Public Mental Health System Rates Effective 11/01/2021

,	01/2021	Provider types:	PTPR- POS 52	PTPR- POS 12/15	PTPR- POS 49	PTCM	PTMT	PT86	РТМН	PT01,06, 07	PTPR- POS 52 child rate;PRP
Procedure Code	E&M Code	Service Description	PRP On- Site	PRP Off-Site	PRP On/Off Site	СМ	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident. Crisis Facility
	ALTH CASE I	MANAGEMENT				<u> </u>		1			
H0031		Case Management Annual Assessment (only if approved by program)				140.07					_
T1016		Mental health case management (Daily rate)				140.07					
T1017		Targeted Case Management (Children and Youth)				\$37.58/ 15 mins.					
T1017-HG						\$37.58/ 15 mins.					
COMMUNITY	Y BASED PA	RITAL HOSPITALIZATION									
S0201		Mental health partial hosp, tx <24 hours							262.70		
S0201-52		Intensive outpatient program (IOP)							142.98		
MOBILE TREA	ATMENT										
H0040-21		Assertive Community Treatment (ACT) EBP					1,526.82				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers					1,353.31				
H0040		Mobil treatment Non-EBP					1,082.66				
H0040-52		Mobil treatment Non-EBP for Medicare consumers					830.03				
PSYCHIATRIC	REHABILIT	TATION-RESIDENTIAL REHABILITATION PROGRAM									
H0002		Rehabilitation Assessment	79.47	79.47							
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	138.80	138.80	138.80						
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)			550.69						
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)	236.30								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)		314.38							
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)			981.32						
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	334.51								
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)		646.81							
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	577.41								
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)		1,550.39							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	577.41								

H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)		4,028.01					
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)			2,127.83				
H2018-U7	Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)			4,605.42				
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)			577.41				
HOUSING SERV	VICES							
T2048	Residential room and board (per day)	15.41						15.41
S5150	Enhanced support (per hour) (10 hour maximum)	15.79						
H0019	Crisis Bed hold (per day)	15.41						15.41
RESPITE CARE								
H0045	Adult Respite care, not in home, per diem	97.52						
H0045-UA	C&A Respite care, not in home, per diem							224.86
T1005	In home respite care		\$4.49 /15 min.		\$4.49 /15 min.			
RESIDENTIAL C	CRISIS SERVICES					•		
S9485	Residential crisis services (also bill as T2048)			·				#

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		Provider types	: PTPR-	PTPR- POS	PTPR-	PTCM	PTMT	PT86	PTMH	PT01,06,	PTPR- POS 52
			POS 52	12/15	POS 49					07	child
											rate;PRP
Procedure	E&M	Service Description	PRP	PRP	PRP	CM	Mobile Tx	Traumatic	Freestanding	Facility	Resident.
Code	Code		On-	Off-Site	On/Off			Brain	Part. Hosp.		Crisis
			Site		Site			Injury	Program		Facility
S5145		Residential crisis, treatment foster care									198.55
SUPPORTED	EMPLOYN	MENT									
H2023		Supported employment (intensive job coaching), per 15 minutes (Auth'd		9.54							
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		555.21							
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		1,386.62							
H2026		Ongoing support to maintain employment, per month		451.11							
H2026-21		Ongoing support to maintain employment, per month - EBP		555.21							
S9445-52		Clinic coordination - EBP		138.80							
TRAUMATIC	BRAIN IN	IURY									
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)						64.19			
W0055		Day habilitation Level 2 (per day)						#			
W0056		Day habilitation Level 3 (per day)						#			
W0057		Supported employment Level 1 (per day)			-			38.08			

W0058	Supported employment Level 2 (per day)			64.19		
W0059	Supported employment Level 3 (per day)			#		
W0060	Individual Support Services (ISS) (rate per hour) 5-1-19 Changed to 15 Min per unit			31.14 (\$7.78 per 15 Min)		