

Change for November 2019

Added new CST modifiers effective January 1, 2020

Ending H2015 HT on December 31, 2019. New rate in place 11/1/2019 - 12/31/2019

IPRS/STATE FUNDED SERVICES							
Procedure Code	Service Description	Billing Unit	Rates as of 7/1/19	DD	MH	SA	
H0010	Non-Hospital Medical Detoxification	per diem	\$ 325.58		X	X	
H0015	Substance Abuse Intensive Outpatient Program	per diem	\$ 131.56		X	X	
H0020	Alcohol and/or Drug Services; methadone administration	per event	\$ 16.60			X	
H0040	Assertive Community Treatment Program	Event, maximum 4 per month	\$ 324.00		X		
H2011	Mobile Crisis Management (MH/SA)	15 minutes	\$ 33.68	X	X	X	
H2012 HA	Day Tx Behavior Health Child	per hour	\$ 31.41		X		
H2014 HA	Developmental Therapies - Professional Individual - Child, 16 unit limit	15 minutes	\$ 8.34	X			
H2014 HB	Developmental Therapies - Professional Individual - Adult, 16 unit limit	15 minutes	\$ 8.34	X			
H2014HM	Developmental Therapies - Paraprofessional Individual, 16 unit limit	15 minutes	\$ 6.61	X			
H2015 HT	Community Support Team (new rate as of 11/1/2019, code ends as of 12/31/2019)	15 minutes	\$ 25.91		X	X	
H2015 HT HO	Community Support Team Licensed Team Lead	15 minutes	\$ 25.91		X	X	
H2015 HT HF	Community Support Team - LCAS, LCAS-A, CCS, CSAC	15 minutes	\$ 25.91		X	X	
H2015 HT HN	Community Support Team QP/AP	15 minutes	\$ 25.91		X	X	
H2015 HT UI	Community Support Team Peer Support	15 minutes	\$ 25.91		X	X	
H2015 HT HM	Community Support Team Para Professional	15 minutes	\$ 25.91		X	X	
H2017	DMH Psychosocial Rehabilitation	15 minutes	\$ 2.69		X		
H2022	Intensive In-Home Services	per diem	\$ 239.66		X	X	
H2033	Multi-systemic Therapy (MST)	15 minutes	\$ 36.57		X	X	
H2034	Substance Abuse Halfway House	per diem				X	**
H2035	SA Comprehensive Outpatient Treatment Program (4 hours only)	per hour	\$ 45.35		X	X	
S5145	Therapeutic Foster Care, Therapeutic(HRI Level II)	per diem	\$ 88.58		X	X	
S9484	Crisis Intervention (Facility Based Crisis) (16 unit/hour limit)	per hour	\$ 25.80	X	X	X	
YA213	Community Respite	per diem	\$ 160.79		X	X	
YA323	Assertive Engagement	15 minutes	\$ 15.00	X	X	X	
YA324	Crisis Eval and Observation	per hour	\$ 13.06	X	X	X	
YA325	Recovery Support	15 minutes	\$ 14.00	X	X	X	
YA343	Peer Support Hosp Discharge/Diversion	15 minutes	\$ 10.14		X	X	
YA346	Hosp Discharge Transition	15 minutes	\$ 18.25		X	X	
YA363	CAET for Community Group	15 minutes	\$ 2.01	X			
YA364	CAET for Community Individual	15 minutes	\$ 7.30	X			
YA377	Comprehensive Screening and Community Connection	15 minutes	\$ 19.45	X	X	X	
YA389	Long Term Vocational Support	15 minutes	\$ 11.21	X			
YA390	Supported Employment – Individual	15 minutes	\$ 11.21	X			
YM645	Long Term Vocational Support	15 minutes	\$ 14.22		X	X	
YM645 DJ	DOJ Long Term Vocational Support	15 minutes	\$ 14.22		X	X	
YM686	Guardianship	1 per month		X			**
YM812	Supervised Living – 2 Resident	per diem		X			**
YM813	Supervised Living – 3 Resident	per diem		X			**
YM814	Supervised Living – 4 Resident	per diem		X			**
YM815	Supervised Living – 5 Resident	per diem		X			**

