Public Menta	al Healf	th System Rates Effective October 1, 2016	ı	T								1	1	T				
T dolle Wente	i rican	In dystem rates Enective October 1, 2010																<del>                                     </del>
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.	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>		<u> </u>	<u> </u>			<u> </u>	<u> </u>		<u> </u>	<u> </u>		
90791		Psychiatric diagnostic evaluation	154.71		108.13	125.97	110.29	177.20			I	<u> </u>	<u> </u>		1			T T
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										<del>                                     </del>
99201		Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36			44.36										
99202		Evaluation and Management, including Rx -Straight	75.44	50.34	75.44			75.44										$\vdash$
99202	-	Evaluation and Management, including Rx -Low complexity,	75.44	50.54	73.44			75.44										<del>                                     </del>
99203		new patient	109.12	77.00	109.12			109.12										
		Evaluation and Management, including Rx -Moderately												ĺ				
99204		complex, new patient	165.88	130.07	165.88			165.88										
		Evaluation and Management, including Rx -Highly complex,																
99205	<u> </u>	new patient	207.81	169.04	207.81			207.81					<u> </u>					<del> </del>
99211		Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward	20.26	9.18	20.26			20.26										├──
99212		Evaluation and Management, including KX -Straight forward	43.96	25.14	43.96			43.96										
002.12		Evaluation and Management, including Rx -Low complexity	10.00	20111	10.00			10.00										<del>                                     </del>
99213			73.47	50.95	73.47			73.47										
		Evaluation and Management, including Rx -Moderately																
99214		complex	108.04	78.14	108.04			108.04										<u> </u>
		Evaluation and Management, including Rx -Highly complex																
99215 90832		In dividual way should are served (20 ania) MD Oak	145.44 44.66	110.73	145.44 44.66			145.44 45.55										—
90834	<b>-</b>	Individual psychotherapy (30 min) MD Only Individual psychotherapy (45 min) MD Only	83.95		83.95			85.63						1		<del>                                     </del>		
	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						Î				
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	45474		400.40			407.04										
90792 90832	_	Services	154.71 51.05		108.13 35.68	41.71	36.39	197.91 52.07										<b>├</b> ──
90832	<b>-</b>	Individual psychotherapy (30 min)-Outpatient C&A Individual psychotherapy (30 min)-Outpatient	51.05		35.68	41.71		61.58						1		<del>                                     </del>		
90833	Υ	30 min Psychotherapy add on	51.05		35.68	71.71	30.33	52.07										$\vdash$
90833	Y	C&A 30 min Psychotherapy add on	51.05		35.68			61.58										
90834	Ì	Individual psychotherapy (45 min)-Outpatient	92.76		65.05	75.58	66.35	94.62				Î				1		
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										
90836	Υ	C&A 45 min Psychotherapy add on	92.76		65.05			109.45										—
90837	1	Individual psychotherapy (60 min)				1	-	94.62			1	-	-	<b>.</b>		-		₩
90837 90838	Υ	C&A Individual psychotherapy (60 min) 60 min Psychotherapy add on		<b>-</b>			1	109.45 94.62				1	1	1		<del> </del>		<del> </del>
90838	Y	C&A 60 min Psychotherapy add on						109.45										$\vdash$
90839	<del></del>	Psychotherapy for crisis, first 60 min						104.14										<del>                                     </del>
90839		C&A Psychotherapy for crisis, first 60 min		i		Ì	Ī	123.15					Ī		Ì			Î
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										<u> </u>
90846	<u> </u>	C&A Family psychotherapy without patient present	86.72		54.89	72.79	55.99	108.33					<u> </u>					<del> </del>
90847 90847	1	Family psychotherapy with patient present (45-60 min)	96.60 96.60	<del>                                     </del>	66.95 66.95	79.50 79.50	68.29 68.29	98.53 111.97			1	-	<b>-</b>	1	ļ	<del>                                     </del>		<del></del>
90847-52		C&A Fam psychoth with patient present (45-60 min) C&A Family psychotherapy with patient presentAbbrev	59.82	<del> </del>	41.99	48.72	42.83	61.02			1		-	ł		<del>                                     </del>		<del></del>
90849	1	Multiple family group psychotherapy 45 - 60 minutes	59.62		41.55	+0.12	+2.03	41.44										$\vdash$
- 30 .0		C&A Multiple family group psychotherapy 45 - 60 minutes				1	t				1	l	i e	1	1	<del>                                     </del>		$\overline{}$
90849	L	1 - 1 - 7 5 - 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						43.68			<u></u>		<u> </u>			<u> </u>		
90849-52		Multiple family group psychotherapyAbbrev						37.20										
90849-52		C&A Multiple family group psychotherapyAbbrev						40.11										
	I	Family psycho-education with consumer present						55.99										<u> </u>
H2027	_	Family psycho-education without						55.99										

Public Menta	l Healt	th System Rates Effective October 1, 2016										1						
Procedure	E&M	Service Description	MD	MD/NPP	NPP	PHD	LCSW,	ОМНС							Traumat	Freestandin		Resident.
