

2005 - 2006 PROPOSED MEDICAID HCSPCS MH/DD/SA SERVICE RATES

SERVICE CODE (with modifier as applicable)	MH/DD/SA SERVICE DESCRIPTION	BILLING UNIT	7/1/05 RATE FOR SERVICE
H0001	Behavioral Health Assessment	15 minutes	\$22.00
H0004	Behavioral Health Counseling and Therapy	15 minutes	\$22.00
H0004 HQ	DMH Outpatient Treatment Group	15 minutes	\$8.11
H0004 HR	DMH Outpatient Tx Family Therapy w/ Client	15 minutes	\$22.00
H0004 HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$22.00
H0005	Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$8.11
H0019	Behavioral Health long term residential (HRI Level III - 4 Beds or Less)	per diem	\$232.36
H0019	Behavioral Health long term residential (HRI Level III - 5 Beds or More)	per diem	\$185.69
H0019 **	Behavioral Health long term residential (HRI Level IV - 4 Beds or Less)	per diem	\$285.33
H0019 **	Behavioral Health long term residential (HRI Level IV - 5 Beds or More)	per diem	\$301.98
H0020	Alcohol and/or Drug Services; methadone administration	per event	\$19.17
H0031	Mental Health Assessment	15 minutes	\$22.00
H0035 HB	DMH Partial Hospitalization / PH- Adults	Per diem must be three hours or more	\$121.69
H0046	HRI L I - Foster Care	per diem	\$53.59
H2017 **	DMH Psychosocial Rehabilitation	15 minutes	\$2.34
H2020	Therapeutic Behavioral Services (HRI Level II - Group Homes)	per diem	\$136.04
RC902 **	Psychiatric/Psychol Tx-Milieu Therapy (HRI Criterion V)	per diem	\$233.48
S5145 **	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	per diem	\$95.40
S9485 **	Crisis Intervention (Facility Based Crisis)	Per diem limited to 15 consecutive days; paid per day	\$300.47
Please refer to the November 2003 Special Bulletin for HIPAA Conversion details			

2005-2006 PROPOSED MH/DD/SA CPT Service Rates

Procedure Code	CPT Code Description	Unit	7/1/05 RATE FOR SERVICE
90782	Medication Administration	per event	\$22.20
90801	Clinical Intake	per event	\$139.49
90802	Interactive Evaluation	per event	\$148.15
90804	Individual Therapy (20-30 min)	per time limit	\$59.98
90805	Individual Therapy (20-30 min) MD	per time limit	\$65.98
90806	Individual Therapy (45-50 min)	per time limit	\$90.19
90807	Individual Therapy (45-50 min) MD	per time limit	\$96.08
90808	Individual Therapy (75+ min)	per time limit	\$134.73
90809	Individual Therapy (75+ min) MD	per time limit	\$139.41
90810	Interactive Therapy - 30 min	per time limit	\$64.21
90811	Interactive Therapy (30 min) MD	per time limit	\$72.20
90812	Interactive Therapy - 50 min	per time limit	\$97.28
90813	Interactive Therapy (50 min) MD	per time limit	\$102.30
90814	Interactive Therapy - 80 min	per time limit	\$141.27
90815	Interactive Therapy - 80 min w/eval & mgmt svcs	per time limit	\$144.97
90816	Individual Therapy (30 min)	per time limit	\$60.41
90817	Individual Therapy (30 min) MD	per time limit	\$65.75
90818	Individual Therapy (50 min)	per time limit	\$90.92
90819	Individual Therapy (50 min) MD	per time limit	\$95.49
90821	Individual Therapy (80 min)	per time limit	\$135.27
90822	Individual Therapy (80 min) w/eval & mgmt svcs	per time limit	\$139.18
90823	Interactive Therapy (30 min)	per time limit	\$64.97
90824	Interactive Therapy (30 min) w/eval & mgmt svcs	per time limit	\$70.97
90826	Interactive Therapy (50 min)	per time limit	\$96.50
90827	Interactive Therapy (50 min) w/eval & mgmt svcs	per time limit	\$100.72
90828	Interactive Therapy (80 min)	per time limit	\$141.37
90829	Interactive Therapy (80 min) w/eval & mgmt svcs	per time limit	\$144.41
90846	Family Therapy wo/patient	per event	\$87.47
90847	Family Therapy w/patient	per event	\$106.78
90849	Group Therapy	per event	\$30.06
90853	Group Therapy	per event	\$29.40
90857	Interactive Group Psychotherapy	per event	\$32.69
90862	Medication Check - Individual	per event	\$49.04
92506	Speech Evaluation	per event	\$117.79
92507	Speech Therapy	per event	\$56.20
92508	Speech Therapy Group	per event	\$26.61
96100	Psychological Testing	per hour	\$62.40
96105	Aphasia assessment w/interp & report, per hour	per hour	\$62.40
96110	Developmental Testing	per event	\$10.22
96111	Developmental Testing	per hour	\$131.50
96115	Neurobehavioral Exam	per hour	\$62.40
96117	Neuropsychological Testing	per hour	\$62.40
97001	Physical Therapy Eval	per event	\$67.99
97002	Physical Therapy Re-eval	per event	\$35.92
97003	Occupational Therapy Eval	per event	\$72.28
97004	Occupational Therapy re-eval	per event	\$41.53
97110	Physical Therapy	per 15 mins	\$26.09
97112	Physical Therapy	per 15 mins	\$26.31
97113	Physical Therapy aquatic w/exercise	per 15 mins	\$29.69

