Public Menta	al Heal	th System Rates Effective July 1, 2016							1					1	1			
I dolle wente	i rican	life by stellif Rates Effective only 1, 2010																
Procedure	E&M	Service Description												ì				
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC								Freestandin		Resident.
	-		non-facility	facility		Psych	RN Ther,		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														
OTHER PRO	FESSI	ONAL SERVICES FOR IOP, PHP & CRS		31,32							<u> </u>							
90791		Psychiatric diagnostic evaluation	154.71		108.13	125.97	110.29	177.20	l l		I		1	1	1			
90791		C&A Psychiatric diagnostic evaluation	154.71		108.13	125.97	110.29	197.91										
90792		Psychiatric diagnostic evaluation with medical services	154.71		108.13			177.20										
		C&A Psychiatric diagnostic evaluation with medical																
90792	-	Services	154.71		108.13			197.91										—
99201		Evaluation and Management, including Rx -Minimal, new patient	43.41	26.07	43.41			43.41										İ
99202		Evaluation and Management, including Rx -Straight	73.84	49.27	73.84			73.84						1		1		
33202		Evaluation and Management, including Rx -Low complexity,	75.04	45.21	7 3.04			73.04										
99203		new patient	106.80	75.37	106.80			106.80										
		Evaluation and Management, including Rx -Moderately																
99204		complex, new patient	162.35	127.30	162.35			162.35										
		Evaluation and Management, including Rx -Highly complex,																
99205 99211	1	new patient	203.38	165.44	203.38			203.38			1					-		₩
99211		Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward	19.82	8.98	19.82			19.82			1							
99212		Evaluation and Management, Including NX -Straight follward	43.03	24.60	43.03			43.03										1
332.12		Evaluation and Management, including Rx -Low complexity	10.00															
99213		are the same of th	71.91	49.86	71.91			71.91										
		Evaluation and Management, including Rx -Moderately																
99214		complex	105.75	76.48	105.75			105.75								<u> </u>		
00045		Evaluation and Management, including Rx -Highly complex	440.04	400.07	4 40 0 4			440.04										
99215 90832	-	Individual payabatharany (20 min) MD Only	142.34 44.66	108.37	142.34 44.66			142.34 45.55										
90834	-	Individual psychotherapy (30 min) MD Only Individual psychotherapy (45 min) MD Only	83.95		83.95			85.63										
	T/OFFI	CE PROFESSIONAL SERVICES	55.55		00.00			00.00										
90791		Psychiatric diagnostic evaluation	154.71		108.13	125.97	110.29	177.20										
90791		C&A Psychiatric diagnostic evaluation	154.71		108.13	125.97	110.29	197.91										
90792		Psychiatric diagnostic evaluation with medical services	154.71		108.13			177.20										
00700		C&A Psychiatric diagnostic evaluation with medical	454.74		400.40			407.04										
90792 90832	-	services Individual psychotherapy (30 min)-Outpatient	154.71 51.05		108.13 35.68	41.71	36.39	197.91 52.07										
90832	-	C&A Individual psychotherapy (30 min)-Outpatient	51.05		35.68	41.71		61.58										
90833	Υ	30 min Psychotherapy add on	51.05		35.68		00.00	52.07						1		1		
90833	Υ	C&A 30 min Psychotherapy add on	51.05		35.68			61.58										
90834		Individual psychotherapy (45 min)-Outpatient	92.76		65.05	75.58	66.35	94.62										
90834		C&A Individual psychotherapy (45 min)-Outpatient	92.76		65.05	75.58	66.35	109.45										
90836	Υ	45 min Psychotherapy add on	92.76		65.05			94.62										ļ
90836	Υ	C&A 45 min Psychotherapy add on	92.76		65.05			109.45										
90837 90837	├	Individual psychotherapy (60 min) C&A Individual psychotherapy (60 min)						94.62 109.45						 	 	-		
90838	Y	60 min Psychotherapy add on				1	 	94.62	1		1	1			 	 		
90838	Y	C&A 60 min Psychotherapy add on				l	t	109.45	l		1	1			1			
90839	T	Psychotherapy for crisis, first 60 min				Ì	İ	104.14	1		1	i			i			
90839		C&A Psychotherapy for crisis, first 60 min						123.15										
90840		Psychotherapy for crisisadditional 30 min						56.34										
90840		C&A Psychotherapy for crisis additional 30 min						64.27										
90846	<u> </u>	Family psychotherapy without patient present	86.72		54.89	72.79	55.99	93.78						.		.		
