Public Menta	al Health S	System Rates							
Effective 11/									
		Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	РТМС
Procedure Code	E&M Code	Service Description	Psychiatrist non- facility	NonPsych MD, 23 without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych/PsyD	LCSW-C, LCPC, LCADC, LCMFT	омнс
OTHER PROP	ESSIONAL	L SERVICES FOR IOP, PHP & CRS			OMHC &E/M at lesser of rate)				
90791		Psychiatric diagnostic evaluation	191.78			136.74	156.16	136.74	219.66
90791-UA		C&A Psychiatric diagnostic evaluation	191.78			136.74	156.16	136.74	245.34
90792		Psychiatric diagnostic evaluation with medical services	191.78			136.74			219.66
90792-UA		C&A Psychiatric diagnostic evaluation with medical services	191.78			136.74			245.34
99202		Evaluation and Management, including Rx -Straight forward, new patient	77.20	77.20	51.03	77.20			77.20
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.45	109.45	77.13	109.45			109.45
99204		Evaluation and Management, including Rx -Moderately complex, new patient	166.09	166.09	130.41	166.09			166.09
99205		Evaluation and Management, including Rx -Highly complex, new patient	209.62	209.62	170.30	209.62			209.62
99211		Evaluation and Management, including Rx -Minimal	23.54	23.54	9.21	23.54			23.54
99212		Evaluation and Management, including Rx -Straight forward	46.29	46.29	26.07	46.29			46.29
99213		Evaluation and Management, including Rx -Low complexity	75.86	75.86	51.61	75.86			75.86
99214		Evaluation and Management, including Rx -Moderately complex	109.76	109.76	79.25	109.76			109.76
99215		Evaluation and Management, including Rx -Highly complex	147.22	147.22	111.93	147.22			147.22
90832		Individual psychotherapy (30 min) MD Only	55.36			55.36			56.46
90834		Individual psychotherapy (45 min) MD Only	104.07			104.07			106.15
	<mark>F/OFFICE F</mark>	PROFESSIONAL SERVICES							
90791		Psychiatric diagnostic evaluation	191.78			136.74	156.16	136.74	219.66
90791-UA		C&A Psychiatric diagnostic evaluation	191.78			136.74	156.16	136.74	245.34
90792		Psychiatric diagnostic evaluation with medical services	191.78			136.74			219.66
90792-UA		C&A Psychiatric diagnostic evaluation with medical services	191.78			136.74			245.34
90832		Individual psychotherapy (30 min)-Outpatient	63.28			45.11	51.70	45.11	64.55
90832-UA		C&A Individual psychotherapy (30 min)-Outpatient	63.28			45.11	51.70	45.11	76.34
90833	Y	30 min Psychotherapy add on	63.28			45.11			64.55
90833-UA	Y	C&A 30 min Psychotherapy add on	63.28			45.11			76.34
90834		Individual psychotherapy (45 min)-Outpatient	114.99			82.25	93.69	82.25	117.30
90834-UA		C&A Individual psychotherapy (45 min)-Outpatient	114.99			82.25	93.69	82.25	135.67
90836	Y	45 min Psychotherapy add on	114.99			82.25		+	117.30
90836-UA	Y	C&A 45 min Psychotherapy add on	114.99			82.25			135.67

90837		Individual psychotherapy (60 min)							117.30
90837 90837-UA		C&A Individual psychotherapy (60 min)						1	135.67
90837-0A	Y	60 min Psychotherapy add on							117.30
90838-UA	Y	C&A 60 min Psychotherapy add on							135.67
90839		Psychotherapy for crisis, first 60 min							129.09
90839-UA		C&A Psychotherapy for crisis, first 60 min							152.66
90840		Psychotherapy for crisisadditional 30 min							69.84
90840-UA		C&A Psychotherapy for crisis additional 30 min							79.66
90846		Family psychotherapy without patient present	107.50			69.42	90.24	69.42	116.27
90846-UA		C&A Family psychotherapy without patient present	107.50			69.42	90.24	69.42	134.29
90847		Family psychotherapy with patient present (45-60 min)	119.74			84.67	98.55	84.67	122.15
90847-UA		C&A Fam psychoth with patient present (45-60 min)	119.74			84.67	98.55	84.67	138.80
90847-UA-52		C&A Family psychotherapy with patient present Abbrev	74.16			53.09	60.39	53.09	75.65
90849		Multiple family group psychotherapy 45 - 60 minutes	,			55105	00.00		51.37
