Public Mental Health System Rates Effective January 1, 2013																		
			Private Practitioners					PRP/RRP										
Procedure Code	E&M Code	Service Description	M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility
OTHER PROFESSIONAL SERVICES FOR IOP, PHP & CRS																		
90791		Psychiatric diagnostic interview exam	$147.92	$103.38	$118.08	$103.38	$166.10											
90791		C&A Psychiatric diagnostic interview exam	$147.92	$103.38	$118.08	$103.38	$185.52											
90792		Psychiatric diagnostic interview exam	$147.92	$103.38			$166.10											
90792		C&A Psychiatric diagnostic interview exam	$147.92	$103.38			$185.52											
	99211	Pharmacological mgmt, including Rx -Minimal	$10.28	$7.17			$12.31											
	99212	Pharmacological mgmt, including Rx -Straight forward	$28.25	$19.72			$33.85											
	99213	Pharmacological mgmt, including Rx -Low complexity	$55.63	$38.84			$66.65											
	99214	Pharmacological mgmt, including Rx -Moderately complex	$85.30	$59.96			$102.20											
	99215	Pharmacological mgmt, including Rx -Highly complex	$119.94	$83.74			$143.71											
90832		Individual psychotherapy (20-30 min) MD Only	$42.70	$29.89			$42.70											
90834		Individual psychotherapy (45-50 min) MD Only	$80.26	$56.18			$80.26											
OUTPATIENT/OFFICE PROFESSIONAL SERVICES																		
90791		Psychiatric diagnostic interview exam	$147.92	$103.38	$118.08	$103.38	$166.10											
90791		C&A Psychiatric diagnostic interview exam	$147.92	$103.38	$118.08	$103.38	$185.52											
90792		Psychiatric diagnostic interview exam	$147.92	$103.38			$166.10											
90792		C&A Psychiatric diagnostic interview exam	$147.92	$103.38			$185.52											
90832		Individual psychotherapy (30 min)-Outpatient	$48.81	$34.11	$39.10	$34.11	$48.81											
90832		C&A Individual psychotherapy (30 min)-Outpatient	$48.81	$34.11	$39.10	$34.11	$57.72											
90833	99211	Individual psychotherapy (30 min), 30 min Psychotherapy add on-Minimal	$59.09	$41.28			$61.12											
90833	99211	C&A Individual psychotherapy (30 min), 30 min Psychotherapy add on-Minimal	$59.09	$41.28			$70.03											
90833	99212	Individual psychotherapy (30 min), 30 min Psychotherapy add on-Straight forward	$77.06	$53.83			$82.66											
90833	99212	C&A Individual psychotherapy (30 min), 30 min Psychotherapy add on-Straight forward	$77.06	$53.83			$91.57											
90833	99213	Individual psychotherapy (30 min), 30 min Psychotherapy add on-Expanded Straight forward	$104.44	$72.95			$115.46											
90833	99213	C&A Individual psychotherapy (30 min), 30 min Psychotherapy add on-Expanded Straight forward	$104.44	$72.95			$124.37											
90833	99214	Individual psychotherapy (30 min), 30 min Psychotherapy add on-Moderately complex	$134.11	$93.67			$151.01											
90833	99214	C&A Individual psychotherapy (30 min), 30 min Psychotherapy add on-Moderately complex	$134.11	$93.67			$159.92											
90833	99215	Individual psychotherapy (30 min), 30 min Psychotherapy add on-Highly complex	$168.75	$117.85			$192.52											
90833	99215	C&A Individual psychotherapy (30 min), 30 min Psychotherapy add on-Highly complex	$168.75	$117.85			$201.53											
90834		Individual psychotherapy (45 min)-Outpatient	$88.68	$62.19	$70.85	$62.19	$88.68											
90834		C&A Individual psychotherapy (45 min)-Outpatient	$88.68	$62.19	$70.85	$62.19	$102.59											
90836	99211	Individual psychotherapy (45 min), 45 min Psychotherapy add on-Minimal	$98.96	$69.36			$109.99											
90836	99211	C&A Individual psychotherapy (45min), 45 min Psychotherapy add on-Minimal	$98.96	$69.36			$114.90											
90836	99212	Individual psychotherapy (45 min), 45 min Psychotherapy add on-Straight forward	$116.93	$81.91			$122.53											
90836	99212	C&A Individual psychotherapy (45min), 45 min Psychotherapy add on-Straight forward	$116.93	$81.91			$136.44											
90836	99213	Individual psychotherapy (45 min), 45 min Psychotherapy add on-Expanded Straight forward	$144.31	$101.03			$155.33											
90836	99213	C&A Individual psychotherapy (45 min), 45 min Psychotherapy add on-Expanded Straight forward	$144.31	$101.03			$169.24											
90836	99214	Individual psychotherapy (45 min), 45 min Psychotherapy add on-Moderately complex	$173.98	$121.75			$190.88											
90836	99214	C&A Individual psychotherapy (45min), 45 min Psychotherapy add on-Moderately complex	$173.98	$121.75			$204.79											
