

Public Mental Health System Rates Effective July 1, 2017																		
Procedure Code	E&M Code	Service Description	MD non-facility	MD/CRNP facility	CRNP/ PA	CRNP - PMH APRN - PMH	PHD Psych	LCSW, RN Ther, LCPC	OMHC	PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Reside nt. Crisis Facility
OTHER PROFESSIONAL SERVICES FOR IOP, PHP & CRS																		
90791		Psychiatric diagnostic evaluation	157.80			110.29	128.49	112.50	180.74									
90791		C&A Psychiatric diagnostic evaluation	157.80			110.29	128.49	112.50	201.87									
90792		Psychiatric diagnostic evaluation with medical services	157.80			110.29			180.74									
90792		C&A Psychiatric diagnostic evaluation with medical services	157.80			110.29			201.87									
99201		Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36	44.36			44.36									
99202		Evaluation and Management, including Rx -Straight forward, new patient	75.44	50.34	75.44	75.44			75.44									
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.12	77.00	109.12	109.12			109.12									
99204		Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88	165.88			165.88									
99205		Evaluation and Management, including Rx -Highly complex, new patient	207.81	169.04	207.81	207.81			207.81									
99211		Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26	20.26			20.26									
99212		Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96	43.96			43.96									
99213		Evaluation and Management, including Rx -Low complexity	73.47	50.95	73.47	73.47			73.47									
99214		Evaluation and Management, including Rx -Moderately complex	108.04	78.14	108.04	108.04			108.04									
99215		Evaluation and Management, including Rx -Highly complex	145.44	110.73	145.44	145.44			145.44									
90832		Individual psychotherapy (30 min) MD Only	45.55			45.55			46.46									
90834		Individual psychotherapy (45 min) MD Only	85.63			85.63			87.34									
OUTPATIENT/OFFICE PROFESSIONAL SERVICES																		
90791		Psychiatric diagnostic evaluation	157.80			110.29	128.49	112.50	180.74									
90791		C&A Psychiatric diagnostic evaluation	157.80			110.29	128.49	112.50	201.87									
90792		Psychiatric diagnostic evaluation with medical services	157.80			110.29			180.74									
90792		C&A Psychiatric diagnostic evaluation with medical services	157.80			110.29			201.87									
90832		Individual psychotherapy (30 min)-Outpatient	52.07			36.39	42.54	37.12	53.11									
90832		C&A Individual psychotherapy (30 min)-Outpatient	52.07			36.39	42.54	37.12	62.81									
90833	Y	30 min Psychotherapy add on	52.07			36.39			53.11									
90833	Y	C&A 30 min Psychotherapy add on	52.07			36.39			62.81									
90834		Individual psychotherapy (45 min)-Outpatient	94.62			66.35	77.09	67.68	96.51									
90834		C&A Individual psychotherapy (45 min)-Outpatient	94.62			66.35	77.09	67.68	111.64									
90836	Y	45 min Psychotherapy add on	94.62			66.35			96.51									
90836	Y	C&A 45 min Psychotherapy add on	94.62			66.35			111.64									
90837		Individual psychotherapy (60 min)							96.51									
90837		C&A Individual psychotherapy (60 min)							111.64									
90838	Y	60 min Psychotherapy add on							96.51									
90838	Y	C&A 60 min Psychotherapy add on							111.64									
90839		Psychotherapy for crisis, first 60 min							106.22									
90839		C&A Psychotherapy for crisis, first 60 min							125.61									
90840		Psychotherapy for crisis--additional 30 min							57.47									
90840		C&A Psychotherapy for crisis-- additional 30 min							65.56									
90846		Family psychotherapy without patient present	88.45			55.99	74.25	57.11	95.66									
90846		C&A Family psychotherapy without patient present	88.45			55.99	74.25	57.11	110.50									
90847		Family psychotherapy with patient present (45-60 min)	98.53			68.29	81.09	69.66	100.50									
90847		C&A Fam psychoth with patient present (45-60 min)	98.53			68.29	81.09	69.66	114.21									
90847-52		C&A Family psychotherapy with patient present--Abbrev	61.02			42.83	49.69	43.69	62.24									
90849		Multiple family group psychotherapy 45 - 60 minutes							42.27									
90849		C&A Multiple family group psychotherapy 45 - 60 minutes							44.55									
90849-52		Multiple family group psychotherapy--Abbrev							37.94									
90849-52		C&A Multiple family group psychotherapy--Abbrev							40.91									
H2027		Family psycho-education with consumer present							57.11									
		Family psycho-education without							57.11									
90853		Group psychotherapy (not multi-family.) 45-60 minutes	25.76			25.76	26.28	26.28	41.11									
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	25.76			25.76	26.28	26.28	43.40									
90853-21		Group psychotherapy prolonged (More than 75 minutes)							53.67									
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)							53.67									
99201		Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36	44.36			44.36									
99201		C & A Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36	44.36			44.36									
99202		Evaluation and Management, including Rx -Straight forward, new patient	75.44	50.34	75.44	75.44			75.44									

