

**IPRS/STATE FUNDED SERVICES**

| <b>Procedure Code</b> | <b>Service Description</b>   | <b>Billing Unit</b>        | <b>Rates as of 7/1/17</b> | <b>DD</b> | <b>MH</b> | <b>SA</b> | <b>Change as of 3/1/2018</b> |
|-----------------------|--|----------------------------|---------------------------|-----------|-----------|-----------|------------------------------|
| 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                 | \$ 6.01                   | X         |           |           | \$ 6.61                      |
| H2015 HT              | Community Support Team (MH/SA) (CST)                                     | 15 minutes                 | \$ 14.50                  |           | 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                   | \$ 15.93                  | 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         |           |           | **                           |
| 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                 | \$ 4.46                   | X         |           |           | \$ 5.00                      |
| 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         |           |           |                              |

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|--|---|---------------------|-------------------------------|-----------|-----------|-----------|----------------------------------|
| YP620  | ADVP  | 15 minutes          |                               | X         |           |           | **                               |
| YP630  | Supported Employment – Individual                             | 15 minutes          | \$ 14.22                      |           | X         | X         |                                  |
| YP630 DJ   | DOJ Supported Employment                                      | 15 minutes          | \$ 19.02                      |           | 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                         |                     |                               |           |           |           |                                  |
|  |   |                     |                               |           |           |           |                                  |
| <b>PLEASE NOTE THAT THESE RATES CAN CHANGE BASED ON LME FUNDING or A CHANGE IN THE MEDICAID RATE</b> |   |                     |                               |           |           |           |                                  |

**CPT RATE SCHEDULE**

|  |   |               | Rates effective March 1, 2018 |           |               |           |             |            |           |           |
|--|---|---------------|-------------------------------|-----------|---------------|-----------|-------------|------------|-----------|-----------|
| CPT Code   | CPT Code Description                                      | Unit          | Spec 001/026                  | Spec 109  | Spec 110      | Spec 128  | Spec 112    | Spec 111   | Spec 129  | Spec 210  |
|  |   |               | 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  |
| 96101  | Psychological Testing                                     | per hour      | \$ 71.38                      | \$ 69.95  |               | \$ 52.47  |             |            |           |           |
| 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 |
| <b>NOTE: All services are clinician based and must be billed with the clinician as the attending provider.</b> |   |               |                               |           |               |           |             |            |           |           |
| <b>NOTE: Highlighted rates are new effective 3/1/2018</b>  |   |               |                               |           |               |           |             |            |           |           |