

Bureau of Behavioral Health Provider Type 093 Billable Procedure Code List					
Code	Service Description	Rate in Effect 1/1/2013	HE	HW	limit
90791	Assessment including history, mental status and recommendations. May include communication with family, others and review and ordering of diagnostic studies.	\$87.82	HE		1
90791	Assessment including history, mental status and recommendations. May include communication with family, others and review and ordering of diagnostic studies.	\$159.87		HW	1
90792	With medical services and provided by a physician includes those in 90791 AND: medical assessment beyond mental status as appropriate. May include communication with family, others, prescription medications, and review and ordering of laboratory or other diagnostic studies.	\$87.82	HE		1
90792	With medical services and provided by a physician includes those in 90791 AND: medical assessment beyond mental status as appropriate. May include communication with family, others, prescription medications, and review and ordering of laboratory or other diagnostic studies.	\$159.87		HW	1
90832	Psychotherapy with patients and/or family 30 minutes	\$32.50	HE		
90832	Psychotherapy with patients and/or family 30 minutes	\$53.29		HW	
90833	30 minutes psychotherapy add on to EM same day provider	\$30.34	HE	HW	
90834	Psychotherapy with patients and/or family 45 minutes	\$65.00	HE		
90834	Psychotherapy with patients and/or family 45 minutes	\$79.93		HW	
90836	45 minutes psychotherapy add on to EM same day provider	\$49.24	HE	HW	
90837	Psychotherapy with patients and/or family 60 minutes psychotherapy	\$92.00	HE		
90837	Psychotherapy with patients and/or family 60 minutes psychotherapy	\$106.57		HW	
90838	60 minutes psychotherapy add on to EM same day provider	\$79.35	HE	HW	
90839	Psychotherapy for Crisis first 60 minutes	\$83.91	HE	HW	4 units
90840	Psychotherapy for Crisis subsequent 30 minutes	\$83.91	HE	HW	2 units
90846	Family Psychotherapy w/o client present	\$34.63	HE	HW	
90847	Family Psychotherapy with client present	\$34.63	HE	HW	
90853	Group Psychotherapy	\$10.65	HE	HW	
90889	Preparation of report of patients psychiatric status, history, treatment or progress for other physicians, agencies or insurance carriers	\$10.21	HE	HW	1 per day
96101	Psychological Testing per hour of the psychologist or physician's time face to face with the patient and time interpreting results and preparing the report	\$138.50	HE	HW	max 6 per 6 month period
96102	Psychological Testing with qualified health care professional interpretation & report by tech per hour technician time, face to face	\$138.50	HE	HW	max 6 per 6 month period
96103	Psychological testing administered by a computer, with qualified health care professional interpretation & report	\$138.50	HE	HW	max 6 per 6 month period
96116	Neuropsychological Testing	\$138.50	HE	HW	max 6 per 6 month period
96118	Neuropsychological Testing per hour of the psychologist or physician's time face to face with the patient and time interpreting results and preparing the report	\$138.50	HE	HW	max 6 per 6 month period
96119	Neuropsychological Testing with qualified health care professional interpretation & report by tech per hour technician time, face to face	\$138.50	HE	HW	max 6 per 6 month period
96120	Neuropsychological testing administered by a computer, with qualified health care professional interpretation & report	\$138.50	HE	HW	max 6 per 6 month period
96372	Therapeutic, Prophylactic, or Diagnostic injection (specify substance or drug);Subcutaneous or Intramuscular)	\$10.65	HE	HW	
99201	New Patient Office or Other outpatient visit - E&M 10 minutes face to face	\$39.88	HE	HW	1 event per day
99202	New Patient Office or Other outpatient visit - E&M 20 minutes face to face	\$68.33	HE	HW	1 event per day
99203	New Patient Office or Other outpatient visit - E&M 30 minutes face to face	\$99.89	HE	HW	1 event per day
99204	New Patient Office or Other outpatient visit - E&M 45 minutes face to face	\$152.03	HE	HW	1 event per day
99205	New Patient Office or Other outpatient visit - E&M 60 minutes face to face	\$190.76	HE	HW	1 event per day
99211	Evaluation and management of patient that may not require the presence of a physician, typically 5 minutes face to face	\$22.01	HE	HW	1 event per day
