

Public Mental Health System Rates Effective July 1, 2019															
FINAL- revised 2/12/2020															
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	OMHC						
OTHER PROFESSIONAL SERVICES FOR IOP, PHP & CRS									MYFC5- (gets all OMHC &E/M at lesser of rate)						
90791		Psychiatric diagnostic evaluation	169.04			120.52	137.64	120.52	193.62						
90791		C&A Psychiatric diagnostic evaluation	169.04			120.52	137.64	120.52	216.25						
90792		Psychiatric diagnostic evaluation with medical services	169.04			120.52			193.62						
90792		C&A Psychiatric diagnostic evaluation with medical services	169.04			120.52			216.25						
99201		Evaluation and Management, including Rx -Minimal, new patient	46.52	46.52	27.07	46.52			46.52						
99202		Evaluation and Management, including Rx -Straight forward, new patient	77.20	77.20	50.78	77.20			77.20						
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.45	109.45	77.13	109.45			109.45						
99204		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	169.52	208.77			208.77						
99211		Evaluation and Management, including Rx -Minimal	23.12	23.12	9.18	23.12			23.12						
99212		Evaluation and Management, including Rx -Straight forward	45.72	45.72	25.54	45.72			45.72						
99213		Evaluation and Management, including Rx -Low complexity	74.83	74.83	51.29	74.83			74.83						
99214		Evaluation and Management, including Rx -Moderately complex	109.35	109.35	78.53	109.35			109.35						
99215		Evaluation and Management, including Rx -Highly complex	146.38	146.38	111.02	146.38			146.38						
90832		Individual psychotherapy (30 min) MD Only	48.79			48.79			49.77						
90834		Individual psychotherapy (45 min) MD Only	91.73			91.73			93.56						
OUTPATIENT/OFFICE PROFESSIONAL SERVICES															
90791		Psychiatric diagnostic evaluation	169.04			120.52	137.64	120.52	193.62						
90791		C&A Psychiatric diagnostic evaluation	169.04			120.52	137.64	120.52	216.25						
90792		Psychiatric diagnostic evaluation with medical services	169.04			120.52			193.62						
90792		C&A Psychiatric diagnostic evaluation with medical services	169.04			120.52			216.25						
90832		Individual psychotherapy (30 min)-Outpatient	55.78			39.76	45.57	39.76	56.89						
90832		C&A Individual psychotherapy (30 min)-Outpatient	55.78			39.76	45.57	39.76	67.29						
90833	Y	30 min Psychotherapy add on	55.78			39.76			56.89						
90833	Y	C&A 30 min Psychotherapy add on	55.78			39.76			67.29						
90834		Individual psychotherapy (45 min)-Outpatient	101.36			72.50	82.58	72.50	103.39						
90834		C&A Individual psychotherapy (45 min)-Outpatient	101.36			72.50	82.58	72.50	119.59						
90836	Y	45 min Psychotherapy add on	101.36			72.50			103.39						
90836	Y	C&A 45 min Psychotherapy add on	101.36			72.50			119.59						
90837		Individual psychotherapy (60 min)							103.39						
90837		C&A Individual psychotherapy (60 min)							119.59						
90838	Y	60 min Psychotherapy add on							103.39						
90838	Y	C&A 60 min Psychotherapy add on							119.59						
90839		Psychotherapy for crisis, first 60 min							113.79						
90839		C&A Psychotherapy for crisis, first 60 min							134.56						
90840		Psychotherapy for crisis--additional 30 min							61.56						
90840		C&A Psychotherapy for crisis-- additional 30 min							70.22						
90846		Family psychotherapy without patient present	94.75			61.18	79.54	61.18	102.48						
90846		C&A Family psychotherapy without patient present	94.75			61.18	79.54	61.18	118.37						
90847		Family psychotherapy with patient present (45-60 min)	105.55			74.62	86.87	74.62	107.66						
90847		C&A Fam psychoth with patient present (45-60 min)	105.55			74.62	86.87	74.62	122.35						
90847-52		C&A Family psychotherapy with patient present--Abbrev	65.37			46.80	53.23	46.80	66.67						
90849		Multiple family group psychotherapy 45 - 60 minutes							45.28						
90849		C&A Multiple family group psychotherapy 45 - 60 minutes							47.72						
90849-52		Multiple family group psychotherapy--Abbrev							40.64						
90849-52		C&A Multiple family group psychotherapy--Abbrev							43.82						
H2027		Family psycho-education with consumer present							61.18						
		Family psycho-education without							61.18						
90853		Group psychotherapy (not multi-family.) 45-60 minutes	27.59			28.15	28.15	28.15	44.04						
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	27.59			28.15	28.15	28.15	46.49						
90853-21		Group psychotherapy prolonged (More than 75 minutes)							57.49						
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)							57.49						
99201		Evaluation and Management, including Rx -Minimal, new patient	46.52	46.52	27.07	46.52			46.52						
99201		C & A Evaluation and Management, including Rx -Minimal, new patient	46.52	46.52	27.07	46.52			46.52						
99202		Evaluation and Management, including Rx -Straight forward, new patient	77.20	77.20	50.78	77.20			77.20						
99202		C & A Evaluation and Management, including Rx -Straight forward, new patient	77.20	77.20	50.78	77.20			77.20						
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.45	109.45	77.13	109.45			109.45						

