

| OCCUPATIONAL THERAPY | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|-------------------|------------|----------|------------|--|--|-------------------|
| 97003 | | Occupational therapy evaluation, per 15 min | | | | | | | | | | | 15.07 |
| 97004 | | Occupational therapy re-evaluation, per 15 min | | | | | | | | | | | 15.07 |
| 97150 | | Therapeutic procedure(s) group (2 or more) | | | | | | | | | | | 18.30 |
| 97530 | | Therapeutic activities, direct patient contact, per 15 min. | | | | | | | | | | | 11.83 |
| 97532 | | Development of cognitive skills, direct contact per 15 min. | | | | | | | | | | | 11.83 |
| 97535 | | Self-care/home mgmt trng, per 15 min. | | | | | | | | | | | 11.83 |
| 97537 | | Community/work reintegration trng, direct contact, per 15 min. | | | | | | | | | | | 11.83 |
| MENTAL HEALTH CASE MANAGEMENT | | | | | | | | | | | | | |
| H0031 | | Case Management Annual Assessment (only if approved by program) | | | | | | | | | | | \$108.61 |
| T1016 | | Mental health case management (Daily rate) | | | | | | | | | | | \$108.61 |
| MOBILE TREATMENT | | | | | | | | | | | | | |
| H0040-21 | | Assertive Community Treatment (ACT) EBP | | | | | | | | | | | \$1,183.84 |
| H0040-U9 | | Assertive Community Treatment (ACT) EBP for Medicare consumers | | | | | | | | | | | \$1,049.31 |
| H0040 | | Mobil treatment Non-EBP | | | | | | | | | | | \$839.45 |
| H0040-52 | | Mobil treatment Non-EBP for Medicare consumers | | | | | | | | | | | \$643.58 |
| PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM | | | | | | | | | | | | | |
| H0002 | | Rehabilitation Assessment | | | | | \$61.62 | \$61.62 | | | | | |
| H2016 | | Encounter (only bill w/POS 15 (off-site) or 52 (on-site)) | | | | | | | | | | | |
| S9445 | | Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate) | | | | | \$107.62 | \$107.62 | \$107.62 | | | | |
| H2018-U2 | | Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate) | | | | | | | | \$426.99 | | | |
| H2018-U2 | | On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate) | | | | | \$183.22 | | | | | | |
| H2018-U2 | | Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate) | | | | | | \$243.76 | | | | | |
| H2018-U3 | | Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate) | | | | | | | | \$760.88 | | | |
| H2018-U3 | | On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate) | | | | | \$259.37 | | | | | | |
| H2018-U3 | | Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate) | | | | | | \$501.51 | | | | | |
| H2018-U4 | | On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) | | | | | \$447.70 | | | | | | |
| H2018-U4 | | Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate) | | | | | | \$1,202.13 | | | | | |
| H2018-U5 | | On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) | | | | | \$447.70 | | | | | | |
| H2018-U5 | | Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate) | | | | | | \$3,123.17 | | | | | |
| H2018-U6 | | Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate) | | | | | | | | \$1,649.83 | | | |
| H2018-U7 | | Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate) | | | | | | | | \$3,570.87 | | | |
| T1023 | | Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each) | | | | | | | | \$447.70 | | | |
| HOUSING SERVICES | | | | | | | | | | | | | |
| T2048 | | Residential room and board (per day) | | | | | \$12.59 | | | | | | \$12.59 |
| S5150 | | Enhanced support (per hour) (10 hour maximum) | | | | | \$12.91 | | | | | | |
| H0019 | | Crisis Bed hold (per day) | | | | | \$12.59 | | | | | | \$12.59 |
| RESPITE CARE | | | | | | | | | | | | | |
| H0045 | | Adult Respite care, not in home, per diem | | | | | \$75.61 | | | | | | |
| H0045 | | C&A Respite care, not in home, per diem | | | | | | | | | | | \$174.34 |
| T1005 | | In home respite care | | | | | \$3.49/ 15min. | | | | | | \$3.49/ 15min. |
| RESIDENTIAL CRISIS SERVICES | | | | | | | | | | | | | |
| S9485 | | Residential crisis services (also bill as T2048) | | | | | | | | | | | \$252.34 |
| S5145 | | Residential crisis, treatment foster care | | | | | | | | | | | \$162.25 |
| SUPPORTED EMPLOYMENT | | | | | | | | | | | | | |
| H2023 | | CSA w/lifetime benefit of \$2,750) | | | | | | \$7.40 | | | | | |
| H2024 | | Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year) | | | | | | \$430.49 | | | | | |
| H2024-21 | | Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year) | | | | | | \$1,075.14 | | | | | |