2005-2006 PROPOSED MH/DD/SA CPT Service Rates

Procedure Code	CPT Code Description	Unit	7/1/05 RATE FOR SERVICE
97116	Gait Training	per 15 mins	\$22.55
97124	Massage Therapy	per 15 mins	\$20.23
97140	Manual Therapy	per 15 mins	\$24.28
97520	Prosthetic training 15 min	per 15 mins	\$25.65
97530	PT and OT Therapy	per 15 mins	\$26.61
97703	Orthotic/prosthetic use checkout	per 15 mins	\$22.85
97750	Physical performance test w/report 15 min	per 15 mins	\$26.31
99201	E & M Problem Focused New Patient	per 10 mins	\$22.91
99202	E & M Expanded, New Patient	per 20 mins	\$58.62
99203	E & M Detailed, New Patient	per 30 mins	\$87.04
99204	E & M Moderate, New Patient	per 45 mins	\$123.44
99205	E & M High, New Patient	per hour	\$157.22
99211	E & M Problem Focused Estab Patient	per 5 mins	\$19.13
99212	E & M Expanded, Estab Patient	per 10 mins	\$34.23
99213	E & M Detailed, Estab Patient	per 15 mins	\$47.76
99214	E & M Moderate, Estab Patient	per 25 mins	\$74.79
99215	E & M High Estab Patient	per 40 mins	\$108.79
99221	Initial Hospital Care Low severity	per 30 mins	\$61.58
99222	Initial Hospital Care Moderate severity	per 50 mins	\$102.54
99223	Initial Hospital Care High severity	per 70 mins	\$143.03
99231	Subsequent Hospital Care per day 15 min	per time limit	\$30.73
99232	Subsequent Hospital Care per day 25 min	per time limit	\$50.69
99233	Subsequent Hospital Care per day 35 min	per time limit	\$72.05
99234	Observation or inpatient hospital care, low complexity	per event	\$126.68
99235	Observation or inpatient hospital care, moderate complexity	per event	\$167.06
99236	Observation or inpatient hospital care, high complexity	per event	\$208.21
99238	Hospital discharge day 30 min or less	per time limit	\$64.33
99239	Hospital discharge day more than 30 min	per time limit	\$87.83
99241	Office consultation 15 min	per time limit	\$45.26
99242	Office consultation 30 min	per time limit	\$82.84
99243	Office consultation 40 min	per time limit	\$109.54
99244	Office consultation 60 min	per time limit	\$155.45
99245	Office consultation 80 min	per time limit	\$201.10
99251	Initial inpatient consultation 20 min	per time limit	\$32.76
99252	Initial inpatient consultation 40 min	per time limit	\$65.52
99253	Initial inpatient consultation 55 min	per time limit	\$89.42
99254	Initial inpatient consultation 80 min	per time limit	\$129.18
99255	Initial inpatient consultation 110 min	per time limit	\$177.64
99261	Follow-up inpatient consultation 10 min	per time limit	\$20.62
99262	Follow-up inpatient consultation 20 min	per time limit	\$41.26
99263	Follow-up inpatient consultation 30 min	per time limit	\$61.00