			non-facility	facility	INFF	Psych	RN Ther,	OWITC	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,														l
				51,52														
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										l
90853-21		Group psychotherapy prolonged (More than 75 minutes)	25.25		23.23	23.70	23.70	52.62										<del>                                     </del>
		C&A Group psychotherapy prolonged (More than 75						02.02										
90853-21		minutes)						52.62										
00004		Evaluation and Management, including Rx -Minimal, new	44.00	00.04	44.00			44.00										l
99201		patient C & A Evaluation and Management, including Rx -Minimal,	44.36	26.64	44.36			44.36										<del>                                     </del>
99201		new patient	44.36	26.64	44.36			44.36										l
		Evaluation and Management, including Rx -Straight												ì				
99202		forward, new patient	75.44	50.34	75.44			75.44										<b></b>
99202		C & A Evaluation and Management, including Rx -Straight	75.44	50.34	75.44			75.44										i
J3202		forward, new patient Evaluation and Management, including Rx -Low complexity,	73.44	50.54	73.44			13.44				<del></del>						
99203		new patient	109.12	77.00	109.12			109.12			<u> </u>				<u> </u>			
		C & A Evaluation and Management, including Rx -Low																
99203		complexity, new patient	109.12	77.00	109.12			109.12										
99204		Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88			165.88										i
		C & A Evaluation and Management, including Rx -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,															
99204		Moderately complex, new patient	165.88	130.07	165.88			165.88										
00005		Evaluation and Management, including Rx -Highly complex,	007.04	400.04	007.04			007.04										
99205		new patient C & A Evaluation and Management, including Rx -Highly	207.81	169.04	207.81			207.81										
99205		complex, new patient	207.81	169.04	207.81			207.81										l
99211		Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26			20.26										
		C&A Evaluation and Management, including Rx -Minimal																
99211		Fuglishing and Management including Dv. Ctraight forward	20.26	9.18	20.26			20.26										<b></b>
99212		Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96			43.96										l
		C&A Evaluation and Management, including Rx -Straight						10100										
99212		forward	43.96	25.14	43.96			43.96										
00212		Evaluation and Management, including Rx -Low complexity	70.47	50.95	70.47			70.47										l
99213		C&A Evaluation and Management, including Rx -Low	73.47	50.95	73.47			73.47										
99213		complexity	73.47	50.95	73.47			73.47										l
		Evaluation and Management, including Rx -Moderately																
99214		complex	108.04	78.14	108.04			108.04										<b>——</b>
99214		C&A Evaluation and Management, including Rx - Moderately complex	108.04	78.14	108.04			108.04										i
		Evaluation and Management, including Rx -Highly complex													1			
			145.44	110.73	145.44			145.44										<b></b>
		C&A Evaluation and Management, including Rx -Highly	145.44	140.70	145.44			145.44										i
90875		complex Indiv psychophysio therapy incl biofdbk (20-30 min)	51.05	110.73	35.68	41.71	36.39	52.07			<del>                                     </del>	<b>-</b>		<b>-</b>	<del>                                     </del>			
90876		Indiv psychophysio therapy incl biolidbk (25-30 min)	92.76		65.05			94.62										
90889		Discharge OMS (HCFA)						22.40										
0929		Discharge OMS (UB)															22.40	
06101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per				102.00		102.00										1
96101 96102		service Psychological Testing Computer (Flat rate)				103.02 28.66		103.02 28.66			<del>                                     </del>	<b>-</b>		<b>-</b>	<del>                                     </del>			
		Office Consultation - also used for H&P for PHP (15 Min)				20.00		25.00										
99241		` ′	48.00	32.49	48.00						<u></u>	L						
00040		Office Consultation - also used for H&P for PHP (30 min)	00.00	00.45	00.00													ı
99242		Office Consultation - also used for H&P for PHP (40 min)	89.93	68.15	89.93													
99243		Office Consultation - also used for mar for PMP (40 MIN)	123.01	95.32	123.01													i
99244		Office Consultation - also used for H&P for PHP (60 min)	183.50	153.22	183.50						1				1			
99245		Office Consultation - also used for H&P for PHP (80 min)	223.47	189.49	223.47						l							
