Procedure Process Pr	Public Menta	al Health	System Rates Effective July 1, 2018							
Procedure Proc			oystom ratios Enounts outy 1, 2010							1
Procedure Proc		ı	D (115 × 0) +							
## EAST PROCESSIONAL SERVICES FOR IOP, PUP & CRS ## COUR			Default Fee Codes:	MYLD1/MYUN1		MYFC1/ MYFC2	MYLD2/ MYUN2		•	MYLD5/ MYUN5
Procedure EAM			Provider types:	PT20-psych		PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC
###CF gens at ### ### ### ### ### ### ### ### ###			Service Description		NonPsych MD, 23	MD/CRNP/ PA facility			LCPC, LCADC,	омнс
CA Processor disposite consultation 1933 1944 1929 11044	OTHER PROFE	SSIONAL	SERVICES FOR IOP, PHP & CRS			OMHC &E/M at				
10.29 CAA Psychatric diagnostic evaluation with medical services 163.32 116.44 32.39 116.44 263.07	90791		Psychiatric diagnostic evaluation	163 32	1	1	116 44	132 99	116 44	187 07
200925	90791		C&A Psychiatric diagnostic evaluation							208.94
Security Contained and Management, Including Rs. Milenting Rs. Stronger (1997) Contained and Management, Including Rs. Stronger (1997) Contained and Management, Including Rs. Later complexity, new patient 109.40 109.40 771.31 109.40 109.40 170.	90792		Psychiatric diagnostic evaluation with medical services							187.07
Second	90792		, 0							208.94
Second										
Separation and Menagement, including Rs. Holdsontably complex, new patient 288.77 208.77 180.54 208.77 180.55 208.77 208.7										
Separation and Management, relating Ret - Highly complex, new patient 208.77 208.77 169.54 208.77 208.79 208.79 208.71 208.77 208.77 208.79 208.71 2										
Separation and Management, including Res. Minimal 21.99 21.99 31.0 21.99 21.99 22.199 31.0 21.99 31.0 21.99 31.0 21.99 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199 32.199 32.199 32.199 32.199 32.199 22.199 32.199										208.77
Evaluation and Management, including Rx. Hode complexity 73.65 7										21.99
19214 Evaluation and Management, including Rs Highly complex 108.50 108.50 78.44 108.50	99212		Evaluation and Management, including Rx -Straight forward							
Equation and Management, Including Rx-Highly complex 146.22 146.22 111.03 146.22 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.23 146.24 146.23 146.23 146.24 146.23 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24 146.23 146.24	99213									73.65
199322 Individual psychotherapy (20 mm) MD Only 88.63 88.63 89.03 89.03 10.00										
19934					146.22	111.03				
OUTPATHENTO-PFICE PROFESSIONAL SERVICES 116.44 132.99 132.99 132.										
Psychiatric diagnostic evaluation 163.32 116.44 132.99 116.44 187.07		OFFICE PR		00.00			00.00			50.10
Psychiatric diagnostic evaluation with medical services 163.32 116.44 127.07				163.32			116.44	132.99	116.44	187.07
19792 C&A Psychiatric diagnostic evaluation with medical services 163.32 116.44 20.33 34.2 44.03 34.2 45.97	90791		C&A Psychiatric diagnostic evaluation					132.99	116.44	208.94
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99833 Y C&A 30 min Psychotherapy dat on 97.05 99.89 90834 Individual psychotherapy (45 min)-Outpatient 97.93 70.05 79.79 70.05 99.89 90836 Y C&A final Psychotherapy add on 97.93 70.05 79.79 70.05 115.55 90836 Y SA 45 min Psychotherapy add on 97.93 70.05 99.89 90836 Y C&A 45 min Psychotherapy add on 97.93 70.05 99.89 90837 Individual psychotherapy (60 min) 99.93 90837 Individual psychotherapy (60 min) 99.93 90838 Y C&A 16 min Psychotherapy (60 min) 99.93 90838 Y C&A 60 min Psychotherapy (60 min) 99.93 90838 Y C&A 60 min Psychotherapy add on 99.89 90838 Y C&A 60 min Psychotherapy add on 99.89 90839 Psychotherapy for crisis, first 60 min 99.89 90839 Psychotherapy for crisis, first 60 min 99.89 90840 Psychotherapy for crisis, first 60 min 99.89 90840 C&A Psychotherapy for crisis, first 60 min 99.89 90846 Family psychotherapy without patient present 91.55 99.81 76.85 59.11 76.85 59.11 76.85 59.11 76.85 59.11 76.85 59.11 76.85 59.11 76.85 59.11 114.37 90847 C&A Family psychotherapy without patient present 91.55 99.91 76.85 59.11 114.37 90847 C&A Family psychotherapy with patient present (45-60 min) 101.98 72.10 83.93 72.10 118.21 90849 C&A Family psychotherapy with patient present (45-60 min) 101.98 72.10 83.93 72.10 118.21 90849 C&A Family psychotherapy apsychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90849 C&A Multiple family group psychotherapy 45-60 minutes 90.94 90853 C&A Group psychotherapy (not multi-family) 45-60 minutes 90.94 90853 C&A Gro								44.03	36.42	
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99.837 Individual psychotherapy (60 min) 99.88	90836	Υ								99.89
C&A Individual psychotherapy (60 min) 115.55	90836	Υ		97.93			70.05			115.55
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C&A Psychotherapy for crisis, first 60 min 130.01	90839	- 			1	i				109.94
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90849-52 C&A Multiple family group psychotherapyAbbrev 42.34 H2027 Family psycho-education with consumer present 59.11 Family psycho-education without 59.11 90853 Group psychotherapy (not multi-family.) 45-60 minutes 27.20 27.20 27.20 42.55 90853 C&A Group psychotherapy (not multi-family.) 45-60 minutes. 26.66 27.20 27.20 27.20 44.92	90849									46.11
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Family psycho-education without 59.11 90853 Group psychotherapy (not multi-family.) 45-60 minutes 26.66 27.20 27.20 27.20 42.55 90853 C&A Group psychotherapy (not multi-family.) 45-60 minutes. 26.66 27.20 27.20 27.20 44.92	90849-52									42.34
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		1				 				
	90853-21	1	Group psychotherapy prolonged (More than 75 minutes)	20.00			21.20	21.20	21.20	55.55

Public Menta	l Health	System Rates Effective July 1, 2018							
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		Default Fee Codes:	MYLD1/MYUN1	NOPMD/NOPMU MYLDP/MYUNP	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/ MYUN3	MYLD4/ MYUN4	MYLD5/ MYUN5
		Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC
Procedure Code	E&M Code	Service Description	Psychiatrist non-facility	NonPsych MD, 23 without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych/ PsyD	LCSW-C, LCPC, LCADC, LCMFT	омнс
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)							55.55
99201		Evaluation and Management, including Rx -Minimal, new patient	45.37	45.37	27.04	45.37			45.37
99201		C & A Evaluation and Management, including Rx -Minimal, new patient	45.37	45.37	27.04	45.37			45.37
99202		Evaluation and Management, including Rx -Straight forward, new patient	76.01	76.01	50.72	76.01			76.01
99202 99203		C & A Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient	76.01 109.40	76.01 109.40	50.72 77.13	76.01 109.40			76.01 109.40
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient	109.40	109.40	77.13	109.40			109.40
99204		Evaluation and Management, including Rx -Moderately complex, new patient	166.09	166.09	130.07	166.09			166.09
99204		C & A Evaluation and Management, including Rx -Moderately complex, new patient	166.09	166.09	130.07	166.09			166.09
99205		Evaluation and Management, including Rx -Highly complex, new patient	208.77	208.77	169.54	208.77			208.77
99205		C & A Evaluation and Management, including Rx -Highly complex, new patient	208.77	208.77	169.54	208.77			208.77
99211		Evaluation and Management, including Rx -Minimal	21.99 21.99	21.99	9.18 9.18	21.99			21.99 21.99
99211 99212		C&A Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward	44.57	21.99 44.57	25.51	21.99 44.57	 		44.57
99212		C&A Evaluation and Management, including Rx -Straight forward	44.57	44.57	25.51	44.57			44.57
99213		Evaluation and Management, including Rx -Low complexity	73.65	73.65	51.29	73.65			73.65
