

IPRS/STATE FUNDED SERVICES						
Procedure Code	Service Description	Billing Unit	Rates as of 7/1/17	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	\$ 6.01	X		
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	\$ 258.20		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		
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		

**

**

**

**

**

**

**

IPRS/STATE FUNDED SERVICES							
Procedure Code	Service Description	Billing Unit	Rates as of 7/1/17	DD	MH	SA	
YP620	ADVP	15 minutes		X			**
YP630	Supported Employment – Individual	15 minutes	\$ 14.22		X	X	
YP630 DJ	DOJ Supported Employment	15 minutes	\$ 14.22		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, 2015							
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	\$ 125.39	\$ 125.39	\$ 94.04	\$ 94.04	\$ 106.58	\$ 106.58	\$ 94.04	\$ 90.39
90792	Psychiatric Diagnostic Evaluation (With Medical Services)	per event	\$ 104.58				\$ 88.89			\$ 75.00
90832	Psychotherapy - 30 Minutes	16-37 minutes	\$ 52.24	\$ 52.24	\$ 39.18	\$ 39.18	\$ 44.40	\$ 44.40	\$ 39.18	\$ 37.61
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	\$ 67.85	\$ 67.85	\$ 50.89	\$ 50.89	\$ 57.67	\$ 57.67	\$ 50.89	\$ 48.68
90836	Psychotherapy - 45 Minutes Add on to E & M	38-52 minutes	\$ 56.72				\$ 48.21			\$ 40.68
90837	Psychotherapy - 60 Minutes	53+ minutes	\$ 99.42	\$ 99.42	\$ 74.57	\$ 74.57	\$ 84.51	\$ 84.51	\$ 74.57	\$ 71.29
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	\$ 129.27				\$ 109.88			\$ 129.27
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	\$ 84.29				\$ 71.65			\$ 84.29
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.