90846 90847	 	C&A Family psychotherapy without patient present	86.72 96.60		54.89 66.95	72.79 79.50	55.99 68.29	108.33 98.53										—
90847	1	Family psychotherapy with patient present (45-60 min) C&A Fam psychoth with patient present (45-60 min)	96.60		66.95	79.50	68.29	111.97			1		-		-	-		-
90847-52		C&A Family psychotherapy with patient present-Abbrev	59.82		41.99	48.72	42.83	61.02						 				
90849		Multiple family group psychotherapy 45 - 60 minutes	00.02		11.00	10.72	12.00	41.44				1						
		C&A Multiple family group psychotherapy 45 - 60 minutes				Ì	Ī	Ì				Ì		Ī	Ì			
90849		, , , , , , , , , , , , , , , , , , , ,						43.68										
90849-52		Multiple family group psychotherapyAbbrev						37.20										
90849-52		C&A Multiple family group psychotherapyAbbrev						40.11										—
H2027	<u> </u>	Family psycho-education with consumer present						55.99			1			 		 		
		Family psycho-education without		<u> </u>				55.99	<u> </u>			I			I			

Public Menta	l Heal	th System Rates Effective July 1, 2016																
Procedure	E&M	Service Description	MD	MD/NPP	NPP	PHD	LCSW,	ОМНС							Traumat	Freestandin		Resident.
			non-facility	facility	INF	Psych	RN Ther,	OWITE	On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
			Í	POS		Í	LCPC								Injury	Program	Facility	Facility
				21,22,31,32,														i
				51,52														<u> </u>
90853		Group psychotherapy (not multi-family.) 45-60 minutes	25.25		25.25	25.76	25.76	40.30										
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	25.25		25.25	25.76	25.76	42.55										i
90853-21		Group psychotherapy prolonged (More than 75 minutes)						52.62										
		C&A Group psychotherapy prolonged (More than 75						======										
90853-21		minutes) Evaluation and Management, including Rx -Minimal, new						52.62										-
99201		patient	43.41	26.07	43.41			43.41										i
		C & A Evaluation and Management, including Rx -Minimal,																
99201		new patient	43.41	26.07	43.41			43.41										
99202		Evaluation and Management, including Rx -Straight forward, new patient	73.84	49.27	73.84			73.84										i
		C & A Evaluation and Management, including Rx -Straight									1				1			
99202		forward, new patient	73.84	49.27	73.84			73.84										——
99203		Evaluation and Management, including Rx -Low complexity, new patient	106.80	75.37	106.80			106.80										i
55255		C & A Evaluation and Management, including Rx -Low	100.00	10.01	100.00			100.00										
99203		complexity, new patient	106.80	75.37	106.80			106.80										<u> </u>
99204		Evaluation and Management, including Rx -Moderately complex, new patient	162.35	127.30	162.35			162.35										1
99204		C & A Evaluation and Management, including Rx -	102.33	121.30	102.33			102.33										
99204		Moderately complex, new patient	162.35	127.30	162.35			162.35										
00005		Evaluation and Management, including Rx -Highly complex,	000.00	405.44	000.00			000.00										
99205		new patient C & A Evaluation and Management, including Rx -Highly	203.38	165.44	203.38			203.38										<u> </u>
99205		complex, new patient	203.38	165.44	203.38			203.38										i
99211		Evaluation and Management, including Rx -Minimal	19.82	8.98	19.82			19.82										
99211		C&A Evaluation and Management, including Rx -Minimal	19.82	8.98	19.82			19.82										i
99211		Evaluation and Management, including Rx -Straight forward		0.90	19.02			19.62										
99212			43.03	24.60	43.03			43.03										
00040		C&A Evaluation and Management, including Rx -Straight	40.00	04.00	40.00			40.00										
99212		forward Evaluation and Management, including Rx -Low complexity	43.03	24.60	43.03			43.03										
99213		Evaluation and Management, including the Low complexity	71.91	49.86	71.91			71.91										i
		C&A Evaluation and Management, including Rx -Low																
99213		complexity Evaluation and Management, including Rx -Moderately	71.91	49.86	71.91			71.91										-
99214		complex	105.75	76.48	105.75			105.75										
		C&A Evaluation and Management, including Rx -																
99214		Moderately complex Evaluation and Management, including Rx -Highly complex	105.75	76.48	105.75			105.75										-
