

Public Mental Health System Rates Effective July 1, 2016 (updated 10-1-16)																	
Procedure	E&M	Service Description	MD	MD/NPP	NPP	PHD	LCSW,	OMHC									
			non-facility	facility		Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Traumat	Freestandin	
				POS			LCPC										
				21,22,31,32,													
				51,52													
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service						100.07									
99355		Each additional 30 minutes of a prolonged phy svc						97.09									
INPATIENT HOSPITAL SERVICES																	
99221		Initial hospital care (30 min) (MD only)	N/A	101.35	N/A												
99221		C&A Initial hospital care (30 min) (MD only)	N/A	101.35	N/A												
99222		Initial hospital care (50 min) (MD only)	N/A	136.61	N/A												
99222		C&A Initial hospital care (50 min) (MD only)	N/A	136.61	N/A												
99223		Initial hospital care (70 min) (MD only)	N/A	202.02	N/A												
99223		C&A Initial hospital care (70 min) (MD only)	N/A	202.02	N/A												
99231		Subsequent IP care (15 min) (MD only)	N/A	39.25	N/A												
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	39.25	N/A												
99232		Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A												
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A												
99233		Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A												
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A												
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	72.35	N/A												
99238		only)	N/A	72.35	N/A												
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A												
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A												
99251		Initial inpatient consultation (20 min) (MD only)	N/A	48.63	N/A												
99252		Initial inpatient consultation (40 min) (MD only)	N/A	74.42	N/A												
99253		Initial inpatient consultation (55 min) (MD only)	N/A	114.34	N/A												
99254		Initial inpatient consultation (80 min) (MD only)	N/A	166.24	N/A												
99255		Initial inpatient consultation (110 min) (MD only)	N/A	200.43	N/A												
99281		ER Visit	N/A	21.14	N/A												
99282		ER Visit	N/A	41.23	N/A												
99283		ER Visit	N/A	61.62	N/A												
99284		ER Visit	N/A	116.85	N/A												
99285		ER Visit	N/A	172.43	N/A												
MISCELLANEOUS																	
00104		Anesthesia for ECT	100.24														
90870		ECT single seizure w/ monitoring (Physician only)	100.36														
T1015		Clinic visit/encounter, all inclusive rate per day											Ind. Rate				
36415		Collection of blood by venipuncture						15.54									
96372		Therapeutic injection						15.54									
SPECIAL SERVICES																	
S0201		Mental health partial hosp, tx <24 hours															211.91
S0201-52		Intensive outpatient program (IOP)															115.33
S9480		Intensive OP psych svcs, per diem (clinic model)						134.93									
S9480		C&A Intensive OP psych svcs, per diem (clinic model)						160.40									
H0032		Interdisciplinary team tx plng w/patient present						86.22									
H0046		Therapeutic Nursery						43.90									
OCCUPATIONAL THERAPY																	
97003		Occupational therapy evaluation, per 15 min						15.68									
97004		Occupational therapy re-evaluation, per 15 min						15.68									
97150		Therapeutic procedure(s) group (2 or more)						19.04									
97530		Therapeutic activities, direct patient contact, per 15 min.						12.31									
97532		min.						12.31									
97535		Self-care/home mgmt trng, per 15 min.						12.31									
97537		min.						12.31									
MENTAL HEALTH CASE MANAGEMENT																	
H0031		by program)												113.00			
T1016		Mental health case management (Daily rate)												113.00			

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				POS			LCPC							Brain	Part. Hosp.	Facility	Crisis	
				21,22,31,32, 51,52										Injury	Program		Facility	
SUPPORTED EMPLOYMENT																		
H2023		minutes (Auth'd by 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)																
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)																
H2026		Ongoing support to maintain employment, per month																
H2026-21		EBP																
S9445-52		Clinic coordination - EBP																
TRAUMATIC BRAIN INJURY																		
W0037		Residential habilitation Level 1 (per day)																
W0038		Residential habilitation Level 2 (per day)																
W0039		Residential habilitation Level 3 (per day)																
W0054		Day habilitation Level 1 (per day)																
W0055		Day habilitation Level 2 (per day)																
W0056		Day habilitation Level 3 (per day)																
W0057		Supported employment Level 1 (per day)																
W0058		Supported employment Level 2 (per day)																
W0059		Supported employment Level 3 (per day)																
W0060		Individual Support Services (ISS) (rate per hour)																
THERAPEUTIC BEHAVIORAL SERVICES																		
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$109.80 (\$27.45/ 15 mins)															
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$103.24 (\$25.81/ 15 mins)															
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)	\$22.44/hr (\$5.61/ 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																		