

**Public Mental Health System Rates**

Effective 07/01/2022

		Provider types/ enrollment requirements:	PT20 must have Specialty 52 or 53	PT20, PT23, PT80	PT20 and PT23, PT80	PT23 with PMH and PT24 each must have category of Service 1A	PT15	PT94 and PTCC	PTMC
Procedure Code	If value of field is 'Y', can bill one E&M Code between 99202 and 99215	Service Description	Psychiatrist	Physician Non-Psychiatrist; Nurse Practitioner, Non-Psychiatric, and Physician's Assistant	Physician Non-Psychiatrist; Nurse Practitioner, Non-Psychiatric, and Physician's Assistant	NP, CRNP, APRN must have Psychiatric Mental Health Certification (PMH)	Licensed Psychologist (PHD or PsyD)	LCSW-C, LCPC, LCADC, LCMFT	OMHC
<b>OUTPATIENT/OFFICE PROFESSIONAL SERVICES</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
90791		Psychiatric diagnostic evaluation	\$205.68			\$146.65	\$167.48	\$146.65	\$235.59
90791-UA		C&A Psychiatric diagnostic evaluation	\$205.68			\$146.65	\$167.48	\$146.65	\$263.13
90792		Psychiatric diagnostic evaluation with medical services	\$205.68			\$146.65			\$235.59
90792-UA		C&A Psychiatric diagnostic evaluation with medical services	\$205.68			\$146.65			\$263.13
90832		Individual psychotherapy (30 min)-Outpatient	\$67.87			\$48.38	\$55.45	\$48.38	\$69.23
90832-UA		C&A Individual psychotherapy (30 min)-Outpatient	\$67.87			\$48.38	\$55.45	\$48.38	\$81.87
90833	Y	30 min Psychotherapy add on	\$67.87			\$48.38			\$69.23
90833-UA	Y	C&A 30 min Psychotherapy add on	\$67.87			\$48.38			\$81.87
90834		Individual psychotherapy (45 min)-Outpatient	\$123.33			\$88.21	\$100.48	\$88.21	\$125.80
90834-UA		C&A Individual psychotherapy (45 min)-Outpatient	\$123.33			\$88.21	\$100.48	\$88.21	\$145.51
90836	Y	45 min Psychotherapy add on	\$123.33			\$88.21			\$125.80
90836-UA	Y	C&A 45 min Psychotherapy add on	\$123.33			\$88.21			\$145.51
90837		Individual psychotherapy (60 min)							\$125.80
90837-UA		C&A Individual psychotherapy (60 min)							\$145.51
90838	Y	60 min Psychotherapy add on							\$125.80
90838-UA	Y	C&A 60 min Psychotherapy add on							\$145.51
90839		Psychotherapy for crisis, first 60 min							\$138.45
90839-UA		C&A Psychotherapy for crisis, first 60 min							\$163.73
90840		Psychotherapy for crisis--additional 30 min							\$74.90
90840-UA		C&A Psychotherapy for crisis-- additional 30 min							\$85.44
90846		Family psychotherapy without patient present	\$115.29			\$74.45	\$96.78	\$74.45	\$124.70
90846-UA		C&A Family psychotherapy without patient present	\$115.29			\$74.45	\$96.78	\$74.45	\$144.03
90847		Family psychotherapy with patient present (45-60 min)	\$128.42			\$90.81	\$105.69	\$90.81	\$131.01
90847-UA		C&A Fam psychoth with patient present (45-60 min)	\$128.42			\$90.81	\$105.69	\$90.81	\$148.86
90847-UA-52		C&A Family psychotherapy with patient present--Abbrev	\$79.54			\$56.94	\$64.77	\$56.94	\$81.13
90849		Multiple family group psychotherapy 45 - 60 minutes							\$55.09
90849-UA		C&A Multiple family group psychotherapy 45 - 60 minutes							\$58.07
90849-52		Multiple family group psychotherapy--Abbrev							\$49.45
90849-UA-52		C&A Multiple family group psychotherapy--Abbrev							\$53.31
H2027		Family psycho-education with consumer present							\$74.45
H1011		Family psycho-education without consumer present							\$74.45
90853		Group psychotherapy (not multi-family.) 45-60 minutes	\$33.57			\$34.26	\$34.26	\$34.26	\$53.58
90853-UA		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	\$33.57			\$34.26	\$34.26	\$34.26	\$56.56