99215		Evaluation and Management, including Rx -Highly complex	142.34	108.37	142.34			142.34										i
		C&A Evaluation and Management, including Rx -Highly																
99215		complex	142.34	108.37	142.34	44 71	00.00	142.34										—
90875		Indiv psychophysio therapy incl biofdbk (20-30 min) Indiv psychophysio therapy incl biofdbk (45-50 min)	51.05 92.76		35.68 65.05	41.71 75.58	36.39 66.35	52.07 94.62			1			-				
90876 90889		Discharge OMS (HCFA)	92.76		65.05	75.58	66.35	22.40							-			-
0929		Discharge OMS (UB)															22.40	
		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per				4.6		40										
96101 96102		service Psychological Testing Computer (Flat rate)				103.02 28.66		103.02 28.66			 	l		ļ	 			——
30102		Office Consultation - also used for H&P for PHP (15 Min)				20.00		∠0.00										
99241		,	46.97	31.79	46.97													<u> </u>
00040		Office Consultation - also used for H&P for PHP (30 min)	20.00	00.70	00.00													
99242		Office Consultation - also used for H&P for PHP (40 min)	88.02	66.70	88.02						1			-				
99243		Omeo Consultation - also used for mar for FMF (40 Mill)	120.39	93.29	120.39													1
99244		Office Consultation - also used for H&P for PHP (60 min)	179.59	149.96	179.59													
99245		Office Consultation - also used for H&P for PHP (80 min)	218.71	185.46	218.71													
55 <u>2</u> 10	-		210.71	100.70	270.71													

Public Menta	l Heal	th System Rates Effective July 1, 2016																
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																
Procedure	E&M	Service Description																
			MD non-facility	MD/NPP facility	NPP	PHD	LCSW, RN Ther,	OMHC	On-Site	Off Site	On/Off Site	EOUC	СМ	Mobile Tx	Traumat Brain	Freestandin Part. Hosp.		Resident. Crisis
			non-racinty	POS		Psych	LCPC		Oil-Site	OII-Site	On/On Site	FUNC	CIVI	MODILE 1X	Injury	Program	Facility	Facility
				21,22,31,32,											, ,			
				51,52														l
		Prolonged phy svc req face-to-face pat contact beyond the																
99354		usual service						97.95										
99355		Each additional 30 minutes of a prolonged phy svc						95.03										l
	IOSPI	TAL SERVICES																
99221		Initial hospital care (30 min) (MD only)	N/A	99.19	N/A													
99221		C&A Initial hospital care (30 min) (MD only)	N/A	99.19	N/A													
99222		Initial hospital care (50 min) (MD only)	N/A	133.70	N/A													
99222		C&A Initial hospital care (50 min) (MD only)	N/A	133.70	N/A													
99223		Initial hospital care (70 min) (MD only)	N/A	197.73	N/A													
99223		C&A Initial hospital care (70 min) (MD only)	N/A	197.73	N/A													⊢—
99231		Subsequent IP care (15 min) (MD only)	N/A	38.42	N/A													—
99231 99232		C&A Subsequent IP care (15 min) (MD only) Subsequent IP care (25 min) (MD only)	N/A N/A	38.42	N/A N/A													
99232		C&A Subsequent IP care (25 min) (MD only)	N/A N/A	70.22 70.22	N/A N/A													
99233		Subsequent IP care (35 min) (MD only)	N/A	101.39	N/A N/A							 						
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	101.39	N/A													
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	70.82	N/A													
99238		only)	N/A	70.82	N/A													
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	104.83	N/A													
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	104.83	N/A													
99251		Initial inpatient consultation (20 min) (MD only)	N/A	47.59	N/A													
99252		Initial inpatient consultation (40 min) (MD only)	N/A	72.84	N/A													
99253		Initial inpatient consultation (55 min) (MD only)	N/A	111.90	N/A													
99254		Initial inpatient consultation (80 min) (MD only)	N/A	162.70	N/A													
99255		Initial inpatient consultation (110 min) (MD only)	N/A	196.16	N/A													
99281		ER Visit	N/A	20.69	N/A													——
99282		ER Visit	N/A	40.35	N/A													
99283 99284		ER Visit ER Visit	N/A	60.30	N/A												-	—
99285		ER Visit	N/A N/A	114.36 168.77	N/A N/A													
MISCELLANE	FOLIS	ETC VISIT	IN/A	100.77	IN/A													
00104		Anesthesia for ECT	100.24															
90870		ECT single seizure w/ monitoring (Physician only)	100.36															
		0 0, 7										Ind.						
