

SERVICE DESCRIPTION	Procedure codes	FY 17 Rates	FY 18 Rates as of 7/1/2017	BILLING UNIT	PROVIDER TYPE	PROVIDER SPECIALTY	TELEMEDICINE ALLOWED?
EVALUATION AND MANAGEMENT CODES:							
New Patient, Problem focused History and Exam; Straightforward Dec Mkg	99201	36.09	38.05	Refer to AMA manual	37	S12	YES
New Patient, Expanded Problem focused History and Exam; Straightforward Dec Mkg	99202	72.18	76.12	Refer to AMA manual	37	S12	YES
New Patient, Detailed History and Exam; Low Complexity Dec Mkg	99203	100.18	105.64	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99204	171.42	180.77	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99205	220.71	232.74	Refer to AMA manual	37	S12	YES
Estab Patient Minimal problem, physician need not be present, key components not required	99211	7.71	8.13	Refer to AMA manual	37	S12	YES
Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99212	21.06	22.21	Refer to AMA manual	37	S12	YES
Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg	99213	43.10	45.45	Refer to AMA manual	37	S12	YES
Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg	99214	66.53	70.15	Refer to AMA manual	37	S12	YES
Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99215	93.74	98.85	Refer to AMA manual	37	S12	YES
PSYCHIATRY:							
	Approp E/M						
INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service	90791	102.18	107.75	Refer to AMA manual	37	S12	YES
INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	105.47	111.22	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 30 minutes with indiv or fam member	90832	42.70	45.02	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	99.61	105.04	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 60 minutes with indiv or fam member	90837	132.82	140.05	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY- without patient present	90846	132.82	140.05	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY - with patient present	90847	132.82	140.05	Refer to AMA manual	37	S12	YES
GROUP PSYCHOTHERAPY	90853	41.82	44.10	1 unit=1 session	37	S12	YES
ADD ON USED WITH E/M 30 min psychotherapy	90833	35.93	37.89	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 45 min psychotherapy	90836	91.45	96.44	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 60 min psychotherapy	90838	121.93	128.58	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M Interactive complexity	90785	4.09	4.31	Refer to AMA manual	37	S12	YES
OFFICE CONSULTATION CODES:							
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99241	43.05	45.39	Refer to AMA manual	37	S12	YES
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99242	90.31	95.24	Refer to AMA manual	37	S12	YES
New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg	99243	126.03	132.90	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99244	200.62	211.56	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99245	248.82	262.39	Refer to AMA manual	37	S12	YES
ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT) , MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE							
	H0007	59.61	62.86	1 unit = 15 min	37	S12	YES
BEHAVIORAL HEALTH LONG TERM RESIDENTIAL: PNMI							
	H0019	Pay as billed	Pay as billed	1 unit = 1 day	T23	61	YES
MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN							
	H0031	Pay as Billed	Pay as billed	15 minutes = \$29.99 (FY 09)	37	S12	YES
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT							
	H0035	239.70	252.76		37	S12	YES
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE , CHEMOTHERAPY							
	H2010	56.18	59.24	1 unit=1 session	37	S12	YES
CRISIS INTERVENTION SERVICES							
	H2011	59.61	62.86	Refer to DMH Medicaid Manual	37	S12	YES
SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT							
	H2014	9.35	9.86	Refer to DMH Medicaid Manual	37	S12	NO
PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE							
	H2017	25.27	26.64	Refer to DMH Medicaid Manual	37	S12	NO
C.E.R.T							
	H2020	Pay as billed	Pay as billed	1 unit=1 session	37	S12	NO
COMMUNITY BASED WRAP AROUND SERVICES: Waiver Services							
	H2022	Pay as billed	Pay as billed	1 unit = 1 day	39 & T34	S25 & S31	NO
NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE							
	T2003	15.00	15.82	1 unit = 1 trip	37	S12	NO
SFI							
	T2038	Pay as billed	Pay as billed	1 unit = 1 month	37	S12	NO
School Based Clinicians Bundled Rate (Non PBIS)							
	H0023	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12	NO
School Based Clinicians Bundled Rate (PBIS)							
	H0023/CG	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12	NO
JOBS							
	H0040	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12	NO
IFS Bundled Rate (CSAC/PCC)							
	T2025 HW	Specific to DA	Specific to DA	1 unit = 1 month	37	S12	NO
Bundled Rate (NFI, HC)							
	H0046	Specific to DA	Specific to DA	Refer to DMH Medicaid Manual	37	S12	NO