State Services - Statewide Rates

7/1/05 Code	Service Description	Billing Unit	7/1/05 Rate
YA125	Hourly Respite	/15 min	5.00
YA213	Community Respite	/day	214.38
YA232	Room and Board - Level III (1-4 Beds) (Current DSS Rate)	/day	43.00
YA233	Room and Board - Level III (5+ Beds) (Current DSS Rate)	/day	33.00
YA234	Room and Board - Level II (Age 5 or less) (Current DSS Rate \$365/Mo)	/day	12.00
YA235	Room and Board - Level II (Age 6-12) (Current DSS Rate \$415/Mo)	/day	13.64
YA236	Room and Board - Level II (Age 13+) (Current DSS Rate \$465/Mo)	/day	15.29
YA237	Room and Board - Level IV (1-4 Beds) (Current DSS Rate)	/day	43.00
YA238	Room and Board - Level IV (5+ Beds) (Current DSS Rate)	/day	40.00
	<i>R&B Rates may change during year to follow pending DSS Rate Changes</i>		
YA254	Therapeutic Leave - Resid Level II - Therapeutic Foster Ca	/day	95.40
YA255	Therapeutic Leave - Residential Level II/Program Type	/day	136.04
YA256	Therapeutic Leave - Residential Level III (1-4 Beds)	/day	232.36
YA257	Therapeutic Leave - Residential Level III (5+ Beds)	/day	185.69
YA258	Therapeutic Leave - Residential Level IV (1-4 Beds)	/day	285.33
YA259	Therapeutic Leave - Residential Level IV (5+ Beds)	/day	301.98
YA263	Therapeutic Leave Room and Board - Level III (1-4 Beds)	/day	43.00
YA264	Therapeutic Leave Room and Board - Level III (5+ Beds)	/day	33.00
YA265	Therapeutic Leave Room and Board - Level II (Age 5 or less)	/day	12.00
YA266	Therapeutic Leave Room and Board - Level II (Age 6-12)	/day	13.64
YA267	Therapeutic Leave Room and Board - Level II (Age 13+)	/day	15.29
YA268	Therapeutic Leave Room and Board - Level IV (1-4 Beds)	/day	43.00
YA269	Therapeutic Leave Room and Board - Level IV (5+ Beds)	/day	40.00
YA370	Specialized Summer Program (WM)	/15 min	3.77
YM050	Personal Care	/15 min	3.36
YM550	Adaptive Behavior Training	/15 min	5.79
YM570	Social Inclusion	/15 min	5.24
YM645	Long Term Support	/15 min	4.12
YM645	Supported Employment - Long Term Follow-up (Non-MR/MI)	/15 min	11.21
YM782	Supported Living Level 1	/day	84.97
YM783	Supported Living Level 2	/day	114.72
YM784	Supported Living Level 3	/day	143.40
YM785	Supported Living Level 4	/day	159.33
YM812	Supervised Living – 2 Resident	/day	161.99
YM813	Supervised Living – 3 Resident	/day	116.15
YM814	Supervised Living – 4 Resident	/day	93.17
YM815	Supervised Living – 5 Resident	/day	77.67
YM816	Supervised Living – 6 Resident	/day	68.83
YP010	Hourly Respite – Individ	/15 min	5.00
YP011	Hourly Respite – Group	/15 min	1.67
YP020	Personal Assistance - Individual	/15 min	4.46
YP021	Personal Assistance - Group	/15 min	1.49
YP215	Case Support	/15 min	22.66
YP230	Assert Outreach	/15 min	22.66
YP340	Mandated Team Eval	/15 min	22.66
YP610	Developmental Day Activities	/15 min	4.74
YP620	ADVP	/15 min	1.57
YP630	Supported Employment – Individual	/15 min	11.21
YP640	Supported Employment – Group	/15 min	2.53
YP650	Community Rehabilitation Program (Sheltered Workshop)	/15 min	3.71
YP660	Day Activity	/15 min	3.75
YP710	Supervised Living - Low	/day	28.92

State Services - Statewide Rates

7/1/05 Code	Service Description	Billing Unit	7/1/05 Rate
YP720	Supervised Living – Moderate <i>(See note on Page following for ASWOM Services)</i>	/day	55.11
YP730	Comm Respite	/day	214.38
YP740	Family Living – Low	/day	50.00
YP750	Family Living – Mod	/day	52.03
YP760	Group Living - Low <i>(See note on Page following for ASWOM Services)</i>	/day	55.29
YP770	Group Living - Moderate <i>(See note on Page following for ASWOM Services)</i>	/day	75.48
YP780	Group Living – High	/day	141.51
YP790	Detox – Social Setting	/day	118.42

State Mental Health Services

7/1/05
Code

Service Description

The following rates are client, attending provider or area/population group specific and are too numerous for inclusion in this schedule as individual rates.

YM450	Therapeutic Intervention/Crisis Prevention - Ind
YM580	Day Supports
YM686	Guardianship
YM700	Independent Living-MR/MI
YM755	Family Living – High
YM811	Supervised Living – 1 Resident
YP485	Facility Based Crisis Program - Non-Medicaid
YP500	Emergency Coverage
YP692	Drop In Center– Coverage Hour
YP820	Inpatient Hospital

Special Billing Instructions H0019 MH State Services

H0019	Behavioral Health - Long Tern Residential (HRI Level III - 4 Beds or Less)	/day	185.69*
H0019	Behavioral Health - Long Tern Residential (HRI Level III - 5 Beds or More)	/day	185.69
H0019	Behavioral Health - Long Tern Residential (HRI Level IV - 4 Beds or Less)	/day	185.69*
H0019	Behavioral Health - Long Tern Residential (HRI Level IV - 5 Beds or More)	/day	185.69*

* - due to HIPAA constraints which require all of the above services be covered under a single code, and IPRS system limitations all of the above services are being set at the lowest rate as the default rate. **Area Programs/LMEs are responsible for submitting provider-specific rate requests equal to the equivalent Medicaid service for Level III-4 beds or less (\$232.36), Level IV (4 beds or less (\$285.33), and Level IV-5 beds or more (\$301.98)**