

Public Mental Health System Rates Effective April 1, 2015																	
Procedure	E&M	Service Description	PRP/RRP											Traumat Brain Injury	Freestandin Part. Hosp. Program	Resident. Crisis Facility	
			MD non-facility	MD/NPP facility POS 21,22,31,32, 51,52	NPP	PHD Psych	LCSW, RN Ther, LCPC	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM				Mobile Tx
99205		C & A 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								
99211		C&A 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				40.97								
99212		C&A Evaluation and Management, including Rx -Straight forward	40.97	23.57	40.97				40.97								
99213		Evaluation and Management, including Rx -Low complexity	67.54	46.72	67.54				67.54								
99213		C&A Evaluation and Management, including Rx -Low complexity	67.54	46.72	67.54				67.54								
99214		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		Indiv psychophysio therapy incl biofdbk (45-50 min)	90.94		63.77		74.10	65.05	92.76								
90889		Discharge OMS (HCFA)							21.96								
0929		Discharge OMS (UB)														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		Office Consultation - also used for H&P for PHP (30 min)	84.96	64.82	84.96												
99243		Office Consultation - also used for H&P for PHP (40 min)	115.89	90.30	115.89												
99244		Office Consultation - also used for H&P for PHP (60 min)	170.70	142.71	170.70												
99245		Office Consultation - also used for H&P for PHP (80 min)	208.74	177.35	208.74												
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service							92.12								
99355		Each additional 30 minutes of a prolonged phy svc							89.40								
INPATIENT HOSPITAL SERVICES																	
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												
99223		C&A Initial hospital care (70 min) (MD only)	N/A	187.43	187.43												
99231		Subsequent IP care (15 min) (MD only)	N/A	35.91	35.91												
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	35.91	35.91												
99232		Subsequent IP care (25 min) (MD only)	N/A	66.65	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												
99251		Initial inpatient consultation (20 min) (MD only)	N/A	45.31	45.31												
99252		Initial inpatient consultation (40 min) (MD only)	N/A	69.52	69.52												
99253		Initial inpatient consultation (55 min) (MD only)	N/A	106.04	106.04												
99254		Initial inpatient consultation (80 min) (MD only)	N/A	152.91	152.91												
99255		Initial inpatient consultation (110 min) (MD only)	N/A	184.88	184.88												
99281		ER Visit	N/A	19.17	19.17												
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												
MISCELLANEOUS																	
00104		Anesthesia for ECT	98.27														
90870		ECT single seizure w/ monitoring (Physician only)	98.39														
T1015		Clinic visit/encounter, all inclusive rate per day											Ind. Rate				
36415		Collection of blood by venipuncture							15.24								
96372		Therapeutic injection							15.24								
SPECIAL SERVICES																	
S0201		Mental health partial hosp, tx <24 hours														207.75	

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S0201-52		Intensive outpatient program (IOP)		POS 21,22,31,32, 51,52												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							
OCCUPATIONAL THERAPY																
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.							12.07							
MENTAL HEALTH CASE MANAGEMENT																
H0031		Case Management Annual Assessment (only if approved by program)														110.78
T1016		Mental health case management (Daily rate)														110.78
T1017		Targeted Case Management (Children and Youth)														\$20.19/ 15 mins.
MOBILE TREATMENT																
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
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																
H0002		Rehabilitation Assessment							62.85	62.85						
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)							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)										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)								511.54						
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							456.65							
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)								1,226.17						
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							456.65							
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)								3,185.63						
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)										1,682.83				
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)										3,642.29				
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)										456.65				
HOUSING SERVICES																
T2048		Residential room and board (per day)							12.84							12.84
S5150		Enhanced support (per hour) (10 hour maximum)							13.17							

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H0019		Crisis Bed hold (per day)									12.84						12.84
RESPITE CARE																	
H0045		Adult Respite care, not in home, per diem									77.12						
H0045		C&A Respite care, not in home, per diem															177.83
T1005		In home respite care									\$3.56/ 15min.						\$3.56/ 15min.
RESIDENTIAL CRISIS SERVICES																	
S9485		Residential crisis services (also bill as T2048)															257.39
S5145		Residential crisis, treatment foster care															165.50
SUPPORTED EMPLOYMENT																	
H2023		w/lifetime benefit of \$2,750)									7.55						
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)									439.10						
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)									1,096.64						
H2026		Ongoing support to maintain employment, per month									356.77						
H2026-21		Ongoing support to maintain employment, per month - EBP									439.10						
S9445-52		Clinic coordination - EBP									109.77						
TRAUMATIC BRAIN INJURY																	
W0037		Residential habilitation Level 1 (per day)															196.62
W0038		Residential habilitation Level 2 (per day)															260.34
W0039		Residential habilitation Level 3 (per day)															360.17
W0054		Day habilitation Level 1 (per day)															50.76
W0055		Day habilitation Level 2 (per day)															88.55
W0056		Day habilitation Level 3 (per day)															124.58
W0057		Supported employment Level 1 (per day)															30.12
W0058		Supported employment Level 2 (per day)															50.76
W0059		Supported employment Level 3 (per day)															124.58
W0060		Individual Support Services (ISS)															24.62
THERAPEUTIC BEHAVIORAL SERVICES																	
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$26.91/15 mins														
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$25.30/15 mins														
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)	\$5.50/15 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																	