99212	Evaluation and management of patient, typically 10 minutes face to face	\$41.18	HE	HW	1 event per day
99213	Evaluation and management of patient, typically 15 minutes face to face	\$65.98	HE	HW	1 event per day
99214	Evaluation and management of patient, typically 25 minutes face to face	\$99.06	HE	HW	1 event per day
99215	Evaluation and management of patient, typically 40 minutes face to face	\$133.62	HE	HW	1 event per day
99218	Initial Observation care, per day E&M - low severity	\$66.39	HE	HW	1 event per day
99219	Initial Observation care, per day E&M - moderate severity	\$109.08	HE	HW	1 event per day

Code	Service Description	Rate in Effect 1/1/2013	HE	HW	limit
99220	Initial Observation care, per day E&M - high severity	\$153.49	HE	HW	1 event per day
99221	Initial Hospital Care, per day, for E&M of a patient - 30 minutes with patient & on floor or unit	\$92.60	HE	HW	1 event per day
99222	Initial Hospital Care, per day, for E&M of a patient - 50 minutes with patient & on floor or unit	\$127.49	HE	HW	1 event per day
99223	Initial Hospital Care, per day, for E&M of a patient - 70 minutes with patient & on floor or unit	\$187.48	HE	HW	1 event per day
99231	Subsequent hospital care, per day for E&M of a patient - 15 minutes with patient & on floor or unit	\$38.64	HE	HW	1 event per day
99232	Subsequent hospital care, per day for E&M of a patient - 25 minutes with patient & on floor or unit	\$69.13	HE	HW	1 event per day
99233	Subsequent hospital care, per day for E&M of a patient - 35 minutes with patient & on floor or unit	\$99.06	HE	HW	1 event per day
99234	Observation or inpatient hospital care, E&M of a patient - low severity	\$133.08	HE	HW	1 event per day
99235	Observation or inpatient hospital care, E&M of a patient - moderate severity	\$175.48	HE	HW	1 event per day
99236	Observation or inpatient hospital care, E&M of a patient - high severity	\$218.32	HE	HW	1 event per day
99238	Hospital Discharge Day Management 30 minutes or less	\$70.84	HE	HW	1 event per day
99239	Hospital Discharge Day Management more than 30 minutes - unit based by 15 minute increment	\$101.63	HE	HW	1 event per day
99281	ER visit for E&M of a patient - self limited or minor severity	\$21.09	HE	HW	1 event per day
99282	ER visit for E&M of a patient - low to moderate severity	\$39.65	HE	HW	1 event per day
99283	ER visit for E&M of a patient - moderate severity	\$63.74	HE	HW	1 event per day
99284	ER visit for E&M of a patient - high severity no immediate or significant threat to life or physiologic function	\$117.89	HE	HW	1 event per day
99285	ER visit for E&M of a patient - high severity pose an immediate or significant threat to life or physiologic function	\$175.72	HE	HW	1 event per day
99304		\$90.71	HE	HW	1 event per day
99305		\$127.11	HE	HW	1 event per day
99306		\$162.74	HE	HW	1 event per day
99307	Subsequent nursing facility care, per day E&M - patient is stable, recovering or improving (based on 10 minute E&M rate)	\$41.22	HE	HW	1 event per day
99308	Subsequent nursing facility care, per day E&M - patient is responding inadequately to therapy or developed minor complication (based on 20 minute E&M rate)	\$63.39	HE	HW	1 event per day
99309	Subsequent nursing facility care, per day E&M - patient developed significant complication or significant new problem (based on 30 minute E&M rate)	\$84.56	HE	HW	1 event per day
99310	Subsequent nursing facility care, per day E&M - patient developed significant new problem requiring immediate physician attention (based on 45 minute E&M rate)	\$123.72	HE	HW	1 event per day
99324	Domiciliary or rest home visit E&M new patient- low severity 20 minutes	\$58.26	HE	HW	1 event per day
99325	Domiciliary or rest home visit E&M new patient- moderate severity 30 minutes	\$84.46	HE	HW	1 event per day
99326	Domiciliary or rest home visit E&M new patient- moderate to high severity 45 minutes	\$136.85	HE	HW	1 event per day
99327	Domiciliary or rest home visit E&M new patient- high severity 60 minutes	\$177.55	HE	HW	1 event per day
99328	Domiciliary or rest home visit E&M new patient-patient is unstable & needs immediate physician attention - 75 minutes	\$209.91	HE	HW	1 event per day
