

Fairfax Falls Church CSB
 Fee Schedule
 Effective February 1, 2020

ATTACHMENT 1

Service	Billing Procedure Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Effective February 1, 2019	Effective February 1, 2020
Adult Day Treatment - MH	H0035-HB		Yes	\$34.78 per unit	\$34.78 per unit
A New Beginning Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50 per day	\$393.50 per day
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
Cornerstones Adult Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes		\$393.50 per day
Residential Treatment - Intermediate Rehabilitation/Reentry Services	H2034		Yes		\$175.00 per day
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry			Yes	\$163 per day	\$163 per day
Crisis Intervention - Addl 30 Min	90840		Yes	\$71.28 each	\$71.28 each
Crisis Intervention	H0036 or 90839		Yes	\$37.30 per 15 minutes	\$37.30 per 15 minutes
Crisis Stabilization - Adult Residential	H2019	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$89 per hour	\$89 per hour / \$583 per diem (Facility only)
Crossroads Adult Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50 per day	\$393.50 per day
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$750 per day	\$750 per day
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	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 (50 minutes)	90846		Yes	\$115.19 per event	\$115.19 per event
Family Therapy w/ client (50 minutes)	90847		Yes	\$119.82 per event	\$119.82 per event
Group Therapy/Counseling (per group, per person)	90853		Yes	\$28.74 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	\$71.28 per event	\$71.28 per event
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$95.33 per event	\$95.33 per event
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$143.01 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	Revenue Code 905 or 906	Yes	\$250.00 per day	\$250.00 per day
Interactive Complexity*	90785		Yes	\$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	\$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
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	\$41.78 per event	\$41.78 per event
Neurological Testing			Yes	\$1168 per event	\$1168 per event
New Generations Residential Treatment	H0010		Yes	\$393.50 per day	\$393.50 per day
Nursing Assessment - New Patient	99201		Yes		\$29 per event
Nursing Subsequent Care - Established Patient	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	\$6.50 per 15 minutes	\$6.50 per 15 minutes
Peer Support Services - Group/MH	H0025		Yes	\$2.70 per 15 minutes	\$2.70 per 15 minutes
Physical Exam (Physician)	99385-99387		Yes	\$167 per event	\$167 per event
Psychiatric Evaluation, Medical Services	90792		Yes	\$219 per event	\$219 per event

Fairfax Falls Church CSB
 Fee Schedule
 Effective February 1, 2020

ATTACHMENT 1

Service	Billing Procedure Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Effective February 1, 2019	Effective February 1, 2020
Psychiatric Evaluation & Management Low Complexity - New Patient	99203		Yes	\$124.43 per event	\$124.43 per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204		Yes	\$188.16 per event	\$188.16 per event
Psychiatric Evaluation & Management Low Complexity - Established Patient	99213		Yes	\$83.92 per event	\$83.92 per event
Psychiatric Evaluation & Management Moderate Complexity - Established Patient	99214		Yes	\$123.44 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 (1 unit = 2.0-3.99 hrs; 2 units = 4-6.99 hrs; 3 units = 7+ hrs)	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, 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	18¢ 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 37¢ per pg up to 50 pgs; 18¢ 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
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	T2023		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
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes		\$500 per diem
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes		\$500 per diem
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 Assistive Technology, Maintenance Costs Only	T1999-U5		No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit
DDW Environmental Mods	S5165		No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit