	RN Ther,	OMITIC	On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
				POS			LCPC								Injury	Program	Facility	Facility
				21,22,31,32,													1	
	OFFER			51,52													<u> </u>	<u> </u>
90791	UFESSI	DNAL SERVICES FOR IOP, PHP & CRS Psychiatric diagnostic evaluation	151.68		106.01	123.50	108.13	173.73		1	<u> </u>							
90791		C&A Psychiatric diagnostic evaluation	151.68		106.01	123.50	108.13	194.03										
90792		Psychiatric diagnostic evaluation with medical services	151.68		106.01			173.73										
90792		C&A Psychiatric diagnostic evaluation with medical services	151.68	0.1.50	106.01			194.03										
99201		Evaluation and Management, including Rx -Minimal, new patient Evaluation and Management, including Rx -Straight forward, new patient	40.97	24.59	40.97			40.97									┝───┦	
99202 99203		Evaluation and Management, including RX -Straight forward, new patient	69.70 101.20	46.15 71.17	69.70 101.20			69.70 101.20									┝───┦	
99204		Evaluation and Management, including Rx -Low complexity, new patient	153.32	120.22	153.32			153.32										
99205		Evaluation and Management, including Rx -Highly complex, new patient	192.40	156.23	192.40			192.40										
99211		Evaluation and Management, including Rx -Minimal	18.72	8.48	18.72			18.72										
99212		Evaluation and Management, including Rx -Straight forward	40.97	23.57	40.97 67.54			40.97 67.54									l	
99213 99214		Evaluation and Management, including Rx -Low complexity Evaluation and Management, including Rx -Moderately complex	67.54 100.21	46.72 72.22	100.21			100.21										
99215		Evaluation and Management, including Rx -Highly complex	135.13	102.71	135.13			135.13									ł	
90832		Individual psychotherapy (30 min) MD Only	43.78		43.78			44.66										
90834		Individual psychotherapy (45 min) MD Only	82.30		82.30			83.95										
OUTPATIEI 90791	NT/OFFIC	CE PROFESSIONAL SERVICES Psychiatric diagnostic evaluation	151.68		106.01	123.50	108.13	173.73										
90791		C&A Psychiatric diagnostic evaluation	151.68		106.01	123.50	108.13	194.03										┝───┦
90792		Psychiatric diagnostic evaluation with medical services	151.68		106.01			173.73										
90792		C&A Psychiatric diagnostic evaluation with medical services	151.68		106.01			194.03										
90832		Individual psychotherapy (30 min)-Outpatient	50.05		34.98	40.89	35.68	51.05										\square
90832 90833	Y	C&A Individual psychotherapy (30 min)-Outpatient 30 min Psychotherapy add on	50.05 50.05		34.98 34.98	40.89	35.68	60.37 51.05									┢───┦	
90833		C&A 30 min Psychotherapy add on	50.05		34.98			60.37										
90834		Individual psychotherapy (45 min)-Outpatient	90.94		63.77	74.10	65.05	92.76										
90834		C&A Individual psychotherapy (45 min)-Outpatient	90.94		63.77	74.10	65.05	107.30										
90836 90836		45 min Psychotherapy add on	90.94 90.94		63.77 63.77			92.76 107.30										┢────┦
90836 90837	Y	C&A 45 min Psychotherapy add on Individual psychotherapy (60 min)	90.94		63.77			92.76									┢───┦	
90837		C&A Individual psychotherapy (60 min)						107.30										
90838		60 min Psychotherapy add on						92.76										
90838	Y	C&A 60 min Psychotherapy add on						107.30										
90839 90839		Psychotherapy for crisis, first 60 min C&A Psychotherapy for crisis, first 60 min						102.10 120.74										┝───┦
90840		Psychotherapy for crisisadditional 30 min						55.24									┢───┤	
90840		C&A Psychotherapy for crisis additional 30 min						63.01										
90846		Family psychotherapy without patient present	85.02		53.81	71.36	54.89	91.94										
90846		C&A Family psychotherapy without patient present	85.02		53.81	71.36	54.89	106.21									└─── ┦	
90847 90847		Family psychotherapy with patient present (45-60 min) C&A Fam psychoth with patient present (45-60 min)	94.71 94.71		65.64 65.64	77.94	66.95 66.95	96.60 109.77									┢───┦	
90847-52		C&A Family psychotherapy with patient present (45-50 min)	58.65		41.17	47.76	41.99	59.82										
90849		Multiple family group psychotherapy 45 - 60 minutes						40.63										
90849		C&A Multiple family group psychotherapy 45 - 60 minutes						42.82										
90849-52 90849-52		Multiple family group psychotherapyAbbrev C&A Multiple family group psychotherapyAbbrev						36.47 39.32									┢────┦	
H2027		Family psycho-education with consumer present						54.89										
		Family psycho-education without						54.89										
90853		Group psychotherapy (not multi-family.) 45-60 minutes	24.75		24.75	25.25	25.25	39.51										
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	24.75		24.75	25.25	25.25	41.72	ļ	ļ							l	└────┘
90853-21 90853-21		Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes)						51.59 51.59									┢────┦	┢───┦