99334	Domiciliary or rest home visit E&M established patient-self limited to minor severity 15 minutes	\$58.34	HE	HW	1 event per day
99335	Domiciliary or rest home visit E&M established patient-low to moderate severity 25 minutes	\$89.52	HE	HW	1 event per day
99336	Domiciliary or rest home visit E&M established patient-moderate to high severity 40 minutes	\$126.88	HE	HW	1 event per day
99337	Domiciliary or rest home visit E&M established patient-moderate to high severity may be unstable or new significant problem 60 minutes	\$181.71	HE	HW	1 event per day
99341	Home visit for E&M of a new patient - 20 minutes face to face	\$57.83	HE	HW	1 event per day
99342	Home visit for E&M of a new patient - 30 minutes face to face	\$84.46	HE	HW	1 event per day
99343	Home visit for E&M of a new patient - 45 minutes face to face	\$133.54	HE	HW	1 event per day
99344	Home visit for E&M of a new patient - 60 minutes face to face	\$174.65	HE	HW	1 event per day
99345	Home visit for E&M of a new patient - 75 minutes face to face	\$209.91	HE	HW	1 event per day
99347	Home visit for E&M of an established patient - 15 minutes face to face	\$55.41	HE	HW	1 event per day
99348	Home visit for E&M of an established patient - 25 minutes face to face	\$83.26	HE	HW	1 event per day
99349	Home visit for E&M of an established patient - 40 minutes face to face	\$121.45	HE	HW	1 event per day
99350	Home visit for E&M of an established patient - 60 minutes face to face	\$170.64	HE	HW	1 event per day
H0034	Medication Training and Support per 15 minutes (IROS/FSS)	\$23.46		HW U1,U2,U5	10 units per day effective 10/24/09 Service limit override
H0034	Medication Training and Support per 15 minutes (IROS/FSS)	\$23.46		HW U1 UA,U2 UA,U5 UA	
H0034	Medication Training and Support per 15 minutes (IROS/FSS)	\$23.46		U6, U7	

Code	Service Description	Rate in Effect 1/1/2013	HE	HW	limit
H0035	Mental Health Partial Hospitalization Treatment Less Than 24 Hours - IPH 1/2	\$112.29		HW	1 event per day
H2001	RPH Half Day	\$69.26		HW	1 event per day
H2010	Comprehensive Medication Service	\$54.61	HE	HW	1 event per day
H2011	Emergency Visit	\$83.91	HE	HW	max 6 units
H2015	Comprehensive Community Support Services per 15 minutes (consolidated FSS)	\$23.46		HW U1,U2,U5	10 units per day effective 10/24/09
H2015	Comprehensive Community Support Services per 15 minutes (consolidated FSS)	\$23.46		HW U1 UA,U2 UA,U5 UA	Service limit override
H2015	Comprehensive Community Support Services per 15 minutes (consolidated FSS)	\$23.46		HW U6, U7	
H2018	RPH Full Day	\$99.90		HW	1 event per day
H2019	Therapeutic Behavioral service per 15 minutes (IROS/FSS)	\$23.46		HW U6, U7	
H2019	Therapeutic Behavioral service per 15 minutes (IROS/FSS)	\$23.46		HW U1 UA, U2 UA, U5 UA	Service limit override
H2019	Therapeutic Behavioral service per 15 minutes (IROS/FSS)	\$23.46		HW U1,U2,U5	10 units per day effective 10/24/09
H2019-HQ	Therapeutic Behavioral service per 15 minutes (IROS/FSS)-Group	\$9.19	HQ	HW U1 UA, U2 UA, U5 UA	Service limit override
H2019-HQ	Therapeutic Behavioral service per 15 minutes (IROS/FSS)-Group	\$9.19	HQ	U6, U7	
H2019-HQ	Therapeutic Behavioral service per 15 minutes (IROS/FSS)-Group	\$9.19	HQ	HW U1,U2,U5	10 units per day effective 10/24/09
H2020	Therapeutic Behavioral service per diem (IROS/FSS)	\$120.00		HW	1 event per day
H2023	Supported Employment	\$26.54		HW	
H2027	Psychoeducation (IMR) per 15 minutes	\$26.54		HW	
H2027	Psychoeducation (IMR) per 15 minutes-Group	\$9.19	HQ	HW	
M0064	Brief Office Visit	\$26.64	HE	HW	1 event per day
S0201	IPH Full Day	\$239.77		HW	1 event per day
S9484	Crisis intervention mental health service (IROS/FSS)	\$23.46		HW	
S9485	Crisis Care APRTP, Per Diem	\$549.00		HW	1 event per day
S9982	Copy Medical Records	\$3.99	HE	HW	1 event per day
T1001	Nursing Assessment	\$26.64	HE	HW	1 event per day
T1016	Case Management	\$358.14		HW	1 per calendar month
T1023	Psychiatric Exam for Medicaid Eligibility	\$146.52	HE	HW	1 per 6 months
T1027	Family Training and counseling (IROS/FSS)	\$23.46		HW U6, U7	
T1027	Family Training and counseling (IROS/FSS)	\$23.46		HW U1 UA,U2 UA,U5 UA	Service limit override
T1027	Family Training and counseling (IROS/FSS)	\$23.46		HW U1,U2,U5	10 units per day effective 10/24/09