

FY 17 Rate Sheet

SERVICE DESCRIPTION	Procedure codes	FY 16 Current Rates 7/1/15 until 8/31/16	FY 17 New Rates Effective 9/1/16	BILLING UNIT	PROVIDER TYPE	PROVIDER SPECIALTY
EVALUATION AND MANAGEMENT CODES:						
New Patient, Problem focused History and Exam; Straightforward Dec Mkg	99201	35.38	36.09	Refer to AMA manual	37	S12
New Patient, Expanded Problem focused History and Exam; Straightforward Dec Mkg	99202	70.77	72.18	Refer to AMA manual	37	S12
New Patient, Detailed History and Exam; Low Complexity Dec Mkg	99203	98.22	100.18	Refer to AMA manual	37	S12
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99204	168.06	171.42	Refer to AMA manual	37	S12
New Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99205	216.38	220.71	Refer to AMA manual	37	S12
Estab Patient Minimal problem, physician need not be present, key components not required	99211	7.56	7.71	Refer to AMA manual	37	S12
Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99212	20.65	21.06	Refer to AMA manual	37	S12
Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg	99213	42.25	43.10	Refer to AMA manual	37	S12
Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg	99214	65.22	66.53	Refer to AMA manual	37	S12
Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99215	91.90	93.74	Refer to AMA manual	37	S12
PSYCHIATRY:						
	Approp E/M					
INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service	90791	100.18	102.18	Refer to AMA manual	37	S12
INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	103.40	105.47	Refer to AMA manual	37	S12
PSYCHOTHERAPY 30 minutes with indiv or fam member	90832	41.86	42.70	Refer to AMA manual	37	S12
PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	97.66	99.61	Refer to AMA manual	37	S12
PSYCHOTHERAPY 60 minutes with indiv or fam member	90837	130.21	132.82	Refer to AMA manual	37	S12
FAMILY PSYCHOTHERAPY- without patient present	90846	130.21	132.82	Refer to AMA manual	37	S12
FAMILY PSYCHOTHERAPY - with patient present	90847	130.21	132.82	Refer to AMA manual	37	S12
GROUP PSYCHOTHERAPY	90853	41.00	41.82	1 unit=1 session	37	S12
ADD ON USED WITH E/M 30 min psychotherapy	90833	35.23	35.93	Refer to AMA manual	37	S12
ADD ON USED WITH E/M 45 min psychotherapy	90836	89.66	91.45	Refer to AMA manual	37	S12
ADD ON USED WITH E/M 60 min psychotherapy	90838	119.54	121.93	Refer to AMA manual	37	S12
ADD ON USED WITH E/M Interactive complexity	90785	4.01	4.09	Refer to AMA manual	37	S12
OFFICE CONSULTATION CODES:						
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99241	42.20	43.05	Refer to AMA manual	37	S12
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99242	88.54	90.31	Refer to AMA manual	37	S12
New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg	99243	123.56	126.03	Refer to AMA manual	37	S12
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99244	196.69	200.62	Refer to AMA manual	37	S12
	99245	243.95	248.82	Refer to AMA manual	37	S12
ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT) , MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE						
	H0007	58.44	59.61	1 unit = 15 min	37	S12
BEHAVIORAL HEALTH LONG TERM RESIDENTIAL: PNMI	H0019	Pay as billed	Pay as billed	1 unit = 1 day	T23	61
MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	H0031	Pay as Billed	Pay as Billed	15 minutes = \$29.99 (FY 09)	37	S12
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT	H0035	235.00	239.70		37	S12
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE , CHEMOTHERAPY						
	H2010	55.08	56.18	1 unit=1 session	37	S12
CRISIS INTERVENTION SERVICES						
	H2011	58.44	59.61	Refer to DMH Medicaid Manual	37	S12
SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS TRAINING AND DEVELOPMENT						
	H2014	9.17	9.35	Refer to DMH Medicaid Manual	37	S12
PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE						
	H2017	24.77	25.27	Refer to DMH Medicaid Manual	37	S12
THERAPEUTIC BEHAVIORAL SERVICES: THERAPEUTIC BEHAVIORAL SERVICES **Family Therapy Modifier (HR: When client is present, HS: When client is not present)						
	H2019	26.85	27.39	Refer to DMH Medicaid Manual	37	S12
C.E.R.T						
	H2020	Pay as billed	Pay as billed	1 unit=1 session	37	S12
COMMUNITY BASED WRAP AROUND SERVICES: Waiver Services						
	H2022	Pay as billed	Pay as billed	1 unit = 1 day	39 & T34	S25 & S31
ACTIVITY THERAPY: GROUP THERAPY						
	H2032	12.46	12.71	Refer to DMH Medicaid Manual	37	S12
NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE						
	T2003	14.71	15.00	1 unit = 1 trip	37	S12

SFI	T2038	Pay as billed	Pay as billed	1 unit = 1 month	37	S12
School Based Clinicians Bundled Rate (Non PBIS)	H0023	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12
School Based Clinicians Bundled Rate (PBIS)	H0023/CG	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12
JOBS	H0040	Rate set by DMH	Rate set by DMH	1 unit = 1 month	37	S12
IFS Bundled Rate (CSAC/PCC)	T2025 HW	Specific to DA	Specific to DA	1 unit = 1 month	37	S12
Bundled Rate (NFI, HC)	H0046	Specific to DA	Specific to DA	Refer to DMH Medicaid Manual	37	S12