90836	99215	Individual psychotherapy (45 min), 45 min Psychotherapy add on-Highly complex	$208.62	$145.93			$232.39											
90836	99215	C&A Individual psychotherapy (45min), 45 min Psychotherapy add on-Highly complex	$208.62	$145.93			$246.30											
90837		Individual psychotherapy (60 min)					$97.62											
90837		C&A Individual psychotherapy (60 min)					$115.44											
90838	99211	Individual psychotherapy (60 min), 60 min Psychotherapy add on-Minimal					$128.03											
90838	99211	C&A Individual psychotherapy (60 min), 60 min Psychotherapy add on-Minimal					$147.45											
90838	99212	Individual psychotherapy (60 min), 60 min Psychotherapy add on-Straight forward					$149.57											
90838	99212	C&A Individual psychotherapy (60 min), 60 min Psychotherapy add on-Straight forward					$168.99											
90838	99213	Individual psychotherapy (60 min), 60 min Psychotherapy add on-Expanded Straight forward					$182.37											

90838	99213	C&A Individual psychotherapy (60 min), 60 min Psychotherapy add on-Expanded Straight forward					$201.79										
90838	99214	Individual psychotherapy (60 min), 60 min Psychotherapy add on-Moderately complex					$217.92										
90838	99214	C&A Individual psychotherapy (60 min), 60 min Psychotherapy add on-Moderately complex					$237.34										
90838	99215	Individual psychotherapy (60 min), 60 min Psychotherapy add on-Highly complex					$259.43										
90838	99215	C&A Individual psychotherapy (60 min), 60 min Psychotherapy add on-Highly complex					$278.85										
90839		Pyschotherapy for crisis, first 60 min					$115.72										
90839		C&A Pyschotherapy for crisis, first 60 min					$135.14										
90840		Pyschotherapy for crisis, first 60 min plus additional 30 min					$150.44										
90840		C&A Pyschotherapy for crisis, first 60 min plus additional 30 min					$175.68										
90846		Family psychotherapy without patient present	$82.91	$52.48	$68.23	$52.48	$87.91										
90846		C&A Family psychotherapy without patient present	$82.91	$52.48	$68.23	$52.48	$101.55										
90847		Family psychotherapy with patient present (45-60 min)	$92.37	$64.02	$74.52	$64.02	$92.37										
90847		C&A Fam psychoth with patient present (45-60 min)	$92.37	$64.02	$74.52	$64.02	$104.96										
90847-52		C&A Family psychotherapy with patient present--Abbrev	$57.20	$40.15	$45.66	$40.15	$57.20										
90849		Multiple family group psychotherapy 45 - 60 minutes					$38.84										
90849		Multiple family group psychotherapy without consumer present 45 - 60 minutes					$34.37										
90849		C&A Multiple family group psychotherapy 45 - 60 minutes					$40.94										
90849		C&A Multiple family group psychotherapy - without consumer present 45 - 60 minutes					$37.78										
90849-52		Multiple family group psychotherapy--Abbrev					$34.86										
90849-52		Multiple family group psychotherapy without consumer present--Abbrev					$31.63										
90849-52		C&A Multiple family group psychotherapy--Abbrev					$37.60										
90849-52		C&A Multiple family group psychotherapy without consumer present--Abbrev					$34.86										
H2027		Family psycho-education with consumer present					$52.48										
		Family psycho-education without					$52.48										
90853		Group psychotherapy (not multi-family.) 45-60 minutes	$24.14	$24.14	$24.14	$24.14	$37.78										
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	$24.14	$24.14	$24.14	$24.14	$39.89										
90853-21		Group psychotherapy prolonged (More than 75 minutes)					$49.33										
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)					$49.33										
	99211	Pharmacological mgmt, including Rx -Minimal	$10.28	$7.17			$12.31										
	99211	C&A Pharmacological mgmt, including Rx -Minimal	$10.28	$7.17			$12.31										
	99212	Pharmacological mgmt, including Rx -Straight forward	$28.25	$19.72			$33.85										
	99212	C&A Pharmacological mgmt, including Rx -Straight forward	$28.25	$19.72			$33.85										
	99213	Pharmacological mgmt, including Rx -Low complexity	$55.63	$38.84			$66.65										
	99213	C&A Pharmacological mgmt, including Rx -Low complexity	$55.63	$38.84			$66.65										
	99214	Pharmacological mgmt, including Rx -Moderately complex	$85.30	$59.96			$102.20										
	99214	C&A Pharmacological mgmt, including Rx -Moderately complex	$85.30	$59.96			$102.20										