99201		Evaluation and Management, including Rx -Minimal, new patient	40.97	24.59	40.97			40.97										
99201		C & A Evaluation and Management, including Rx -Minimal, new patient	40.97	24.59	40.97			40.97										
99202		Evaluation and Management, including Rx -Straight forward, new patient	69.70	46.15	69.70			69.70										
99202		C & A Evaluation and Management, including Rx -Straight forward, new patient	69.70	46.15	69.70			69.70										
99202 99203		Evaluation and Management, including Rx -Low complexity, new patient	101.20	71.17	101.20			101.20									┢────┦	
		C & A Evaluation and Management, including Rx -Low complexity, new patient							1	1								
99203			101.20	71.17	101.20			101.20									ļ]	
99204		Evaluation and Management, including Rx -Moderately complex, new patient	153.32	120.22	153.32			153.32									l	┝───┤
99204		C & A Evaluation and Management, including Rx -Moderately complex, new patient	153.32	120.22	153.32			153.32										
99205		Evaluation and Management, including Rx -Highly complex, new patient	192.40	156.23	192.40			192.40										
																		•

Public Ment	tal Healt	h System Rates Effective April 1, 2015																
										PRP/RRP								
Procedure	E&M	Service Description	MD	MD/NPP	NPP	PHD	LCSW,	омнс							Traumat	Freestandin		Resident.
			non-facility	facility		Psych	RN Ther,	Gillino	On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
				POS 21,22,31,32, 51,52			LCPC								Injury	Program	Facility	Facility
00005		C & A Evaluation and Management, including Rx -Highly complex, new patient	100.10	450.00	100.10			100.10										
99205 99211		Evaluation and Management, including Rx -Minimal	192.40 18.72	156.23 8.48	192.40 18.72			192.40 18.72										
99211		C&A Evaluation and Management, including KX -Minimal	18.72	8.48	18.72			18.72										
99212		Evaluation and Management, including Rx -Straight forward	40.97	23.57	40.97			40.97										
99212		C&A Evaluation and Management, including Rx -Straight forward	40.97	23.57	40.97			40.97										
99213 99213		Evaluation and Management, including Rx -Low complexity	67.54 67.54	46.72 46.72	67.54 67.54			67.54 67.54										
99213 99214		C&A Evaluation and Management, including Rx -Low complexity Evaluation and Management, including Rx -Moderately complex	100.21	72.22	100.21			100.21										
99214		C&A Evaluation and Management, including Rx -Moderately complex	100.21	72.22	100.21			100.21										
99215		Evaluation and Management, including Rx -Highly complex	135.13	102.71	135.13			135.13										
99215		C&A Evaluation and Management, including Rx -Highly complex	135.13	102.71	135.13			135.13										
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	50.05		34.98	40.89	35.68	51.05										
90876 90889		Indiv psychophysio therapy incl biofdbk (45-50 min) Discharge OMS (HCFA)	90.94		63.77	74.10	65.05	92.76 21.96										
90889 0929		Discharge OMS (HCFA) Discharge OMS (UB)						21.90									21.96	
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service				101.00		101.00										
96102		Psychological Testing Computer (Flat rate)				28.10		28.10										
99241		Office Consultation - also used for H&P for PHP (15 Min)	45.46	31.13	45.46													
99242 99243		Office Consultation - also used for H&P for PHP (30 min) Office Consultation - also used for H&P for PHP (40 min)	84.96 115.89	64.82 90.30	84.96 115.89													
99243 99244		Office Consultation - also used for H&P for PHP (40 min)	170.70	142.71	170.70													
		Office Consultation - also used for H&P for PHP (80 min)																┢────┦
99245 99354		Prolonged phy svc req face-to-face pat contact beyond the usual service	208.74	177.35	208.74			92.12										
99354 99355		Each additional 30 minutes of a prolonged phy svc						89.40										
	HOSPIT	AL SERVICES						00.40										
99221		Initial hospital care (30 min) (MD only)	N/A	94.01	94.01													
99221		C&A Initial hospital care (30 min) (MD only)	N/A	94.01	94.01													
99222		Initial hospital care (50 min) (MD only)	N/A	126.60	126.60													
99222		C&A Initial hospital care (50 min) (MD only)	N/A	126.60	126.60													
99223		Initial hospital care (70 min) (MD only)	N/A	187.43	187.43													L
99223		C&A Initial hospital care (70 min) (MD only)	N/A	187.43	187.43													L
99231 99231		Subsequent IP care (15 min) (MD only) C&A Subsequent IP care (15 min) (MD only)	N/A	35.91	35.91													
99231		Subsequent IP care (25 min) (MD only)	N/A N/A	35.91 66.65	35.91 66.65													
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	66.65	66.65													