T1015		Clinic visit/encounter, all inclusive rate per day										Rate						
36415		Collection of blood by venipuncture						15.54										
96372		Therapeutic injection						15.54										
SPECIAL SEI	RVICE																	
S0201	_	Mental health partial hosp, tx <24 hours														211.91		—
S0201-52 S9480	-	Intensive outpatient program (IOP) Intensive OP psych svcs, per diem (clinic model)						124.00								115.33		
S9480 S9480	-	C&A Intensive OP psych svcs, per diem (clinic model)						134.93 160.40			-	-		-	1	-		
H0032		Interdisciplinary team tx plng w/patient present						86.22									-	—
H0046		Therapeutic Nursery						43.90							-			
OCCUPATION	NAI T							-10.00										
97003		Occupational therapy evaluation, per 15 min					15.68											
97004		Occupational therapy re-evaluation, per 15 min					15.68								l			
97150		Therapeutic procedure(s) group (2 or more)					19.04											
97530		Therapeutic activities, direct patient contact, per 15 min.					12.31											
97532		Development of cognitive skills, direct contact per 15 min.					12.31											
97535		Self-care/home mgmt trng, per 15 min.					12.31											
97537		min.					12.31											
	ALTH (CASE MANAGEMENT																
H0031		by program)											113.00					<u> </u>
T1016		Mental health case management (Daily rate)											113.00					1

Public Menta	l Healt	h System Rates Effective July 1, 2016																
Procedure	E&M	Service Description									1							├ ──
Troccaure	LGIN	Oct vice Description	MD	MD/NPP	NPP	PHD	LCSW,	ОМНС							Traumat	Freestandin		Resident
			non-facility	facility		Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Brain	Part. Hosp.		Crisis
				POS			LCPC								Injury	Program	Facility	Facility
				21,22,31,32,														
				51,52														<u> </u>
													\$20.59/					
T1017		Targeted Case Management (Children and Youth)											15 mins.	<u> </u>				<u> </u>
													\$20.59/					
T1017-HG													15 mins.					
MOBILE TRE	ATME																	
H0040-21		Assertive Community Treatment (ACT) EBP												1,231.67				
H0040-U9		consumers Mobil treatment Non-EBP												1,091.71				
H0040 H0040-52		Mobil treatment Non-EBP for Medicare consumers												873.36				
														669.58				
H0002	CREH	ABILITATION-RESIDENTIAL REHABILITATION PROGRA Rehabilitation Assessment	M						04.44	04.44								
H2016		Encounter (only bill w/POS 15 (off-site) or 52 (on-site)							64.11	64.11								
S9445		Any combination of on/off-site PRP svcs for client in a																
39443		supported employment program. (Must use POS 52 or 15																
110010110		O min O amazawatana) (Mandhir mata)							111.97	111.97	111.97							
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)									444.24							
H2018-U2		On-site PRP svcs only for Community client. (Must use		-							444.24			.				+
H2016-02		POS 52 & min 2 encounters) (Monthly rate)							400.00									
110040 110		Off-site PRP svcs only for Community client. (Must use							190.62									—
H2018-U2		POS 15 & min 2 encounters) (Monthly rate)								050.04								
H2018-U3		Any combination of on/off-site PRP svcs for Supported								253.61								
H2016-03		Living client (i.e. adult living independently). (Must use									791.62							
H2018-U3		On-site PRP svcs only for Supported Living client. (Must									791.02							
H2016-03		use POS 52 & min 3 encounters) (Monthly rate)							269.85									
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must							200.00									$\overline{}$
		use POS 15 & min 5 encounters) (Monthly rate)								521.77								
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed.								321.77								
112010 04		(Must use POS 52 & min 4 encounters) (Monthly rate)							465.78									
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed.							403.70									+
112010 04		(Must use POS 15 & min 13 encounters) (Monthly rate)								1,250.69								
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed.		-						1,250.69				.				+
