

FY 19 Rate Sheet

| SERVICE DESCRIPTION | Procedure codes | FY 18 Rates | FY19 Rates as of 7/1/18 | BILLING UNIT | PROVIDER TYPE | PROVIDER SPECIALTY | TELEMEDICINE 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 | 99202 | 76.12 | 79.01 | Refer to AMA manual | 37 | S12 | YES |
| New Patient, Detailed History and Exam; Low Complexity Dec Mkg | 99203 | 105.64 | 109.66 | Refer to AMA manual | 37 | S12 | YES |
| New Patient, Comprehensive History and Exam; Moderate Complexity Dec Mkg | 99204 | 180.77 | 187.64 | Refer to AMA manual | 37 | S12 | YES |
| New Patient, Comprehensive History and Exam; High Complexity Dec Mkg | 99205 | 232.74 | 241.58 | Refer to AMA manual | 37 | S12 | YES |
| Estab Patient Minimal problem, physician need not be present, key components not required | 99211 | 8.13 | 8.44 | Refer to AMA manual | 37 | S12 | YES |
| Estab Patient, Problem focused History and Exam; Straightforward Dec Mkg | 99212 | 22.21 | 23.05 | Refer to AMA manual | 37 | S12 | YES |
| Estab Patient, Expanded Problem focused History and Exam; Low Complexity Dec Mkg | 99213 | 45.45 | 47.17 | Refer to AMA manual | 37 | S12 | YES |
| Estab Patient, Detailed History and Exam; Mod Complexity Dec Mkg | 99214 | 70.15 | 72.82 | Refer to AMA manual | 37 | S12 | YES |
| 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 |
| 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 |
| 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 | 252.76 | 262.37 | | 37 | S12 | YES |
| COMPREHENSIVE MEDICATION SERVICE, MENTAL HEALTH PROGRAM: 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 TRAINING AND DEVELOPMENT | | | | | | | |
| | H2014 | 9.86 | 10.24 | Refer to DMH Medicaid Manual | 37 | S12 | NO |
| PSYCHOSOCIAL REHABILITATION SERVICE: SPECIALIZED REHAB, PSYCHOSOCIAL REHABILITATION SERVICE | | | | | | | |
| | H2017 | 26.64 | 27.65 | 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 | 15.82 | 16.42 | 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 |