

Public Mental Health System Rates

Effective 10/01/2022

| | | Provider types: | PTPR | PTPR | PTPR | PTSE | PTCR and PTRS | PTCM | PTMT | PT86 | PTMH |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|-----------------|----------------------|----------------------------------------|------------------|------------------|------------------------|---------------------------------------|----------|
| Procedure Code | Service Description | PRP On-Site | PRP Off-Site | PRP On/Off Site | Supported Employment | Residential Crisis and Respite Program | Case Management | Mobile Treatment | Traumatic Brain Injury | Freestanding Partial Hospital Program | |
| MENTAL HEALTH CASE MANAGEMENT | | | | | | | | | | | |
| H0031 | Case Management Annual Assessment (only if approved by program) | | | | | | \$150.23 | | | | |
| T1016 | Mental health case management (Daily rate) | | | | | | \$150.23 | | | | |
| T1017 | Targeted Case Management (Children and Youth) | | | | | | \$40.30/15 mins. | | | | |
| T1017-HG | Targeted Case Management (Children and Youth) (Telephonic) | | | | | | \$40.30/15 mins. | | | | |
| COMMUNITY BASED PARTIAL HOSPITALIZATION | | | | | | | | | | | |
| S0201 | Mental health partial hosp, tx <24 hours | | | | | | | | | | \$281.75 |
| S0201-52 | Intensive outpatient program (IOP) | | | | | | | | | | \$153.35 |
| MOBILE TREATMENT | | | | | | | | | | | |
| H0040-21 | Assertive Community Treatment (ACT) EBP | | | | | | | \$1,637.51 | | | |
| H0040-U9 | Assertive Community Treatment (ACT) EBP for Medicare consumers | | | | | | | \$1,451.42 | | | |
| H0040 | Mobile treatment Non-EBP | | | | | | | \$1,161.15 | | | |
| H0040-52 | Mobile treatment Non-EBP for Medicare consumers | | | | | | | \$890.21 | | | |
| PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM {PRP} | | | | | | | | | | | |
| H0002 | Rehabilitation Assessment | \$85.23 | \$85.23 | | | | | | | | |
| 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) | \$148.86 | \$148.86 | \$148.86 | | | | | | | |
| 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) | | | \$590.62 | | | | | | | |
| H2018-U2 | On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate) | \$253.43 | | | | | | | | | |
| H2018-U2 | Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate) | | \$337.17 | | | | | | | | |
| 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) | | | \$1,052.47 | | | | | | | |
| H2018-U3 | On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate) | \$358.76 | | | | | | | | | |
| H2018-U3 | Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate) | | \$693.70 | | | | | | | | |
| H2018-U4 | On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) | \$619.27 | | | | | | | | | |
| H2018-U4 | Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate) | | \$1,662.79 | | | | | | | | |
| H2018-U5 | On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) | \$619.27 | | | | | | | | | |
| H2018-U5 | Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate) | | \$4,320.04 | | | | | | | | |
| 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) | | | \$2,282.10 | | | | | | | |
| 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) | | | \$4,939.31 | | | | | | | |
| 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) | | | \$619.27 | | | | | | | |

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| HOUSING SERVICES | | | | | | | | | | |
| T2048 | Residential room and board (per day) | \$16.53 | | | | \$16.53 | | | | |
| S5150 | Enhanced support (per hour) (10 hour maximum) | \$16.93 | | | | | | | | |
| H0019 | Crisis Bed hold (per day) | \$16.53 | | | | \$16.53 | | | | |
| RESPITE CARE | | | | | | | | | | |
| H0045 | Adult Respite care, not in home, per diem | \$104.59 | | | | | | | | |
| H0045-UA | C&A Respite care, not in home, per diem | | | | | \$241.16 | | | | |
| T1005 | In home respite care | | \$4.82 /15 min. | | | | | \$4.82 /15 min. | | |
| RESIDENTIAL CRISIS SERVICES | | | | | | | | | | |
| S9485 | Residential crisis services (also bill as T2048) | | | | | \$331.16 | | | | |
| S5145 | Residential crisis, treatment foster care | | | | | \$212.94 | | | | |
| SUPPORTED EMPLOYMENT | | | | | | | | | | |
| H2023 | Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750) | | | | \$10.23 | | | | | |
| H2024 | Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year) | | | | \$595.46 | | | | | |
| H2024-21 | Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year) | | | | \$1,487.15 | | | | | |
| H2026 | Ongoing support to maintain employment, per month | | | | \$483.82 | | | | | |
| H2026-21 | Ongoing support to maintain employment, per month - EBP | | | | \$595.46 | | | | | |
| S9445-52 | Clinic coordination - EBP | | | | \$148.86 | | | | | |
| TRAUMATIC BRAIN INJURY | | | | | | | | | | |
| W0037 | Residential habilitation Level 1 (per day) | | | | | | | | \$266.64 | |
| W0038 | Residential habilitation Level 2 (per day) | | | | | | | | \$353.06 | |
| W0039 | Residential habilitation Level 3 (per day) | | | | | | | | \$488.43 | |
| W0054 | Day habilitation Level 1 (per day) | | | | | | | | \$68.84 | |
| W0055 | Day habilitation Level 2 (per day) | | | | | | | | \$120.09 | |
| W0056 | Day habilitation Level 3 (per day) | | | | | | | | \$168.94 | |
| W0057 | Supported employment Level 1 (per day) | | | | | | | | \$40.84 | |
| W0058 | Supported employment Level 2 (per day) | | | | | | | | \$68.84 | |
| W0059 | Supported employment Level 3 (per day) | | | | | | | | \$168.94 | |
| W0060 | Individual Support Services (155) (rate per hour) 5-1-19 Changed to 15 Min per unit | | | | | | | | \$33.40 (\$8.35 per 15 Min) | |