	99215	Pharmacological mgmt, including Rx -Highly complex	$119.94	$83.74			$143.71										
	99215	C&A Pharmacological mgmt, including Rx -Highly complex	$119.94	$83.74			$143.71										
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	$48.81	$34.11	$39.10	$34.11	$48.81										
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	$88.68	$62.19	$70.85	$62.19	$88.68										
90889		Discharge OMS (HCFA)					$20.99										
0929		Discharge OMS (UB)														$20.81	
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service			$96.56		$96.56										
96102		Psychological Testing Computer (Flat rate)			$26.86		$26.86										
99241		Office Consultation - also used for H&P for PHP (15 Min)	$34.73	$25.39													
99242		Office Consultation - also used for H&P for PHP (30 min)	$70.48	$51.14													
99243		Office Consultation - also used for H&P for PHP (40 min)	$94.67	$69.87													
99244		Office Consultation - also used for H&P for PHP (60 min)	$139.69	$100.30													
99245		Office Consultation - also used for H&P for PHP (80 min)	$185.99	$138.30													
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service					$76.09										
99355		Each additional 30 minutes of a prolonged phy svc					$38.30										
INPATIENT HOSPITAL SERVICES																	
90832		Individual psychotherapy, IP (30 min) (MD only)	$42.70	$29.89			$42.70										
90834		Individual psychotherapy, IP (45-50 min) (MD only)	$80.26	$56.18			$80.26										
99221		Initial hospital care (30 min) (MD only)	$69.72	$48.81													
99221		C&A Initial hospital care (30 min) (MD only)	$69.72	$48.81													
99222		Initial hospital care (50 min) (MD only)	$105.23	$73.66													
99222		C&A Initial hospital care (50 min) (MD only)	$105.23	$73.66													

99223		Initial hospital care (70 min) (MD only)	$160.84	$112.59													
99223		C&A Initial hospital care (70 min) (MD only)	$160.84	$112.59													
99231		Subsequent IP care (15 min) (MD only)	$34.99	$24.49													
99231		C&A Subsequent IP care (15 min) (MD only)	$34.99	$24.49													
99232		Subsequent IP care (25 min) (MD only)	$56.92	$39.25													
99232		C&A Subsequent IP care (25 min) (MD only)	$56.92	$39.25													
99233		Subsequent IP care (35 min) (MD only)	$80.95	$51.62													
99233		C&A Subsequent IP care (35 min) (MD only)	$80.95	$51.62													
99238		Hospital discharge day mgmt (30 min or less) (MD only)	$72.86	$50.99													
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	$72.86	$50.99													
99239		Hospital discharge day mgmt (>30 min) (MD only)	$99.22	$69.46													
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	$103.40	$72.38													
99251		Initial inpatient consultation (20 min) (MD only)	$36.28	$25.39													
99252		Initial inpatient consultation (40 min) (MD only)	$73.06	$51.14													
99253		Initial inpatient consultation (55 min) (MD only)	$99.81	$69.87													
99254		Initial inpatient consultation (80 min) (MD only)	$143.29	$100.30													
99255		Initial inpatient consultation (110 min) (MD only)	$197.56	$138.30													
99281		ER Visit	$16.73														
99282		ER Visit	$27.78														
99283		ER Visit	$62.25														
99284		ER Visit	$97.24														
99285		ER Visit	$152.29														
MISCELLANEOUS																	
00104		Anesthesia for ECT	$95.84														
90870		ECT single seizure w/ monitoring (Physician only)	$95.96														
T1015		Clinic visit/encounter, all inclusive rate per day									Ind. Rate						
36415		Collection of blood by venipuncture					$14.57										
90772		Therapeutic injection - Ends 12/31/2008					$14.57										
96372		Therapeutic injection - Starts 01/01/2009					$14.57										
SPECIAL SERVICES																	
S0201		Mental health partial hosp, tx <24 hours													$198.63		
S0201-52		Intensive outpatient program (IOP)													$108.10		
S9480		Intensive OP psych svcs, per diem (clinic model)					$126.47										
S9480		C&A Intensive OP psych svcs, per diem (clinic model)					$150.35										
H0032		Interdisciplinary team tx plng w/patient present					$80.81										
H0046		Therapeutic Nursery					$41.16										
OCCUPATIONAL THERAPY																	
97003		Occupational therapy evaluation, per 15 min				$14.70											