IPRS/STATE FUNDED SERVICES							
Procedure Code	Service Description	Billing Unit	Rates as of 7/1/19	DD	MH	SA	
YM816	Supervised Living – 6 Resident	per diem		X			**
YP010	Hourly Respite – Individ	15 minutes	\$ 5.00	X	X		
YP011	Hourly Respite – Group	15 minutes	\$ 1.67	X	X		
YP020	Personal Assistance - Individual	15 minutes	\$ 5.00	X			
YP485	Facility Based Crisis Program - Non Medicaid	per diem	\$ 251.67	X	X	X	
YP610	Developmental Day (Inc. Before/After)	15 minutes	\$ 2.50	X			
YP620	ADVP	15 minutes		X			**
YP630 DJ	DOJ Supported Employment	15 minutes	\$ 20.88		X	X	
YP640	Supported Employment – Group	15 minutes	\$ 2.53	X			
YP660	Day Activity	15 minutes		X			**
YP730	Comm Respite - I/DD	per diem	\$ 160.79	X	X		
YP730 HW	Comm Respite - MH	per diem	\$ 160.79	X	X		
YP760	Group Living - Low	per diem		X	X	X	**
YP770	Group Living - Moderate	per diem		X	X	X	**
YP780	Group Living – High	per diem		X	X	X	**
YP851	Psychiatric Administration	15 minutes	\$ 25.00	X	X	X	*
YP852	Psychiatric Consultation	15 minutes	\$ 35.00	X	X	X	*
*	Billed under a special client number established with the LME						
**	Individual Rates are set per provider						
PLEASE NOTE THAT THESE RATES CAN CHANGE BASED ON LME FUNDING or A CHANGE IN THE MEDICAID RATE							

CPT RATE SCHEDULE

			Rates effective July 1, 2019								
			Spec 001/026	Spec 109	Spec 110	Spec 128	Spec 112	Spec 111	Spec 129	Spec 210	
CPT Code	CPT Code Description	Unit	MD/Psychiatrist	LP	LCSW/LPC/LMFT	LPA	Nurse Pract	Nurse Spec	LCAS	PA	
90785	Interactive Complexity	per event	\$ 3.96	\$ 3.96	\$ 2.97	\$ 2.97	\$ 3.37	\$ 3.37	\$ 2.97	\$ 2.85	
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	per event	\$ 137.93	\$ 137.93	\$ 103.44	\$ 103.44	\$ 117.24	\$ 117.24	\$ 103.44	\$ 99.43	
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 115.04				\$ 97.78			\$ 82.50	
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 57.46	\$ 57.46	\$ 43.10	\$ 43.10	\$ 48.84	\$ 48.84	\$ 43.10	\$ 41.37	
90833	Psychotherapy - 30 Minutes Add on to E & M	16-37 minutes	\$ 34.91				\$ 29.67			\$ 25.04	
90834	Psychotherapy - 45 Minutes	38-52 minutes	\$ 74.64	\$ 74.64	\$ 55.98	\$ 55.98	\$ 63.44	\$ 63.44	\$ 55.98	\$ 53.55	
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 56.72				\$ 48.21			\$ 40.68	
90837	Psychotherapy - 60 Minutes	53+ minutes	\$ 109.36	\$ 109.36	\$ 82.03	\$ 82.03	\$ 92.96	\$ 92.96	\$ 82.03	\$ 78.42	
96372	Medication Administration	per event	\$ 16.59				\$ 14.19			\$ 17.04	
90846	Family Therapy wo/patient	per event	\$ 73.71	\$ 72.24	\$ 54.17	\$ 54.17	\$ 61.40	\$ 61.40	\$ 54.17	\$ 73.71	
90847	Family Therapy w/patient	per event	\$ 91.53	\$ 89.70	\$ 67.28	\$ 67.28	\$ 76.24	\$ 76.24	\$ 67.28	\$ 91.53	
90853	Group Therapy non Multiple Family Group - MH	per event	\$ 26.09	\$ 25.57	\$ 19.18	\$ 19.18	\$ 21.74	\$ 21.74	\$ 19.18	\$ 26.09	
90853 HF	Group Therapy non Multiple Family Group - SA	per event	\$ 26.09	\$ 25.57	\$ 19.18	\$ 19.18	\$ 21.74	\$ 21.74	\$ 19.18	\$ 26.09	
96130	Psychological Testing Eval first hour	per event		\$ 99.96		\$ 74.97					*
96131	Psychological Testing Eval each additional hour	per event		\$ 76.11		\$ 57.08					*
96136	Psychological or neuropsychological test & scoring, first 30 mins, physician or QHP	per event				\$ 29.50					*
96137	Psychological or neuropsychological test & scoring, each add'l 30 mins, physican or QHP	per event				\$ 27.25					*
96146	Psychological or neuropsychological test, automated result	per event		\$ 1.66							*
99203	E & M Detailed, New Patient	per 30 mins	\$ 83.36				\$ 70.86			\$ 83.36	
99204	E & M Moderate, New Patient	per 45 mins	\$ 142.20				\$ 120.87			\$ 142.20	
99205	E & M Severe, New Patient	per 60 mins	\$ 163.41				\$ 138.90			\$ 163.41	
99213	E & M Detailed, Estab Patient	per 15 mins	\$ 55.94				\$ 47.55			\$ 55.94	
99214	E & M Moderate, Estab Patient	per 25 mins	\$ 92.72				\$ 78.82			\$ 92.72	
99215	E & M Moderate, Estab Patient	per 25 mins	\$ 114.00				\$ 96.90			\$ 114.00	
NOTE: All services are clinician based and must be billed with the clinician as the attending provider.											