

Fairfax Falls Church CSB  
 Fee Schedule  
 Effective February 1, 2019

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018	Effective February 1, 2019
Adolescent Day Treatment - SA	-	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
Adult Day Treatment - MH	H0035-HB	Yes	\$34.78 per unit	\$34.78 per unit
A New Beginning Residential Treatment	H0010 - HB	Yes	\$238.30 per day	\$393.50 per day
GAP Case Management - Regular Intensity	H0023-UB	Yes	\$195.90 per month	\$195.90 per month
GAP Case Management - High Intensity	H0023-UC	Yes	\$220.90 per month	\$220.90 per month
Case Management - MH	H0023	Yes	\$326.50 per month	\$326.50 per month
Case Management - DD	T1017	Yes	\$326.50 per month	\$326.50 per month
Case Management - SA	H0006	Yes	\$243.00 per month	\$243.00 per month
Congregate Residential ID Waiver Services	97535	No	\$17.71 per hour	\$17.71 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry		Yes	\$163 per day	\$163 per day
Crisis Intervention - Addl 30 Min	90840	Yes		\$71.28 each
Crisis Intervention	H0036 or 90839	Yes	\$30.79 per 15 minutes	\$37.30 per 15 minutes
Crisis Stabilization - Adult Residential	H2019	Yes	\$89 per hour	\$89 per hour
Crossroads Adult Residential Treatment	H0010 - HB	Yes	\$186.52 per day	\$393.50 per day
Detoxification, Medical, Residential-setting	H2036 - HB	Yes	\$750 per day	\$750 per day
Detoxification, Social, Residential-setting	H2036 - HB	Yes	\$750 per day	\$750 per day
Drop-In Support Services, ID	-	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.	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.
Family Therapy w/out client	90846	Yes	\$111.24 per event	\$115.19 per event
Family Therapy w/ client	90847	Yes	\$115.43 per event	\$119.82 per event
Group Therapy/Counseling	90853	Yes	\$27.86 per event	\$28.74 per event
Head Start - Services to	-	No	\$25 per 15 minutes	\$25 per 15 minutes
Independent Evaluations	-	No	\$75 each	\$75 each
Individual Therapy/Counseling (16 to 37 minutes)	90832	Yes	\$69.08 per event	\$71.28 per event
Individual Therapy/Counseling (38 to 52 minutes)	90834	Yes	\$91.82 per event	\$95.33 per event
Individual Therapy/Counseling (53 minutes or greater)	90837	Yes	\$137.74 per event	\$143.01 per event
Initial Evaluation/Assessment	90791	Yes	\$150 per event	\$150 per event
Injection Procedure	96372	Yes	\$30.20 per event	\$30.20 per event
Intensive Community Treatment	H0039	Yes	\$153 per hour	\$153 per hour
Intensive Outpatient - SA	H0015	Yes	\$250.00 per day	\$250.00 per day
Interactive Complexity*	90785	Yes	\$15 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	\$15.90 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
Lab Tests	-	No	Actual Cost	Actual Cost