97004		Occupational therapy re-evaluation, per 15 min				$14.70											
97150		Therapeutic procedure(s) group (2 or more)				$17.85											
97530		Therapeutic activities, direct patient contact, per 15 min.				$11.54											
97532		Development of cognitive skills, direct contact per 15 min.				$11.54											
97535		Self-care/home mgmt trng, per 15 min.				$11.54											
97537		Community/work reintegration trng, direct contact, per 15 min.				$11.54											
MENTAL HEALTH CASE MANAGEMENT																	
H0031		Case Management Annual Assessment (only if approved by program)										$105.92					
T1016		Mental health case management (Daily rate)										$105.92					
MOBILE TREATMENT																	
H0040-21		Assertive Community Treatment (ACT) EBP											$1,154.51				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers											$1,023.32				
H0040		Mobil treatment Non-EBP											$818.65				
H0040-52		Mobil treatment Non-EBP for Medicare consumers											$627.64				
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																	
H0002		Rehabilitation Assessment						$60.09	$60.09								
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)						$104.96	$104.96	$104.96							
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)								$416.41							

H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)						$178.68									
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)							$237.72								
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)								$742.03							
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)						$252.95									
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)							$489.09								
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						$436.61									
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)							$1,172.36								
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						$436.61									
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)							$3,045.81								
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)								$1,608.97							
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)								$3,482.42							
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)								$436.61							
HOUSING SERVICES																	
T2048		Residential room and board (per day)						$12.28								$12.28	
S5150		Enhanced support (per hour) (10 hour maximum)						$12.59									
H0019		Crisis Bed hold (per day)						$12.28								$12.28	
RESPITE CARE																	
H0045		Adult Respite care, not in home, per diem								$73.73							
H0045		C&A Respite care, not in home, per diem														$170.02	
T1005		In home respite care					3.40/ 15min.		3.40/ 15min.				3.40/ 15min.				
RESIDENTIAL CRISIS SERVICES																	
S9485		Residential crisis services (also bill as T2048)															$246.09
S5145		Residential crisis, treatment foster care															$158.23
SUPPORTED EMPLOYMENT																	
H2023		benefit of $2,750)							$7.21								
H2024		number of 3 units/year)							$419.82								
H2024-21		number of 3 units/year)							$1,048.51								
H2026		Ongoing support to maintain employment, per month							$341.11								
H2026-21		Ongoing support to maintain employment, per month - EBP							$419.82								
S9445-52		Clinic coordination - EBP							$104.96								
TRAUMATIC BRAIN INJURY																	
W0037		Residential habilitation Level 1 (per day)												$187.99			
W0038		Residential habilitation Level 2 (per day)												$248.92			
W0039		Residential habilitation Level 3 (per day)												$344.36			
W0054		Day habilitation Level 1 (per day)												$48.52			
W0055		Day habilitation Level 2 (per day)												$84.66			
W0056		Day habilitation Level 3 (per day)												$119.12			
W0057		Supported employment Level 1 (per day)												$28.80			
W0058		Supported employment Level 2 (per day)												$48.52			
W0059		Supported employment Level 3 (per day)												$119.11			
W0060		Individual Support Services (ISS)												$23.55			
THERAPEUTIC BEHAVIORAL SERVICES																	
96150		Initial Assessment & Development of Behavioral Plan for TBS	$102.90														
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)	$96.72														
96152		EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)	($5.26/15 minutes)														

* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed