





Public Mental Health System Rates Effective October 1, 2016																	
Procedure	E&M	Service Description	MD	MD/NPP	NPP	PHD	LCSW,	OMHC							Traumat	Freestandin	Resident.
			non-facility	facility		Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Brain Injury	Part. Hosp. Program	Facility
				POS 21,22,31,32, 51,52													
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service						100.07									
99355		Each additional 30 minutes of a prolonged phy svc						97.09									
<b>INPATIENT HOSPITAL SERVICES</b>																	
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												
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												
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A												
99233		Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A												
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A												
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	72.35	N/A												
99238		only)	N/A	72.35	N/A												
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A												
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A												
99251		Initial inpatient consultation (20 min) (MD only)	N/A	48.63	N/A												
99252		Initial inpatient consultation (40 min) (MD only)	N/A	74.42	N/A												
99253		Initial inpatient consultation (55 min) (MD only)	N/A	114.34	N/A												
99254		Initial inpatient consultation (80 min) (MD only)	N/A	166.24	N/A												
99255		Initial inpatient consultation (110 min) (MD only)	N/A	200.43	N/A												
99281		ER Visit	N/A	21.14	N/A												
99282		ER Visit	N/A	41.23	N/A												
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												
<b>MISCELLANEOUS</b>																	
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									
96372		Therapeutic injection						15.54									
<b>SPECIAL SERVICES</b>																	
S0201		Mental health partial hosp, tx <24 hours														211.91	
S0201-52		Intensive outpatient program (IOP)														115.33	
S9480		Intensive OP psych svcs, per diem (clinic model)						134.93									
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									
<b>OCCUPATIONAL THERAPY</b>																	
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									
<b>MENTAL HEALTH CASE MANAGEMENT</b>																	
H0031		by program)												113.00			
T1016		Mental health case management (Daily rate)												113.00			



Public Mental Health System Rates Effective October 1, 2016																	
Procedure	E&M	Service Description	MD non-facility	MD/NPP facility POS 21,22,31,32, 51,52	NPP	PHD Psych	LCSW, RN Ther, LCPC	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Traumat Brain Injury	Freestandin Part. Hosp. Program	Resident. Crisis Facility
<b>SUPPORTED EMPLOYMENT</b>																	
H2023		minutes (Auth'd by CSA w/lifetime benefit of \$2,750)								7.70							
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)								447.88							
H2024-21		Supported employment (Job placement phase) (Auth'd by 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							
S9445-52		Clinic coordination - EBP								111.97							
<b>TRAUMATIC BRAIN INJURY</b>																	
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)													51.78		
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)													127.07		
W0060		Individual Support Services (ISS) (rate per hour)													25.11		
<b>THERAPEUTIC BEHAVIORAL SERVICES</b>																	
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$109.80 (\$27.45/ 15 mins)														
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$103.24 (\$25.81/ 15 mins)														
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)	\$22.44/hr (\$5.61/ 15 minutes)														
* 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																	