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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	OMHC						
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient	109.45	109.45	77.13	109.45								109.45	
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	169.52	208.77								208.77	
99205		C & A Evaluation and Management, including Rx -Highly complex, new patient	208.77	208.77	169.52	208.77								208.77	
99211		Evaluation and Management, including Rx -Minimal	23.12	23.12	9.18	23.12								23.12	
99211		C&A Evaluation and Management, including Rx -Minimal	23.12	23.12	9.18	23.12								23.12	
99212		Evaluation and Management, including Rx -Straight forward	45.72	45.72	25.54	45.72								45.72	
99212		C&A Evaluation and Management, including Rx -Straight forward	45.72	45.72	25.54	45.72								45.72	
99213		Evaluation and Management, including Rx -Low complexity	74.83	74.83	51.29	74.83								74.83	
99213		C&A Evaluation and Management, including Rx -Low complexity	74.83	74.83	51.29	74.83								74.83	
99214		Evaluation and Management, including Rx -Moderately complex	109.35	109.35	78.53	109.35								109.35	
99214		C&A Evaluation and Management, including Rx -Moderately complex	109.35	109.35	78.53	109.35								109.35	
99215		Evaluation and Management, including Rx -Highly complex	146.38	146.38	111.02	146.38								146.38	
99215		C&A Evaluation and Management, including Rx -Highly complex	146.38	146.38	111.02	146.38								146.38	
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	55.78			39.76	45.57	39.76	56.89						
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	101.36			72.50	82.58	72.50	103.39						
90889		Discharge OMS (HCFA)							24.48						
0929		Discharge OMS (UB)													
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service Terminated 12/31/18					112.57		112.57						
96102		Psychological Testing Computer (Flat rate) Terminated 12/31/18					31.31		31.31						
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)					128.66		128.66						
96131		Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)					97.78		97.78						
96136		Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)					53.06		53.06						
96137		Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)					49.46		49.46						
96138		Psychological test administration and scoring by a Technician (first 30 minutes)					44.18		44.18						
96139		Psychological test administration and scoring by a Technician (each additional 30 minutes)					44.18		44.18						
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	95.31	123.01									
99244		Office Consultation - also used for H&P for PHP (60 min)	183.50	183.50	153.20	183.50									
99245		Office Consultation - also used for H&P for PHP (80 min)	223.47	223.47	189.46	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												99.30	
INPATIENT HOSPITAL SERVICES															
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									
99222		Initial hospital care (50 min) (MD only)	N/A	N/A	136.99	N/A									
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	39.30	N/A									
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	N/A	39.30	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									

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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)	N/A	N/A	73.40	N/A									
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	N/A	N/A	73.40	N/A									
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A									
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A									
99251		Initial inpatient consultation (20 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	48.64	48.64	N/A									
99252		Initial inpatient consultation (40 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	74.43	74.43	N/A									
99253		Initial inpatient consultation (55 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	114.74	114.74	N/A									
99254		Initial inpatient consultation (80 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	166.63	166.63	N/A									
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	21.20	N/A									
99282		ER Visit	N/A	N/A	41.35	N/A									
99283		ER Visit	N/A	N/A	61.80	N/A									
99284		ER Visit	N/A	N/A	117.21	N/A									
99285		ER Visit	N/A	N/A	172.65	N/A									
MISCELLANEOUS															
00104		Anesthesia for ECT		107.38											
90870		ECT single seizure w/ monitoring (Physician only)		107.51											
36415		Collection of blood by venipuncture												16.64	
96372		Therapeutic injection												16.64	
PECIAL SERVICES															
S9480		Intensive OP psych svcs, per diem (clinic model)												147.44	
S9480		C&A Intensive OP psych svcs, per diem (clinic model)												175.27	
H0032		Interdisciplinary team tx plng w/patient present												94.21	
H0046		Therapeutic Nursery												47.97	
OCCUPATIONAL THERAPY (for recipients under 21 only)															
97150		Therapeutic procedure(s) group (2 or more)												20.80	
97530		Therapeutic activities, direct patient contact, per 15 min.												13.46	
97535		Self-care/home mgmt trng, per 15 min.												13.46	
97537		Community/work reintegration trng, direct contact, per 15 min.												13.46	
THERAPEUTIC SERVICES															
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments) Terminated 12/31/19	\$119.98 (\$29.99/ 15 mins)												
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments) Terminated 12/31/19	\$112.80 (\$28.20/ 15 mins)												
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments) Terminated 12/31/19	\$24.52/hr (\$6.13/ 15 minutes)												
96156		Health Behavior Assessment or Re-Assessment Non Timed Effective 1/1/2020	\$119.98												
96158		Health Behavior Intervention, Individual, Face to Face, Initial 30 Minutes Effective 1/1/2020	\$26.00 (30 Min)												
96159		Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes Effective 1/1/2020	\$13.00 (Add 15 Min. Max of 40 units)												
TRANSCRANIAL MAGNETIC STIMULATION															
90867		Therapeutic repetitive TMS Treatment, Initial Treatment Plan	165.11												
90868		Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session)	151.44												
90869		Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management	413.59												

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99201-25	Y	Evaluation and Management, including Rx -Minimal, new patient	46.52						
99202-25	Y	Evaluation and Management, including Rx -Straight forward, new patient	77.20						
99203-25	Y	Evaluation and Management, including Rx -Low complexity, new patient	109.45						
99204-25	Y	Evaluation and Management, including Rx -Moderately complex, new patient	166.09						
99205-25	Y	Evaluation and Management, including Rx -Highly complex, new patient	208.77						
99211-25	Y	Evaluation and Management, including Rx -Minimal	23.12						
99212-25	Y	Evaluation and Management, including Rx -Straight forward	45.72						
99213-25	Y	Evaluation and Management, including Rx -Low complexity	74.83						
99214-25	Y	Evaluation and Management, including Rx -Moderately complex	109.35						
99215-25	Y	Evaluation and Management, including Rx -Highly complex	146.38						
* 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									