JJ24J		, , ,	223.47	109.49	223.41						·			I				

Public Menta	l Heal	th System Rates Effective October 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		OII-Site	OII-Site	On/On Site	FUNC	CIVI	WODIE 1X	Injury	Program	Facility	
				21,22,31,32,											, ,			
				51,52														İ
		Prolonged phy svc req face-to-face pat contact beyond the												i				
99354		usual service						100.07										<b></b>
99355		Each additional 30 minutes of a prolonged phy svc						97.09										İ
	OSPIT	TAL 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													<b>↓</b>
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										<u> </u>			
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A			-			-	-			-			<del>                                     </del>
99233		Subsequent IP care (35 min) (MD only)  C&A Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A						<del>                                     </del>				<u> </u>			₩
99233 99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A N/A	103.59	N/A N/A													₩
99238		only)	N/A N/A	72.35	N/A N/A													<del>                                     </del>
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A N/A	72.35 107.10	N/A N/A													<del>                                     </del>
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A N/A	107.10	N/A N/A													
99251		Initial inpatient consultation (20 min) (MD only)	N/A	48.63	N/A													<del></del>
99252		Initial inpatient consultation (40 min) (MD only)	N/A	74.42	N/A													
99253		Initial inpatient consultation (45 min) (MD only)	N/A	114.34	N/A													
99254		Initial inpatient consultation (80 min) (MD only)	N/A	166.24	N/A													<del>                                     </del>
99255		Initial inpatient consultation (110 min) (MD only)	N/A	200.43	N/A										i e			
99281		ER Visit	N/A	21.14	N/A													
99282		ER Visit	N/A	41.23	N/A									ì				
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													
MISCELLANE	OUS																	
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				Nate						-
96372		Therapeutic injection						15.54										<del>                                     </del>
SPECIAL SEI	RVICE	, ,						10.04										
S0201		Mental health partial hosp, tx <24 hours														211.91		
S0201-52		Intensive outpatient program (IOP)													l	115.33		
S9480		Intensive OP psych svcs, per diem (clinic model)						134.93			Ī							
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										
OCCUPATION	NAL T																	
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		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)  Montal health case management (Daily rate)						-					113.00		-			<del></del>
T1016		Mental health case management (Daily rate)											113.00					<u> </u>

Public Menta	l Healt	th System Rates Effective October 1, 2016																
Dragadura	E&M	Coming Decembring					1											
Procedure	E&IVI	Service 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														i
				31,32		] 							000 50/					<del></del>
T1017		Targeted Case Management (Children and Youth)											\$20.59/ 15 mins.					i
11017		Targeted ease management (emilater and realty)											\$20.59/					
T1017-HG													15 mins.					i
MOBILE TRE	ATME																	
H0040-21		Assertive Community Treatment (ACT) EBP												1,231.67				
H0040-U9		consumers												1,091.71				<b></b>
H0040 H0040-52		Mobil treatment Non-EBP  Mobil treatment Non-EBP for Medicare consumers												873.36				
	C DEL													669.58				
H0002	CKEN	ABILITATION-RESIDENTIAL REHABILITATION PROGRA Rehabilitation Assessment	IVI						64.11	64.11								
H2016		Encounter (only bill w/POS 15 (off-site) or 52 (on-site)							04.11	04.11				1				
S9445		Any combination of on/off-site PRP svcs for client in a																
		supported employment program. (Must use POS 52 or 15							111.97	111.97	111.97							i
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 POS 52 & min 2 encounters) (Monthly rate)																l
110040 110		, , , ,							190.62									
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)								253.61								i
H2018-U3		Any combination of on/off-site PRP svcs for Supported								255.01								<b>-</b>
2010 00		Living client (i.e. adult living independently). (Must use									791.62							i
H2018-U3		On-site PRP svcs only for Supported Living client. (Must									701102							
