FY 19 Rate Sheet

	Drooduro				PROVIDER	PROVIDER	TELEMEDICINE
SERVICE DESCRIPTION	Procedure codes	FY 18 Rates	FY19 Rates as of 7/1/18	BILLING UNIT	TYPE	SPECIALTY	ALLOWED?
SERVICE DESCRIPTION	codes	FT 10 Rates	//1/10	BILLING UNIT	ITPE	SPECIALIT	ALLOWED?
EVALUATION AND MANAGEMENT CODES:							
New Patient, Problem focused History and Exam; Straightforward Dec Mkg	99201	38.05	39.50	Refer to AMA manual	37	S12	YES
New Patient, Expanded Problem focused History and Exam; Straightforward Dec Mkg	99201	76.12	79.01	Refer to AMA manual	37	S12	YES
New Patient, Detailed History and Exam; Low Complexity Dec Mkg	99202	105.64	109.66	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99203	180.77	187.64	Refer to AMA manual	37	S12	YES
New Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99204	232.74	241.58	Refer to AMA manual	37	S12	YES
Estab Patient Minimal problem, physician need not be present, key components not require		8.13	8.44	Refer to AMA manual	37	S12	YES
	99211	22.21	23.05		37	S12	YES
Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg				Refer to AMA manual			YES
Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg	99213	45.45	47.17 72.82	Refer to AMA manual	37	S12	YES
Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg	99214	70.15		Refer to AMA manual	37	S12	
Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99215	98.85	102.60	Refer to AMA manual	37	S12	YES
PSYCHIATRY:	Approp E/M						
INITIAL PSYCHIATRIC DIAGNOSTIC EVALUATION- no medical service	90791	107.75	111.85	Refer to AMA manual	37	S12	YES
INITIAL PSYCHIATRIC DIAGNOSTIC EVAL- with medical service	90792	111.22	115.45	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 30 minutes with indiv or fam member	90832	45.02	46.74	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 45 minutes with indiv or fam member	90834	105.04	109.03	Refer to AMA manual	37	S12	YES
PSYCHOTHERAPY 60 minutes with indiv or fam member	90837	140.05	145.38	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY- without patient present	90846	140.05	145.38	Refer to AMA manual	37	S12	YES
FAMILY PSYCHOTHERAPY - with patient present	90847	140.05	145.38	Refer to AMA manual	37	S12	YES
GROUP PSYCHOTHERAPY	90853	44.10	45.77	1 unit=1 session	37	S12	YES
ADD ON USED WITH E/M 30 min psychotherapy	90833	37.89	39.33	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 45 min psychotherapy	90836	96.44	100.10	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M 60 min psychotherapy	90838	128.58	133.46	Refer to AMA manual	37	S12	YES
ADD ON USED WITH E/M Interactive complexity	90785	4.31	4.48	Refer to AMA manual	37	S12	YES
7.55 CIV COLD WITH E/W Intolactive complexity	00700	1.01	1.10	Troid to 7 this Chianada	0.	012	120
OFFICE CONSULTATION CODES:							
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99241	45.39	47.12	Refer to AMA manual	37	S12	YES
New or Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg	99242	95.24	98.85	Refer to AMA manual	37	S12	YES
New or Estab Patient, Detailed History and Exam; Low Complexity Dec Mkg	99243	132.90	137.95	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg	99244	211.56	219.60	Refer to AMA manual	37	S12	YES
New or Estab Patient, Comprehensive History and Exam; High Complexity Dec Mkg	99245	262.39	272.36	Refer to AMA manual	37	S12	YES
ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT),							
MENTAL HEALTH PROGRAM: SUBSTANCE ABUSE; EMERGENCY CARE	H0007	62.86	65.25	1 unit = 15 min	37	S12	YES
MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT	H0035	252.76	262.37	1 0	37	S12	YES
COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM:	110000	202110	202.01		0.	0.2	
SUBSTANCE ABUSE, CHEMOTHERAPY	H2010	59.24	61.49	1 unit=1 session	37	S12	YES
CRISIS INTERVENTION SERVICES	H2011	62.86	65.25	Refer to DMH Medicaid Manual	37	S12	YES
SKILLS TRAINING AND DEVELOPMENT, SPECIALIZED GROUP REHAB, SKILLS	1.2011	02.00	00.20	Troid to Diff Time aloana manaan	0.	0.2	.20
TRAINING AND DEVELOPMENT	H2014	9.86	10.24	Refer to DMH Medicaid Manual	37	S12	NO
PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB,	1.20	0.00			Ŭ.	Ŭ. <u>-</u>	
PSYCHOSOCIAL REHABILITATION SERVICE	H2017	26.64	27.65	Refer to DMH Medicaid Manual	37	S12	NO
NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP: MILEAGE	T2003	15.82	16.42	1 unit = 1 trip	37	S12	NO
INON-LINEINGENCE TRANSFORTATION, ENCOUNTER/TRIF: MILEAGE	12003	10.02	10.42	i unit = i trip	31	ا ا ک	INO