

Public Mental Health System Rates

Effective 01/01/2024

		Provider types:	PTPR Place of Service 52	PTPR Place of Service 15	PTPR Place of Service 49	PTSE	PTCR and PTRS	PTCM	PTMT	PTMH
Procedure Code	Service Description	PRP On-Site	PRP Off-Site	PRP On/Off Site	Supported Employment	Residential Crisis and Respite Program	Case Management	Mobile Treatment	Freestanding Partial Hospital Program	
MENTAL HEALTH CASE MANAGEMENT										
H0031	Case Management Annual Assessment (only if approved by program)						\$167.12			
T1016	Mental health case management (Daily rate)						\$167.12			
T1017	Targeted Case Management (Children and Youth)						\$44.83/ 15 mins.			
T1017-HG	Targeted Case Management (Children and Youth) (Telephonic)						\$44.83/ 15 mins.			
T1017-HA	Transitional Targeted Case Management (Children and Youth)						\$44.83/ 15 mins.			
COMMUNITY BASED PARITAL HOSPITALIZATION										
S0201	Mental health partial hosp. tx <24 hours									\$313.42
S0201-52	Intensive outpatient program (IOP)									\$170.59
MOBILE TREATMENT										
H0040-21	Assertive Community Treatment (ACT) EBP							\$1,821.57		
H0040-U9	Assertive Community Treatment (ACT) EBP for Medicare consumers							\$1,614.56		
H0040	Mobile treatment Non-EBP							\$1,291.66		
H0040-52	Mobile treatment Non-EBP for Medicare consumers							\$990.27		
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM (PRP)										
H0002	Rehabilitation Assessment	\$94.81	\$94.81							
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)	\$165.60	\$165.60	\$165.60						
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)			\$657.01						
H2018-U2	On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)	\$281.91								
H2018-U2	Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)		\$375.07							
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)			\$1,170.76						
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	\$399.08								
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)		\$771.67							
H2018-U4	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	\$688.88								
H2018-U4	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)		\$1,849.68							
H2018-U5	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	\$688.88								
H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)		\$4,805.61							
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)			\$2,538.60						
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)			\$5,494.49						
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)			\$688.88						

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HOUSING SERVICES										
T2048	Residential room and board (per day)	\$18.39				\$18.39				
S5150	Enhanced support (per hour) (10 hour maximum)	\$18.84								
H0019	Crisis Bed hold (per day)	\$18.39				\$18.39				
RESPITE CARE										
H0045	Adult Respite care, not in home, per diem	\$116.35								
H0045-UA	C&A Respite care, not in home, per diem					\$268.26				
T1005	In home respite care		\$5.36 /15 min.			\$5.36 /15 min.				
RESIDENTIAL CRISIS SERVICES										
H0018	Residential crisis services (also bill as T2048)					\$368.38				
S5145	Residential crisis, treatment foster care					\$236.88				
SUPPORTED EMPLOYMENT										
H2023	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)				\$11.38					
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)				\$662.39					
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)				\$1,654.30					
H2026	Ongoing support to maintain employment, per month				\$538.20					
H2026-21	Ongoing support to maintain employment, per month - EBP				\$662.39					
S9445-52	Clinic coordination - EBP				\$165.60					
NOTE: EFFECTIVE FOR DATES OF SERVICE ON AND AFTER 12/7/2023 THE TRAUMATIC BRAIN INJURY WAIVER AUTHORIZATION AND CLAIMS SUBMISSION IS MANAGED IN LTSSMARYLAND.										