112010-03		(Must use POS 52 & min 4 encounters) (Monthly rate)																
		, , , , ,							465.78									
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)																
110040 110		, , , ,								3,249.34								
H2018-U6		Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17																
		an an annual annual and an annual an									1,716.49							
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23																
		anguintara) (Manthly rata)									3,715.14							<u> </u>
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																
		(an at land 00 min and)									465.78							
HOUSING SE	RVICE																	
T2048		Residential room and board (per day)							13.10					ļ				13.10
S5150		Enhanced support (per hour) (10 hour maximum)							13.43									
H0019	<u> </u>	Crisis Bed hold (per day)							13.10									13.10
RESPITE CAI	KE	Adult Despite core not in home dis							70.00									
H0045		Adult Respite care, not in home, per diem		.					78.66					 				42122
H0045		C&A Respite care, not in home, per diem		.				¢2 62/45						#2.60/				181.39
T1005		In home respite care						\$3.63/15 min.						\$3.63/ 15min.				
	CRIS	SIS SERVICES						111111.						ionili.				
CECIPEITIA																		262.54
S9485		Residential crisis services (also bill as T2048)																

Public Menta	l Heal	th System Rates Effective July 1, 2016																
Procedure	E&M	Service Description																
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC								Freestandin		Resident
			non-facility	facility		Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Brain	Part. Hosp.		Crisis
				POS			LCPC								Injury	Program	Facility	Facility
				21,22,31,32,														İ
				51,52														
SUPPORTED	EMPL	-																
H2023		minutes (Auth'd by CSA w/lifetime benefit of \$2,750)								7.70								<u> </u>
		Supported employment (Pre-placement phase) (Auth'd by																
H2024		CSA and has a maximum number of 3 units/year)								447.88								
110004.04		Supported employment (Job placement phase) (Auth'd by																
H2024-21		CSA and has a maximum number of 3 units/year)								1,118.57								
H2026		Ongoing support to maintain employment, per month								363.91								
H2026-21		Ongoing support to maintain employment, per month - EBP								447.88								<u> </u>
S9445-52		Clinic coordination - EBP								111.97								
TRAUMATIC	BRAIN																	
W0037		Residential habilitation Level 1 (per day)													200.55			
W0038		Residential habilitation Level 2 (per day)													265.55			
W0039		Residential habilitation Level 3 (per day)													367.37			
W0054		Day habilitation Level 1 (per day)				ì								1	51.78	ì		
W0055		Day habilitation Level 2 (per day)													90.32			
W0056		Day habilitation Level 3 (per day)													127.07			
W0057		Supported employment Level 1 (per day)													30.72			
W0058		Supported employment Level 2 (per day)													51.78			
W0059		Supported employment Level 3 (per day)				1	1								127.07			
W0060		Individual Support Services (ISS) (rate per hour)													25.11			
	IC BEI	HAVIORAL SERVICES													20111			1
	<u> </u>	THE CONTRACTOR OF THE CONTRACT																
		Initial Assessment & Development of Behavioral Plan for	\$109.80															
96150		TBS (to be billed in 15 minute increments)	(\$27.45/ 15															
		The (to be blilled in 15 minute increments)	mins)															
		Reassessment and development of new Behavior Plan for	\$103.24	1														
96151		TBS (licensed TBS Providers only) (to be billed in 15	(\$25.81/ 15															
00.01		minute increments)	mins)															
		EPSDT Health & behavior intervention (must be a	\$22.44/hr															
96152		designated provider of Therapeutic Behavioral Services) (to																
		be billed in 15 minute increments)	minutes)															
* Reimbursab	le usin	g POS 12 for follow-up visits by an OMHC M.D. in a Crisis Be	ed															
		Y', can charge one E&M Code between 99201 and 99215																