99213		C&A Evaluation and Management, including Rx -Low complexity	73.65	73.65	51.29	73.65			73.65
99214		Evaluation and Management, including Rx -Moderately complex	108.50	108.50	78.44	108.50			108.50
99214		C&A Evaluation and Management, including Rx -Moderately complex	108.50	108.50	78.44	108.50			108.50
99215		Evaluation and Management, including Rx -Highly complex	146.22	146.22	111.03	146.22	<u> </u>		146.22
99215 90875		C&A Evaluation and Management, including Rx -Highly complex Indiv psychophysio therapy incl biofdbk (20-30 min)	146.22 53.89	146.22	111.03	146.22 38.42	44.03	38.42	146.22 54.97
90876		Indiv psychophysio therapy incl bioliduk (20-30 min)	97.93			70.05	79.79	70.05	99.89
90889		Discharge OMS (HCFA)	37.00			70.03	75.75	70.03	23.65
0929		Discharge OMS (UB)							
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service Terminated 12/31/18					400.70		400.70
96102		Psychological Testing Computer (Flat rate) Terminnated 12/31/18					108.76 30.25		108.76 30.25
96130		Psychological Testing Evaluation services by a Physician or other qualified professional. Treatment planning and Report and Interactive feed back to the patient, family members and caregiver's (first hour)					124.31		124.31
96131		Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)					94.47		94.47
96136		Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)					51.27		51.27
96137		Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)							
96138		Psychological test administration and scoring by a Technician (first 30 minutes)					47.79 42.69		47.79 42.69
96139		Psychological test administration and scoring by a Technician (each additional 30 minutes)					42.69		42.69
99241		Office Consultation - also used for H&P for PHP (15 Min)	48.00	48.00	32.49	48.00			
99242		Office Consultation - also used for H&P for PHP (30 min)	89.93	89.93	68.15	89.93			
99243		Office Consultation - also used for H&P for PHP (40 min)	123.01	123.01	95.32	123.01			
99244		Office Consultation - also used for H&P for PHP (60 min)	183.50	183.50	153.22	183.50	<u> </u>		
99245	<u></u>	Office Consultation - also used for H&P for PHP (80 min)	223.47	223.47	189.48	223.47			
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service							130.73
99355		Each additional 30 minutes of a prolonged phy svc							98.82
INPATIENT HOS	SPITAL SE								
99221		Initial hospital care (30 min) (MD only)	N/A	N/A	101.86	N/A			
99221		C&A Initial hospital care (30 min) (MD only)	N/A	N/A	101.86	N/A	<u> </u>		
99222		Initial hospital care (50 min) (MD only)	N/A	N/A	136.99	N/A			

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FINAL- revised	3/14/19								
		Default Fee Codes:	MYLD1/MYUN1	NOPMD/NOPMU MYLDP/MYUNP	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/ MYUN3	MYLD4/ MYUN4	MYLD5/ MYUN5
		Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC
Procedure Code	E&M Code	Service Description	Psychiatrist non-facility	NonPsych MD, 23 without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych/ PsyD	LCSW-C, LCPC, LCADC, LCMFT	омнс
99222		C&A Initial hospital care (50 min) (MD only)	N/A	N/A	136.99	N/A			
99223		Initial hospital care (70 min) (MD only)	N/A	N/A	203.07	N/A			
99223		C&A Initial hospital care (70 min) (MD only)	N/A	N/A	203.07	N/A			
99231		Subsequent IP care (15 min) (MD only)	N/A	N/A	39.26	N/A			
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	N/A	39.26	N/A			
99232		Subsequent IP care (25 min) (MD only)	N/A	N/A	72.84	N/A			
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	N/A	72.84	N/A			
99233		Subsequent IP care (35 min) (MD only)	N/A	N/A	104.26	N/A			
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	N/A	104.26	N/A			
99238		Hospital discharge day mgmt (30 min or less) (MD only) C&A Hospital discharge day mgmt (30 min or less) (MD only)	N/A	N/A	73.40	N/A			
99238		Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	73.40	N/A			