99233		Subsequent IP care (35 min) (MD only)	N/A	96.08	96.08													
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	96.08	96.08													
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	67.58	67.58													
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	N/A	67.58	67.58													
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	99.34	99.34													
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	99.34	99.34				ļ	ļ								
99251 99252		Initial inpatient consultation (20 min) (MD only) Initial inpatient consultation (40 min) (MD only)	N/A	45.31	45.31													
99252 99253		Initial inpatient consultation (40 min) (MD only) Initial inpatient consultation (55 min) (MD only)	N/A N/A	69.52 106.04	69.52 106.04													
99254 99254		Initial inpatient consultation (80 min) (MD only)	N/A N/A	106.04	106.04													
99255		Initial inpatient consultation (110 min) (MD only)	N/A															
99281		ER Visit	N/A	19.17	19.17					1								
99282		ER Visit	N/A	37.74	37.74													
99283		ER Visit	N/A	56.95	56.95													
99284		ER Visit	N/A	108.37	108.37													
99285		ER Visit	N/A	160.48	160.48													
	NEOUS																	
00104		Anesthesia for ECT	98.27															
90870		ECT single seizure w/ monitoring (Physician only)	98.39									Ind.						
T1015		Clinic visit/encounter, all inclusive rate per day										Rate						
36415		Collection of blood by venipuncture						15.24										
96372		Therapeutic injection						15.24										
SPECIAL SI	ERVICE																	
S0201		Mental health partial hosp, tx <24 hours														207.75		

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										PRP/RRP)							
Procedure	E&M	Service Description															└─── !	
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC	0	011 011	0	50110		M . I. 7 T		Freestandin		Resident
			non-facility	facility		Psych	RN Ther, LCPC		On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.	Facility	Crisis
				POS			LCPC								Injury	Program	Facility	Facility
				21,22,31,32,													'	
-				51,52						<u> </u>	<u> </u>							
S0201-52		Intensive outpatient program (IOP)														113.07		
S9480		Intensive OP psych svcs, per diem (clinic model)						132.28										
S9480		C&A Intensive OP psych svcs, per diem (clinic model)						157.25										
H0032		Interdisciplinary team tx plng w/patient present						84.53										
H0046		Therapeutic Nursery						43.04										
OCCUPATI	ONAL TI	HERAPY																
97003		Occupational therapy evaluation, per 15 min					15.37											
97004		Occupational therapy re-evaluation, per 15 min					15.37											
97150		Therapeutic procedure(s) group (2 or more)					18.67											
97530		Therapeutic activities, direct patient contact, per 15 min.					12.07											
97532		Development of cognitive skills, direct contact per 15 min.					12.07										└───┤	
97535		Self-care/home mgmt trng, per 15 min.					12.07											
97537		Community/work reintegration trng, direct contact, per 15 min.					-										ļ	
							12.07		<u> </u>			<u> </u>						<u> </u>
		CASE MANAGEMENT											440 70					
H0031		Case Management Annual Assessment (only if approved by program)		ļ	ļ			ļ			ļ		110.78	ļ	ļ	ļ	└─── ┘	
T1016		Mental health case management (Daily rate)		ļ	ļ			ļ			ļ		110.78	ļ	ļ	ļ	└─── ┘	└──
													\$20.19/				'	
T1017		Targeted Case Management (Children and Youth)											15 mins.				<u> </u>	
MOBILE TR	REATME																	
H0040-21		Assertive Community Treatment (ACT) EBP												1,207.52				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers												1,070.30				
H0040		Mobil treatment Non-EBP												856.24				
H0040-52		Mobil treatment Non-EBP for Medicare consumers												656.45				
PSYCHIAT	RIC REH	IABILITATION-RESIDENTIAL REHABILITATION PROGRAM																
H0002		Rehabilitation Assessment							62.85	62.85							, i	
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																
00110		program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)							400 77	100 77	100 77						'	
									109.77	109.77	109.77							
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)									405 50						'	
		·									435.53							
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2															'	
		encounters) (Monthly rate)							186.88									
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2																
		encounters) (Monthly rate)								248.64								
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)									776.10						'	
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3																
		encounters) (Monthly rate)							264.56								'	