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Late Cancellation or No Show	-	Yes	\$25.00	\$25.00
Legal Testimony	-	Yes	\$25 per 15 minutes	\$25 per 15 minutes
Mental Health Skill-building Service	H0046	Yes	\$91 per unit	\$91 per unit
Multi-Family Group Therapy	90849	Yes	\$25 per event	\$41.78 per event
Neurological Testing		Yes	\$1168 per event	\$1168 per event
New Generations Residential Treatment	H0010	Yes	\$393.50 per month	\$393.50 per month
Nursing Assessment		Yes		
Nursing Subsequent Care	99211	Yes	\$29 per event	\$29 per event
Peer Support Services - Individual/SA	T1012	Yes	\$6.50 per 15 minutes	\$6.50 per 15 minutes
Peer Support Services - Group/SA	S9445	Yes	\$2.70 per 15 minutes	\$2.70 per 15 minutes
Peer Support Services - Individual/MH	H0024	Yes	TBD by Medicaid	\$6.50 per 15 minutes
Peer Support Services - Group/MH	H0025	Yes	TBD by Medicaid	\$2.70 per 15 minutes
Physical Exam (Physician)	99385-99387	Yes	\$167 per event	\$167 per event
Psychiatric Evaluation	90792	Yes	\$219 per event	\$219 per event
Psychiatric Evaluation & Management High Complexity - New Patient	99205	Yes	\$234.95 per event	\$236.10 per event
Psychiatric Evaluation & Management Low Complexity - New Patient	99203	Yes	\$124.25 per event	\$124.43 per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204	Yes	\$187.06 per event	\$188.16 per event
Psychiatric Evaluation & Management High Complexity	99215	Yes	\$164.91 per event	\$166.00 per event
Psychiatric Evaluation & Management Low Complexity	99213	Yes	\$83.79 per event	\$83.92 per event
Psychiatric Evaluation & Management Moderate Complexity	99214	Yes	\$122.82 per event	\$123.44 per event
Psychological Testing	-	No	\$150 per event	\$150 per event
Psychological Testing Battery	96101	Yes	\$851 per event	\$851 per event
Psychosocial Rehabilitation	H2017	Yes	\$24.23 per unit	\$24.23 per unit
Psychological Assessment, Adult Therapeutic Day Treatment	H0032 - U7	Yes	\$36.53 Per event	\$36.53 Per event
Psychological Assessment, Psychosocial Rehab	H0032 - U6	Yes	\$24.23 per event	\$24.23 per event
Psychological Assessment, GAP SMI Short Form	H0032 - UB	Yes	\$37.00 per event	\$37.00 per event
Psychological Assessment, GAP SMI Long Form	H0032 - UC	Yes	\$75.00 per event	\$75.00 per event
Psychological Assessment, Intensive Community Treatment	H0032 - U9	Yes	\$153.00 per event	\$153.00 per event
Psychological Assessment, Mental Health Skill Building	H0032 - U8	Yes	\$91.00 per event	\$91.00 per event
Release of Information: Individual	-	No	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	18¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Research	-	No	\$10.00	\$10.00
Release of Information: Third Party	-	No	\$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	\$10 admin fee 37¢ per pg up to 50 pgs; 18¢ per pg for > = 51 pgs
Release of Information: Worker's Compensation	-	No	\$15.00	\$15.00
Residential Fee ID Community Living Services	-	No	75% of gross income	75% of gross income
Residential Fee MH/SA Community Living Services	-	No	30% of gross income	30% of gross income
Returned Check (due to insufficient funds or closed account)	-	No	\$50.00	\$50.00
Skilled Nursing Waiver LPN Services	T1003	No	\$7.99 per 15 min	\$7.99 per 15 min
Skilled Nursing Waiver RN Services	T1002	No	\$9.22 per 15 min	\$9.22 per 15 min
Telehealth Facility Fee	GT Modifier	No	\$20.00	\$20.00
Transportation	-	No	\$100 per month	\$100 per month

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Turning Point Program	-	Yes	\$285.71 per month	\$285.71 per month
Urine Collection & Drug Screening- Retests Only	-	Yes	\$25.00	\$25.00
Wraparound Fairfax	-	No	\$1270 per month	\$1270 per month
DDW Case Management		No	\$242.73 per month	\$242.73 per month
DDW Group Home Residential 5 person Tier 1	H2022-U2	No	\$221.80 per day	\$221.80 per day
DDW Group Home Residential 5 person Tier 2	H2022-U2	No	\$249.07 per day	\$249.07 per day
DDW Group Home Residential 5 person Tier 3	H2022-U2	No	\$276.33 per day	\$276.33 per day
DDW Group Home Residential 5 person Tier 4	H2022-U2	No	\$325.40 per day	\$325.40 per day
DDW Group Home Residential 6 person Tier 1	H2022-U3	No	\$214.99 per day	\$214.99 per day
DDW Group Home Residential 6 person Tier 2	H2022-U3	No	\$238.84 per day	\$238.84 per day
DDW Group Home Residential 6 person Tier 3	H2022-U3	No	\$266.10 per day	\$266.10 per day
DDW Group Home Residential 6 person Tier 4	H2022-U3	No	\$316.88 per day	\$316.88 per day
DDW Group Home Residential 7 person Tier 1	H2022-U4	No	\$208.17 per day	\$208.17 per day
DDW Group Home Residential 7 person Tier 2	H2022-U4	No	\$228.61 per day	\$228.61 per day
DDW Group Home Residential 7 person Tier 3	H2022-U4	No	\$255.88 per day	\$255.88 per day
DDW Group Home Residential 7 person Tier 4	H2022-U4	No	\$308.36 per day	\$308.36 per day
PERS Medication Monitoring	S5185	No	\$58.41	\$58.41
PERS Monitoring	S5161	No	\$35.05	\$35.05
PERS Installation	S5160	No	\$58.41	\$58.41
PERS Installation & Medication Monitoring	S5160-U1	No	\$87.62	\$87.62
DDW Skilled Nursing, Registered Nurse	S9123	No	\$11.28 per 15 min	\$11.28 per 15 min
DDW Skilled Nursing, Licensed Practicle Nurse	S9124	No	\$9.78 per 15 min	\$9.78 per 15 min
DDW Transition Services	T2038	No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit
DDW Assisive Technology, Maintenance Costs Only	T1999-U5	No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit