

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	New Rate	Unit
Interactive Complexity* add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	90785		Yes	\$16.47	per event
Initial Evaluation/Assessment	90791		Yes	\$199.30	per event
Psychiatric Evaluation, Medical Services	90792		Yes	\$223.16	per event
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$85.48	per event
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$113.62	per event
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$167.71	per event
Crisis Intervention - non-Medicaid	90839		Yes	\$159.80	per hour
Crisis Intervention - Addl 30 Min	90840		Yes	\$75.54	each add't 30 min
Family Therapy w/out client (50 minutes)	90846		Yes	\$107.42	per event
Family Therapy w/ client (50 minutes)	90847		Yes	\$111.10	per event
Multi-Family Group Therapy	90849		Yes	\$39.85	per event
Group Therapy/Counseling (per group, per person)	90853		Yes	\$30.37	per event
Injection Procedure	96372		Yes	\$16.62	per event
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$25.00	per event
Office Outpatient New 15-29 Min	99202		Yes	\$55.95	per event
Psychiatric Evaluation & Management Low Complexity - New Patient 30-44 Min	99203		Yes	\$130.74	per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient 45-59 Min	99204		Yes	\$193.99	per event
Office Outpatient New High 60-74 min	99205		Yes	\$255.71	per event
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.34	per event
Office Outpatient Established 10-19 Min	99212		Yes	\$40.51	per event
Psychiatric Evaluation & Management Low Complexity - Established Patient 20-29 Min	99213		Yes	\$106.24	per event
Psychiatric Evaluation & Management Moderate Complexity - Established Patient 30-39 Min	99214		Yes	\$150.25	per event
Office Outpatient Established High 40-54 min	99215		Yes	\$209.07	per event
Preventative Visit Estimated Age 18-39	99395		Yes	\$86.72	per event
Preventative Visit Estimated Age 40-64	99396		Yes	\$89.89	per event
Preventative Visit Estimated Age 65+ (negotiated)	99397		Yes	\$95.00	per event
Prolonged Office Outpatient ea 15 min	99417		Yes	\$45.00	per 15 min
Complex E/M visit add on	G2211		Yes	\$45.00	per event
Prolonged Outpatient Office Visit	G2212		Yes	\$45.00	per event
Case Management - SA	H0006		Yes	\$243.00	per month
Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00	per day
Behavioral Health Short Term Residential (TDOs)	H0018 - HK		Yes	\$657.96	per event
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$326.50	per month
Community Psychiatric Supportive Treatment	H0036		Yes	\$30.79	per 15 min
Intensive Community Treatment	H0039/ H0040		Yes	\$153.00	per hour
Crisis Intervention - Medicaid	H2011		Yes	\$30.79	per 15 min
Therapeutic Behavioral Services	H2019		Yes	\$89.00	per 15 min
Crisis Stabilization - Adult Residential (Therapeutic Behavioral Services)	H2019	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583 (Facility only)	per day
Turning Point Program	H2020		Yes	\$146.22	per day
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day

Drop-In Support Services, ID	None		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	per hour
Late Cancellation or No Show (commercial insurance coverage only)	None		Yes	\$25.00	per appointment
Residential Fee ID Community Living Services	None		No	75%	of monthly gross income
Residential Fee MH/SA Community Living Services	None		No	30%	of monthly gross income
Returned Check (due to insufficient funds or closed account)	None		No	\$50.00	per check
Transportation	None		No	\$100.00	per month
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes	\$500.00	per diem
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes	\$500.00	per diem
Release of Information: Research	S9981		No	\$10.00	per event
Release of Information: Per Page	S9982		No	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	per pages/CD