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5																
		encounters) (Monthly rate)			1		1	1		511.54							1 '	1
H2018-U4	-	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 &								011.04							//	
12010-04		min 4 encounters) (Monthly rate)			I		1	I	456.65						I		1 '	
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 &							400.00								┢────┘	┢────┤
112010-04		min 13 encounters) (Monthly rate)			I		1	I							I		1 '	/
										1,226.17			l		L		L'	
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 &															1 7	7
		min 4 encounters) (Monthly rate)			I		1	I	456.65						I		1 '	/
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 &		İ			1						l	İ		İ		
		min 19 encounters) (Monthly rate)			I		1	I		3,185.63					I		1 '	
H2018-U6		Any combination of on/off-site PRP svcs for adult in General Level RRP bed.					1			0,.00.00			1				//	
		(Must use POS 49 & min 17 encounters) (Monthly rate)			I		1	I			4 000 00				I		1 '	/
110040115			ļ	ļ	ļ			ļ			1,682.83			ļ	ļ	ļ	└─── ┘	
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed.			I		1	I							I		1 '	
		(Must use POS 49 & min 23 encounters) (Monthly rate)									3,642.29						L'	
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			I		1	I							I		1 '	
		4 encounters for at least 60 min each)			I		1	I			456.65				I		1 '	
HOUSING S	SERVICE										.00.00							
T2048		Residential room and board (per day)					l		12.84			i						12.84
S5150		Enhanced support (per hour) (10 hour maximum)		l			1		13.17		1	1		l			/ [/]	.2.04
						1	1		13.17		1	1	1				/	

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										PRP/RRP								
Procedure	E&M	Service Description																
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC							Traumat			Resident
			non-facility	facility		Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
				POS			LCPC								Injury	Program	Facility	Facility
				21,22,31,32,														
				51,52														
H0019		Crisis Bed hold (per day)							12.84									12.84
RESPITE C	ARE																	
H0045		Adult Respite care, not in home, per diem							77.12									
H0045		C&A Respite care, not in home, per diem																177.83
								\$3.56/	1					\$3.56/				
T1005		In home respite care						15min.						15min.				
	AL CRIS	SIS SERVICES																
S9485		Residential crisis services (also bill as T2048)																257.39
S5145		Residential crisis, treatment foster care																165.50
SUPPORTE	D EMPI																	
H2023		w/lifetime benefit of \$2,750)								7.55								
110004		Supported employment (Pre-placement phase) (Auth'd by CSA and has a																
H2024		maximum number of 3 units/year)								439.10								<u> </u>
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)								1,096.64								
H2024-21		Ongoing support to maintain employment, per month								356.77								<u> </u>
H2026-21		Ongoing support to maintain employment, per month - EBP								439.10								
S9445-52		Clinic coordination - EBP								439.10								L
TRAUMATI										109.77								
W0037		Residential habilitation Level 1 (per day)													196.62			<u> </u>
W0037		Residential habilitation Level 1 (per day)													260.34			L
W0038 W0039		Residential habilitation Level 3 (per day)																—
W0039 W0054		Day habilitation Level 1 (per day)													360.17			L
W0054 W0055		Day habilitation Level 1 (per day)													50.76			L
W0055 W0056															88.55			L
W0056 W0057		Day habilitation Level 3 (per day)													124.58			ļ
		Supported employment Level 1 (per day)													30.12			L
W0058 W0059		Supported employment Level 2 (per day) Supported employment Level 3 (per day)													50.76 124.58			ļ
W0060		Individual Support Services (ISS)													24.62			
															24.62			
THERAPEL		HAVIORAL SERVICES																<u> </u>
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15	\$26.91/15 mins															
		minute increments)	mins															
																		<u> </u>
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS	\$25.30/15															1
90131		Providers only) (to be billed in 15 minute increments)	mins															1
				1			+	-	+	-								<u> </u>
96152		EPSDT Health & behavior intervention (must be a designated provider of	\$5.50/15															1
00102		Therapeutic Behavioral Services) (to be billed in 15 minute increments)	minutes															1
* Reimburs:	able usin	g POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed	-			I	I		1				I			1		
		Y', can charge one E&M Code between 99201 and 99215																
ii value U	100013	r, our onargo one Edim Oode between 33201 and 33210															1	