Public Mental Health System Rates

Effective 07/01/2023

Effective 07/	Provider types:	PTPR Place of	PTPR Place of	PTPR Place of		PTCR and PTRS	РТСМ	РТМТ	РТ86	РТМН
		Service 52	Service 15	Service 49	PTSE	FICK and FIKS	FICM	FINI	F 100	гімп
Procedure Code	Service Description	PRP On-Site	PRP Off-Site	PRP On/Off Site	Supported Employment	Residential Crisis and Respite Program	Case Management	Mobile Treatment	Traumatic Brain Injury	Freestanding Partial Hospital Program
MENTAL HE	ALTH CASE MANAGEMENT						1			1
H0031	Case Management Annual Assessment (only if approved by program)						\$154.74			
T1016	Mental health case management (Daily rate)						\$154.74			
T1017	Targeted Case Management (Children and Youth)						\$41.51/ 15 mins.			
T1017-HG	Targeted Case Management (Children and Youth) (Telephonic)						\$41.51/ 15 mins.			
COMMUNIT	Y BASED PARITAL HOSPITALI2ATION						,			
S0201	Mental health partial hosp, tx <24 hours									\$290.20
S0201-52	Intensive outpatient program (IOP)									\$157.95
MOBILE TR	EATMENT						/			
H0040-21	Assertive Community Treatment (ACT) EBP							\$1,686.64		
H0040-U9	Assertive Community Treatment (ACT) EBP for Medicare consumers							\$1,494.96		
H0040	Mobile treatment Non-EBP							\$1,195.98		
H0040-52	Mobile treatment Non-EBP for Medicare consumers							\$916.92		
PSYCHIATR	IC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM {PRP)								•	
H0002	Rehabilitation Assessment	\$87.79	\$87.79							
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 employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)	\$153.33	\$153.33	\$153.33						
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)			\$608.34						
H2018-U2	On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)	\$261.03								
H2018-U2	Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)		\$347.29							
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)			\$1,084.04						
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	\$369.52								
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)		\$714.51							
H2018-U4	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	\$637.85								
H2018-U4	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)		\$1,712.67							
H2018-U5	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	\$637.85								
H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)		\$4,449.64							
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)			\$2,350.56						
H2018-U7	Any combination of on/off-site PRP svcs for adult in Intensive! Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)			\$5,087.49						
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)			\$637.85						

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Effective 07/	Provider types:	PTPR	PTPR	PTPR				I	1	
	rroviuer types:	Place of Service 52	Place of Service 15	Place of Service 49	PTSE	PTCR and PTRS	РТСМ	РТМТ	PT86	РТМН
Procedure Code	Service Description	PRP On-Site	PRP Off-Site	PRP On/Off Site	Supported Employment	Residential Crisis and Respite Program	Case Management	Mobile Treatment	Traumatic Brain Injury	Freestanding Partial Hospital Program
HOUSING SH	RVICES						1		1	
T2048	Residential room and board (per day)	\$17.03				\$17.03				
S5150	Enhanced support (per hour) (10 hour maximum)	\$17.44								
H0019	Crisis Bed hold (per day)	\$17.03				\$17.03				
RESPITE CA	RE						1			
H0045	Adult Respite care, not in home, per diem	\$107.73								
H0045-UA	C&A Respite care, not in home, per diem					\$248.39				
T1005	In home respite care		\$4.96 /15 min.			\$4.96 /15 min.				
RESIDENTIA	L CRISIS SERVICES									
H0018	Residential crisis services (also bill as T2048)					\$341.09				
S5145	Residential crisis, treatment foster care					\$219.33				
SUPPORTED	EMPLOYMENT						1		•	
H2023	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)				\$10.54					
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)				\$613.32					
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)				\$1,531.76					
H2026	Ongoing support to maintain employment, per month				\$498.33					
H2026-21	Ongoing support to maintain employment, per month - EBP				\$613.32					
S9445-52	Clinic coordination - EBP				\$153.33					
TRAUMATIC	BRAIN INJURY									
W0037	Residential habilitation Level 1 (per day)								\$274.64	
W0038	Residential habilitation Level 2 (per day)								\$363.65	
W0039	Residential habilitation Level 3 (per day)								\$503.08	
W0054	Day habilitation Level 1 (per day)								\$70.91	
W0055	Day habilitation Level 2 (per day)								\$123.69	
W0056	Day habilitation Level 3 (per day)								\$174.01	
W0057	Supported employment Level 1 (per day)								\$42.07	
W0058	Supported employment Level 2 (per day)								\$70.91	
W0059	Supported employment Level 3 (per day)								\$174.01	
W0060	Individual Support Services (155) (rate per hour) 5-1-19 Changed to 15 Min per unit								\$34.40 (\$8.60 per 15 Min)	