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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)					\$156.55		\$156.55
96131		Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)					\$118.97		\$118.97
96136		Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)					\$64.55		\$64.55
96137		Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)					\$60.18		\$60.18
96138		Psychological test administration and scoring by a Technician (first 30 minutes)					\$53.76		\$53.76
96139		Psychological test administration and scoring by a Technician (each additional 30 minutes)					\$53.76		\$53.76
99241		Office Consultation - also used for H&P for PHP (15 Min)	\$50.07	\$50.07	\$34.14	\$50.07			
99242		Office Consultation - also used for H&P for PHP (30 min)	\$94.39	\$94.39	\$72.01	\$94.39			
99243		Office Consultation - also used for H&P for PHP (40 min)	\$129.98	\$129.98	\$101.53	\$129.98			
99244		Office Consultation - also used for H&P for PHP (60 min)	\$193.14	\$193.14	\$162.03	\$193.14			
99245		Office Consultation - also used for H&P for PHP (80 min)	\$235.44	\$235.44	\$200.55	\$235.44			
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service							\$136.51
99355		Each additional 30 minutes of a prolonged phy svc							\$98.31
<b>INPATIENT HOSPITAL SERVICES</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
99221		Initial hospital care (30 min) (MD only)			\$107.43				
99221-UA		C&A Initial hospital care (30 min) (MD only)			\$107.43				
99222		Initial hospital care (50 min) (MD only)			\$143.81				
99222-UA		C&A Initial hospital care (50 min) (MD only)			\$143.81				
99223		Initial hospital care (70 min) (MD only)			\$210.42				
99223-UA		C&A Initial hospital care (70 min) (MD only)			\$210.42				
99231		Subsequent IP care (15 min) (MD only)			\$41.22				
99231-UA		C&A Subsequent IP care (15 min) (MD only)			\$41.22				
99232		Subsequent IP care (25 min) (MD only)			\$75.61				
99232-UA		C&A Subsequent IP care (25 min) (MD only)			\$75.61				
99233		Subsequent IP care (35 min) (MD only)			\$108.61				
99233-UA		C&A Subsequent IP care (35 min) (MD only)			\$108.61				
99238		Hospital discharge day mgmt (30 min or less) (MD only)			\$76.55				
99238-UA		C&A Hospital discharge day mgmt (30 min or less) (MD only)			\$76.55				

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99239		Hospital discharge day mgmt (>30 min) (MD only)			\$111.73				
99239-UA		C&A Hospital discharge day mgmt (>30 min) (MD only)			\$111.73				
99251		Initial inpatient consultation (20 min) (MD only) - also used for H&P for Inpatient Non Psych Physician		\$51.80	\$51.80				
99252		Initial inpatient consultation (40 min) (MD only) - also used for H&P for Inpatient Non Psych Physician		\$78.08	\$78.08				
99253		Initial inpatient consultation (55 min) (MD only) - also used for H&P for Inpatient Non Psych Physician		\$121.70	\$121.70				
99254		Initial inpatient consultation (80 min) (MD only) - also used for H&P for Inpatient Non Psych Physician		\$175.05	\$175.05				
99255		Initial inpatient consultation (110 min) (MD only) - also used for H&P for Inpatient Non Psych Physician		\$211.91	\$211.91				
99281		ER Visit			\$23.52				
99282		ER Visit			\$45.59				
99283		ER Visit			\$77.62				
99284		ER Visit			\$130.68				
99285		ER Visit			\$189.83				
<b>MISCELLANEOUS</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
00104		Anesthesia for ECT	\$130.66						
90870		ECT single seizure w/ monitoring (Physician only)	\$130.81						
36415		Collection of blood by venipuncture							\$19.22
96372		Therapeutic injection							\$21.39
<b>SPECIAL SERVICES</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
S9480		Intensive OP psych svcs, per diem (clinic model)							\$179.40
S9480-UA		C&A Intensive OP psych svcs, per diem (clinic model)							\$213.27
H0032		Interdisciplinary team tx planning w/patient present							\$114.63
H0046		Therapeutic Nursery							\$58.38
GAMDC		Gambling Discharge, effective 1/1/2022: The State will pay for gambling discharge only if the gambling treatment was state funded. In order to be reimbursed, at least one treatment session beyond assessment must have occurred, and the provider must have submitted the gambling data form.	\$102.92	\$102.92		\$102.92	\$102.92	\$102.92	\$102.92
<b>OCCUPATIONAL THERAPY (MA COVERS UNDER 21 ONLY, STATE REQUIRES AUTH)</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
97150		Therapeutic procedure(s) group (2 or more)						\$23.51	
97530		Therapeutic activities, direct patient contact, per 15 min						\$15.22	
97535		Self-care/home mgmt trng, per 15 min.						\$15.22	
97537		Community/work reintegration trng, direct contact, per 15 min						\$15.22	

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<b>THERAPEUTIC BEHAVIORAL SERVICES</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
96156		Health Behavior Assessment or Re-Assessment Non Timed	\$145.99						
96158		Health Behavior Intervention, Individual, Face to Face, Initial 30 Minutes	\$31.64 (30 min)						
96159		Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes	\$15.82 (add'l 15 min, max40)						
<b>TRANSCRANIAL MAGNETIC STIMULATION (TMS)</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>N/A</b>
90867		Therapeutic repetitive TMS Treatment, Initial	\$200.90						
90868		Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session)	\$184.26						
90869		Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management	\$503.24						
99202-25	Y	Evaluation and Management, including Rx -Straight forward, new patient	\$79.65						
99203-25	Y	Evaluation and Management, including Rx -Low complexity, new patient	\$122.30						
99204-25	Y	Evaluation and Management, including Rx -Moderately complex, new patient	\$181.53						
99205-25	Y	Evaluation and Management, including Rx -Highly complex, new patient	\$239.94						
99211-25	Y	Evaluation and Management, including Rx -Minimal	\$25.44						
99212-25	Y	Evaluation and Management, including Rx -Straight forward	\$61.84						
99213-25	Y	Evaluation and Management, including Rx -Low complexity	\$98.58						
99214-25	Y	Evaluation and Management, including Rx -Moderately complex	\$138.61						
99215-25	Y	Evaluation and Management, including Rx -Highly complex	\$195.63						
<b>OTHER PROFESSIONAL SERVICES FOR Mental Health IOP, Mental Health PHP and Crisis Residential Services</b>			<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Facility Setting</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>Non-Facility</b>	<b>OMHC *</b>
90791		Psychiatric diagnostic evaluation	\$205.68			\$146.65	\$167.48	\$146.65	\$235.59
90791-UA		C&A Psychiatric diagnostic evaluation	\$205.68			\$146.65	\$167.48	\$146.65	\$263.13
90792		Psychiatric diagnostic evaluation with medical services	\$205.68			\$146.65			\$235.59
90792-UA		C&A Psychiatric diagnostic evaluation with medical services	\$205.68			\$146.65			\$263.13
99202		Evaluation and Management, including Rx -Straight forward, new patient	\$79.65	\$79.65	\$52.72	\$79.65			\$79.65
99203		Evaluation and Management, including Rx -Low complexity, new patient	\$122.30	\$122.30	\$90.06	\$122.30			\$122.30
99204		Evaluation and Management, including Rx -Moderately complex, new patient	\$181.53	\$181.53	\$145.50	\$181.53			\$181.53