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99202		C & A Evaluation and Management, including Rx -Straight forward, new patient	75.44	50.34	75.44	75.44			75.44									
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.12	77.00	109.12	109.12			109.12									
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient	109.12	77.00	109.12	109.12			109.12									
99204		Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88	165.88			165.88									
99204		C & A Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88	165.88			165.88									
99205		Evaluation and Management, including Rx -Highly complex, new patient	207.81	169.04	207.81	207.81			207.81									
99205		C & A Evaluation and Management, including Rx -Highly complex, new patient	207.81	169.04	207.81	207.81			207.81									
99211		Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26	20.26			20.26									
99211		C&A Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26	20.26			20.26									
99212		Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96	43.96			43.96									
99212		C&A Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96	43.96			43.96									
99213		Evaluation and Management, including Rx -Low complexity	73.47	50.95	73.47	73.47			73.47									
99213		C&A Evaluation and Management, including Rx -Low complexity	73.47	50.95	73.47	73.47			73.47									
99214		Evaluation and Management, including Rx -Moderately complex	108.04	78.14	108.04	108.04			108.04									
99214		C&A Evaluation and Management, including Rx -Moderately complex	108.04	78.14	108.04	108.04			108.04									
99215		Evaluation and Management, including Rx -Highly complex	145.44	110.73	145.44	145.44			145.44									
99215		C&A Evaluation and Management, including Rx -Highly complex	145.44	110.73	145.44	145.44			145.44									
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	52.07			36.39	42.54	37.12	53.11									
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	94.62			66.35	77.09	67.68	96.51									
90889		Discharge OMS (HCFA)							22.85									
0929		Discharge OMS (UB)															22.85	
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service					105.08		105.08									
96102		Psychological Testing Computer (Flat rate)					29.23		29.23									
99241		Office Consultation - also used for H&P for PHP (15 Min)	48.00	32.49	48.00	48.00												
99242		Office Consultation - also used for H&P for PHP (30 min)	89.93	68.15	89.93	89.93												
99243		Office Consultation - also used for H&P for PHP (40 min)	123.01	95.32	123.01	123.01												
99244		Office Consultation - also used for H&P for PHP (60 min)	183.50	153.22	183.50	183.50												
99245		Office Consultation - also used for H&P for PHP (80 min)	223.47	189.49	223.47	223.47												
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service							102.07									
99355		Each additional 30 minutes of a prolonged phy svc							99.03									
INPATIENT HOSPITAL SERVICES																		
99221		Initial hospital care (30 min) (MD only)	N/A	101.35	N/A	N/A												
99221		C&A Initial hospital care (30 min) (MD only)	N/A	101.35	N/A	N/A												
99222		Initial hospital care (50 min) (MD only)	N/A	136.61	N/A	N/A												
99222		C&A Initial hospital care (50 min) (MD only)	N/A	136.61	N/A	N/A												
99223		Initial hospital care (70 min) (MD only)	N/A	202.02	N/A	N/A												
99223		C&A Initial hospital care (70 min) (MD only)	N/A	202.02	N/A	N/A												
99231		Subsequent IP care (15 min) (MD only)	N/A	39.25	N/A	N/A												
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	39.25	N/A	N/A												
99232		Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A	N/A												
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A	N/A												
99233		Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A	N/A												
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A	N/A												
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	72.35	N/A	N/A												
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	N/A	72.35	N/A	N/A												
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A	N/A												
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A	N/A												
99251		Initial inpatient consultation (20 min) (MD only)	N/A	48.63	N/A	N/A												