		use POS 52 & min 3 encounters) (Monthly rate)							269.85									<u> </u>
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must																i
		use POS 15 & min 5 encounters) (Monthly rate)								521.77								
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)																i
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed.							465.78									-
H2018-04		(Must use POS 15 & min 13 encounters) (Monthly rate)																i
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed.								1,250.69			1	<b>.</b>				<u> </u>
112010-03		(Must use POS 52 & min 4 encounters) (Monthly rate)							405.70									i
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed.							465.78				1	<b>.</b>				i e
112010-03		(Must use POS 15 & min 19 encounters) (Monthly rate)								3,249.34								i
H2018-U6		Any combination of on/off-site PRP svcs for adult in								0,210101								
		General Level RRP bed. (Must use POS 49 & min 17									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									3,715.14							i
T1023		Transitional PRP. Any combination of on/off-site PRP									,							
		services to adult or TAY consumer transitioning to an RRP																i
		or an inpt. Facility. (Must use POS 49 and min 4 encounters									465.78							
HOUSING SE	RVICE																	
T2048		Residential room and board (per day)							13.10		<u> </u>							13.10
S5150 H0019	-	Enhanced support (per hour) (10 hour maximum)  Crisis Bed hold (per day)							13.43									10.10
RESPITE CA	RE.	Onois Deu Holu (per day)							13.10									13.10
H0045		Adult Respite care, not in home, per diem							78.66									
H0045		C&A Respite care, not in home, per diem							. 5.55									181.39
								\$3.63/15						\$3.63/				
T1005	<u> </u>	In home respite care						min.						15min.				<u> </u>
	L CRIS	Desidential price continue (classical particular T2049)																000 = :
S9485 S5145	-	Residential crisis services (also bill as T2048) Residential crisis, treatment foster care																262.54
00140		residential clisis, treatificiti tostel cale		I.	l	I	<u> </u>	<u> </u>			<u> </u>	I	<u> </u>	<u> </u>	l	<u> </u>		168.81

Public Menta	l Heal	th System Rates Effective October 1, 2016																
Procedure	E&M	Service Description																
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC			2 (2((2)					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														
SUPPORTED	EMDI	OVMENT		31,32										l e				
H2023	LIVIT	minutes (Auth'd by CSA w/lifetime benefit of \$2,750)								7.70								
112023		Supported employment (Pre-placement phase) (Auth'd by					1			7.70								<b>├</b>
H2024		CSA and has a maximum number of 3 units/year)								447.88								
112024		Supported employment (Job placement phase) (Auth'd by								447.00								
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								<del></del>
S9445-52		Clinic coordination - EBP	-				1			111.97						-		
TRAUMATIC	DDAIN	1								111.97								
W0037	DRAII	Residential habilitation Level 1 (per day)													200.55			
W0037		Residential habilitation Level 2 (per day)													265.55			
W0030		Residential habilitation Level 3 (per day)																
W0054		Day habilitation Level 1 (per day)				<b>.</b>									367.37			<b>├</b>
W0054 W0055		Day habilitation Level 2 (per day)				<b>.</b>									51.78			<b>├</b>
W0056		, , , , , , , , , , , , , , , , , , , ,													90.32			<b>├</b>
		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)													127.07			<u> </u>
W0060		Individual Support Services (ISS) (rate per hour)													25.11			Ļ
THERAPEUT	IC BEI	HAVIORAL SERVICES																
			\$109.80															
96150		Initial Assessment & Development of Behavioral Plan for	(\$27.45/ 15															
00.00		TBS (to be billed in 15 minute increments)	mins)															
			- /															
			\$103.24															
96151		TBS (licensed TBS Providers only) (to be billed in 15	(\$25.81/ 15															
		minute increments)	mins)															<u> </u>
		EPSDT Health & behavior intervention (must be a	\$22.44/hr															
96152		designated provider of Therapeutic Behavioral Services) (to																
	<u> </u>	be billed in 15 minute increments)	minutes)	ļ														
		g POS 12 for follow-up visits by an OMHC M.D. in a Crisis Be	ed															
** If value of f	ield is '	Y', can charge one E&M Code between 99201 and 99215	1				1	1		l					1			1