99239 99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A N/A	N/A N/A	108.04 108.04	N/A N/A			_
99251		Initial inpatient consultation (20 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A N/A	48.63	48.63	N/A N/A			
99252		Initial inpatient consultation (40 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	74.42	74.42	N/A			
99253		Initial inpatient consultation (55 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	114.61	114.61	N/A			
99254		Initial inpatient consultation (80 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	166.44	166.44	N/A	1		
99255		Initial inpatient consultation (110 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	200.43	200.43	N/A			
99281		ER Visit	N/A	N/A	21.18	N/A			
99282		ER Visit	N/A	N/A	41.31	N/A			
99283		ER Visit	N/A	N/A	61.72	N/A			
99284		ER Visit	N/A	N/A	117.08	N/A			
99285		ER Visit	N/A	N/A	172.43	N/A			
MISCELLANEO	US								
00104		Anesthesia for ECT	103.75						
90870		ECT single seizure w/ monitoring (Physician only)	103.87						
36415		Collection of blood by venipuncture							16.08
96372		Therapeutic injection							16.08
SPECIAL SERV	ICES	No. 11. No. of the control of the co							
S0201		Mental health partial hosp, tx <24 hours							
S0201-52		Intensive outpatient program (IOP)							110.15
S9480		Intensive OP psych svcs, per diem (clinic model) C&A Intensive OP psych svcs, per diem (clinic model)							142.45
S9480 H0032		Interdisciplinary team tx plng w/patient present							169.34 91.02
H0046		Therapeutic Nursery							46.35
	I THERAF	PY (for recipients under 21 only)							40.33
97150	LITILITA	Therapeutic procedure(s) group (2 or more)						20.10	
97530		Therapeutic activities, direct patient contact, per 15 min.						13.00	
97535		Self-care/home mgmt trng, per 15 min.						13.00	
97537		Community/work reintegration trng, direct contact, per 15 min.						13.00	
RESPITE CARE									
H0045		Adult Respite care, not in home, per diem							
H0045		C&A Respite care, not in home, per diem							
T1005		In home respite care							\$3.83/15 min.
THERAPEUTIC	BEHAVIO	RAL SERVICES- Default Fee Code: TWTBS Provider Type: 51/52							
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$115.92 (\$28.98/ 15 mins)						

Public Menta	l Health	System Rates Effective July 1, 2018							
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96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$108.99 (\$27.25/ 15 mins)						
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)	\$23.69/hr (\$5.92/ 15 minutes)						
TRANSCRANIA	L MAGNE	TIC STIMULATION - Effective 8-1-18							
90867		Therapeutic repetitive TMS Treatment, Initial Treatment Plan	\$159.53						
90868		Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session)	\$146.32						
90869		Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management	\$399.60						
90201-25	Υ	Evaluation and Management, including Rx -Minimal, new patient	45.37						
99202-25	Υ	Evaluation and Management, including Rx -Straight forward, new patient	76.01						
99203-25	Υ	Evaluation and Management, including Rx -Low complexity, new patient	109.40						
99204-25	Υ	Evaluation and Management, including Rx -Moderately complex, new patient	166.09						
99205-25	Υ	Evaluation and Management, including Rx -Highly complex, new patient	208.77						
99211-25	Υ	Evaluation and Management, including Rx -Minimal	21.99						
99212-25	Υ	Evaluation and Management, including Rx -Straight forward	44.57						
99213-25	Υ	Evaluation and Management, including Rx -Low complexity	73.65						
99214-25	Υ	Evaluation and Management, including Rx -Moderately complex	108.50						
99215-25	Υ	Evaluation and Management, including Rx -Highly complex	146.22						
		S 12 for follow-up visits by an OMHC M.D. in a Crisis Bed an charge one E&M Code between 99201 and 99215				<u>.</u>			
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