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99252		Initial inpatient consultation (40 min) (MD only)	N/A	74.42	N/A	N/A												
99253		Initial inpatient consultation (55 min) (MD only)	N/A	114.34	N/A	N/A												
99254		Initial inpatient consultation (80 min) (MD only)	N/A	166.24	N/A	N/A												
99255		Initial inpatient consultation (110 min) (MD only)	N/A	200.43	N/A	N/A												
99281		ER Visit	N/A	21.14	N/A	N/A												
99282		ER Visit	N/A	41.23	N/A	N/A												
99283		ER Visit	N/A	61.61	N/A	N/A												
99284		ER Visit	N/A	116.85	N/A	N/A												
99285		ER Visit	N/A	172.43	N/A	N/A												
MISCELLANEOUS																		
00104		Anesthesia for ECT	100.24															
90870		ECT single seizure w/ monitoring (Physician only)	100.36															
36415		Collection of blood by venipuncture							15.54									
96372		Therapeutic injection							15.54									
SPECIAL SERVICES																		
S0201		Mental health partial hosp, tx <24 hours															216.15	
S0201-52		Intensive outpatient program (IOP)															117.64	
S9480		Intensive OP psych svcs, per diem (clinic model)							137.63									
S9480		C&A Intensive OP psych svcs, per diem (clinic model)							163.61									
H0032		Interdisciplinary team tx plng w/patient present							87.94									
H0046		Therapeutic Nursery							44.78									
OCCUPATIONAL THERAPY																		
97003		Occupational therapy evaluation, per 15 min							15.99									
97004		Occupational therapy re-evaluation, per 15 min							15.99									
97150		Therapeutic procedure(s) group (2 or more)							19.42									
97530		Therapeutic activities, direct patient contact, per 15 min.							12.56									
97532		Development of cognitive skills, direct contact per 15 min.							12.56									
97535		Self-care/home mgmt trng, per 15 min.							12.56									
97537		Community/work reintegration trng, direct contact, per 15 min.							12.56									
MENTAL HEALTH CASE MANAGEMENT																		
H0031		program)											115.26					
T1016		Mental health case management (Daily rate)											115.26					
T1017		Targeted Case Management (Children and Youth)											\$21.00/15 mins.					
T1017-HG													\$21.00/15 mins.					
MOBILE TREATMENT																		
H0040-21		Assertive Community Treatment (ACT) EBP												1,256.30				
H0040-U9		consumers												1,113.54				
H0040		Mobil treatment Non-EBP												890.83				
H0040-52		Mobil treatment Non-EBP for Medicare consumers												682.97				
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																		
H0002		Rehabilitation Assessment								65.39	65.39							
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)								114.21	114.21	114.21						
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)											453.12					
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)								194.43								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)									258.68							
H2018-U3		Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 3 encounters) (Monthly rate)											807.45					
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)								275.25								
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)																532.21

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H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)								475.10								
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)									1,275.70							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)								475.10								
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)									3,314.33							
H2018-U6		Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters)										1,750.82						
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters)										3,789.44						
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										475.10						
HOUSING SERVICES																		
T2048		Residential room and board (per day)								13.36								13.36
S5150		Enhanced support (per hour) (10 hour maximum)								13.70								
H0019		Crisis Bed hold (per day)								13.36								13.36
RESPITE CARE																		
H0045		Adult Respite care, not in home, per diem								80.23								
H0045		C&A Respite care, not in home, per diem																185.02
T1005		In home respite care							\$3.70/15 min.					\$3.70/15min.				
RESIDENTIAL CRISIS SERVICES																		
S9485		Residential crisis services (also bill as T2048)																267.79
S5145		Residential crisis, treatment foster care																172.19
SUPPORTED EMPLOYMENT																		
H2023		(Auth'd by CSA w/lifetime benefit of \$2,750)									7.85							
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)									456.84							
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)									1,140.94							
H2026		Ongoing support to maintain employment, per month									371.19							
H2026-21		Ongoing support to maintain employment, per month - EBP									456.84							
S9445-52		Clinic coordination - EBP									114.21							
TRAUMATIC BRAIN INJURY																		
W0037		Residential habilitation Level 1 (per day)													204.56			
W0038		Residential habilitation Level 2 (per day)													270.86			
W0039		Residential habilitation Level 3 (per day)													374.72			
W0054		Day habilitation Level 1 (per day)													52.82			
W0055		Day habilitation Level 2 (per day)													92.13			
W0056		Day habilitation Level 3 (per day)													129.61			
W0057		Supported employment Level 1 (per day)													31.33			
W0058		Supported employment Level 2 (per day)													52.82			
W0059		Supported employment Level 3 (per day)													129.61			
W0060		Individual Support Services (ISS) (rate per hour)													25.61			
THERAPEUTIC BEHAVIORAL SERVICES																		
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$112.00 (\$28.00/ mins)	15														
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$105.30 (\$26.33/ mins)	15														
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)	\$22.89/hr (\$5.72/ minutes)	15														
* 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																		
E&M codes were updated effective 5-1-16																		

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