

Public Mental Health System Rates Effective July 1, 2019

FINAL- revised 5/31/19

		Default Fee Codes:	52PRP2	PRP3	PRP2	MYLD7	MYLD6	MYLD10	N/A- gets custom f/s	N/A	PRONLY; 52PRP2
		Provider types:	PTPR- POS 52	PTPR- POS 12/15	PTPR- POS 49	PTCM	PTMT	PT86	PTMH	PT01,06,07	PTPR- POS 52- child rate;PRP
Procedure Code	E&M Code	Service Description	PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident. Crisis Facility
MENTAL HEALTH CASE MANAGEMENT											
H0031		Case Management Annual Assessment (only if approved by program)					123.47				
T1016		Mental health case management (Daily rate)					123.47				
T1017		Targeted Case Management (Children and Youth)					\$33.12/15 mins.				
T1017-HG							\$33.12.00 / 15 mins.				
COMMUNITY BASED PARITAL HOSPITALIZATION											
S0201		Mental health partial hosp, tx <24 hours							231.55		
S0201-52		Intensive outpatient program (IOP)							126.02		
MOBILE TREATMENT											
H0040-21		Assertive Community Treatment (ACT) EBP					1,345.78				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers					1,192.85				
H0040		Mobil treatment Non-EBP					954.28				
H0040-52		Mobil treatment Non-EBP for Medicare consumers					731.61				
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM											
H0002		Rehabilitation Assessment	70.05	70.05							
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)	122.35	122.35	122.35						
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)			485.39						
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)	208.28								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)		277.10							
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)			864.96						
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	294.85								
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)		570.12							
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	508.94								
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)		1,366.56							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	508.94								
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)		3,550.39							
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)			1,875.52						
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)			4,059.34						
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)			508.94						
HOUSING SERVICES											
T2048		Residential room and board (per day)	14.31								14.31
S5150		Enhanced support (per hour) (10 hour maximum)	14.68								
H0019		Crisis Bed hold (per day)	14.31								14.31
RESPIRE CARE											
H0045		Adult Respite care, not in home, per diem	85.95								
H0045		C&A Respite care, not in home, per diem									198.20
T1005		In home respite care		\$3.96/15 min.			\$3.96/15 min.				
RESIDENTIAL CRISIS SERVICES											
S9485		Residential crisis services (also bill as T2048)									286.86
S5145		Residential crisis, treatment foster care									184.46
SUPPORTED EMPLOYMENT											
H2023		Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)		8.40							
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		489.38							
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		1,222.20							

H2026	Ongoing support to maintain employment, per month	397.63							
H2026-21	Ongoing support to maintain employment, per month - EBP	489.38							
S9445-52	Clinic coordination - EBP	122.35							
TRAUMATIC BRAIN INJURY									
W0037	Residential habilitation Level 1 (per day)						219.13		
W0038	Residential habilitation Level 2 (per day)						290.15		
W0039	Residential habilitation Level 3 (per day)						401.41		
W0054	Day habilitation Level 1 (per day)						56.58		
W0055	Day habilitation Level 2 (per day)						98.69		
W0056	Day habilitation Level 3 (per day)						138.85		
W0057	Supported employment Level 1 (per day)						33.57		
W0058	Supported employment Level 2 (per day)						56.58		
W0059	Supported employment Level 3 (per day)						138.85		
W0060	Individual Support Services (ISS) (rate per hour) 5-1-19 Changed to 15 Min per unit						27.44 (\$6.86 per 15 Min)		