### PMHS PRP BILLING CASCADE Effective 07/01/2023

## **Cascading Blended POS 49**

**BLENDED** 

# INTENSIVE RRP AND ON-SITE BILLING (U7/U5) Authorize/Bill as U7-49

| Min. Visits | Amount     |
|-------------|------------|
| 23          | \$5,087.49 |
| 19          | \$4,449.64 |
| 17          | \$2,350.56 |
| 13          | \$1,712.67 |
| 6           | \$1,084.04 |
| 5           | \$714.51   |
| 4           | \$637.85   |
| 3           | \$608.34   |
| 2           | \$347.29   |

# GENERAL RRP AND ON-SITE BILLING (U6/U4) Authorize/Bill as U6-49

| Min. Visits | Amount     |
|-------------|------------|
| 17          | \$2,350.56 |
| 13          | \$1,712.67 |
| 6           | \$1,084.04 |
| 5           | \$714.51   |
| 4           | \$637.85   |
| 3           | \$608.34   |
| 2           | \$347.29   |

## **SUPPORTED LIVING BILLING (U3)**

Authorize/Bill as U3-49

| Min. Visits | Amount     |
|-------------|------------|
| 6           | \$1,084.04 |
| 5           | \$714.51   |
| 4           | \$637.85   |
| 3           | \$608.34   |
| 2           | \$347.29   |

### **COMMUNITY LIVING BILLING (U2)**

Authorize/Bill as U2-49

| Min. Visits | Amount   |
|-------------|----------|
| 3           | \$608.34 |
| 2           | \$347.29 |

Cascading Split POS 15 or 52

SPLIT ON-SITE

| Authorize/Bill as U5-52 |          |
|-------------------------|----------|
| Min. Visits             | Amount   |
| 4                       | \$637.85 |
| 3                       | \$369.52 |
| 2                       | \$261.03 |

# SPLIT OFF-SITE

| Authorize/Bill as U5-15 |            |
|-------------------------|------------|
| Min. Visits             | Amount     |
| 19                      | \$4,449.64 |
| 13                      | \$1,712.67 |
| 5                       | \$714.51   |
| 2                       | \$347.29   |

#### Authorize/Bill as U4-52 Min. Visits Amount 4 \$637.85 \$369.52 3 \$261.03 2

| Authorize/Bill as U4-15 |            |
|-------------------------|------------|
| Min. Visits             | Amounts    |
|                         |            |
| 13                      | \$1,712.67 |
| 5                       | \$714.51   |
| 2                       | \$347.29   |

#### Authorize/Bill as U3-52 Min. Visits Amount \$369.52 3 2 \$261.03

| Authorize/Bill as U3-15 |          |  |
|-------------------------|----------|--|
| Min. Visits             | Amount   |  |
| 5                       | \$714.51 |  |
| 2                       | \$347.29 |  |

| Authorize/Bill as U2-52 |          |
|-------------------------|----------|
| Min. Visits             | Amount   |
| 2                       | \$261.03 |

| Authorize/Bill as U2-15 |        |        |
|-------------------------|--------|--------|
| Min.                    | Visits | Amount |

\$347.29

2