90849-UA		C&A Multiple family group psychotherapy 45 - 60 minutes							54.14
90849-52		Multiple family group psychotherapyAbbrev							46.11
90849-UA-52		C&A Multiple family group psychotherapyAbbrev							49.71
H2027		Family psycho-education with consumer present							69.42
H1011		Family psycho-education without consumer present							69.42
90853		Group psychotherapy (not multi-family.) 45-60 minutes	31.30			31.94	31.94	31.94	49.96
Public Mental	l Health 9		51.50			51.54	51.54	51.54	45.50
Effective 11/0									
	, 2021	Provider types:	PT20-psych	PT20-Nonpsych,	PT20.23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC
					·····,				
				23					
				23 without PMH, 80					
				23 without PMH,80					
Procedure	E&M	Service Description	Psychiatrist non-		MD/CRNP/ PA	PMH certified	PHD	LCSW-C, LCPC,	омнс
Procedure Code	E&M Code	Service Description	Psychiatrist non- facility	without PMH, 80	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych/PsyD	LCSW-C, LCPC, LCADC, LCMFT	омнс
		Service Description		without PMH, 80 NonPsych MD, 23					омнс
		Service Description C&A Group psychotherapy (not multi-family.) 45-60 minutes.		without PMH, 80 NonPsych MD, 23					OMHC 52.74
Code		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	facility	without PMH, 80 NonPsych MD, 23		CRNP and APRN	Psych/PsyD	LCADC, LCMFT	
Code 90853-UA 90853-21	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes)	facility	without PMH, 80 NonPsych MD, 23		CRNP and APRN	Psych/PsyD	LCADC, LCMFT	52.74 65.22
Code 90853-UA	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes.	facility	without PMH, 80 NonPsych MD, 23		CRNP and APRN	Psych/PsyD	LCADC, LCMFT	52.74
Code 90853-UA 90853-21	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes) Evaluation and Management, including Rx -Straight forward,	facility	without PMH, 80 NonPsych MD, 23		CRNP and APRN	Psych/PsyD	LCADC, LCMFT	52.74 65.22
Code 90853-UA 90853-21 90853-UA-21	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes) Evaluation and Management, including Rx -Straight forward, new patient C & A Evaluation and Management, including Rx -Straight	facility 31.30	without PMH, 80 NonPsych MD, 23 without PMH, 80	facility	CRNP and APRN 31.94	Psych/PsyD	LCADC, LCMFT	52.74 65.22 65.22
Code 90853-UA 90853-21 90853-UA-21 99202	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes) Evaluation and Management, including Rx -Straight forward, new patient C & A Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity,	facility 31.30 77.20	without PMH, 80 NonPsych MD, 23 without PMH, 80 77.20	facility 51.03	CRNP and APRN 31.94 77.20	Psych/PsyD	LCADC, LCMFT	52.74 65.22 65.22 77.20
Code 90853-UA 90853-21 90853-UA-21 99202 99202-UA	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes) Evaluation and Management, including Rx -Straight forward, new patient C & A Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient C & A Evaluation and Management, including Rx -Low	facility 31.30 77.20 77.20	without PMH, 80 NonPsych MD, 23 without PMH, 80 77.20 77.20	facility 51.03 51.03	CRNP and APRN 31.94 77.20 77.20	Psych/PsyD	LCADC, LCMFT	52.74 65.22 65.22 77.20 77.20
Code 90853-UA 90853-21 90853-UA-21 99202 99202-UA 99203	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes) Evaluation and Management, including Rx -Straight forward, new patient C & A Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient C & A Evaluation and Management, including Rx -Low complexity, new patient Evaluation and Management, including Rx -Low complexity, new patient	facility 31.30 77.20 77.20 109.45	without PMH, 80 NonPsych MD, 23 without PMH, 80 77.20 77.20 109.45	facility 51.03 51.03 77.13	CRNP and APRN 31.94 77.20 77.20 109.45	Psych/PsyD	LCADC, LCMFT	52.74 65.22 65.22 77.20 77.20 109.45
Code 90853-UA 90853-21 90853-UA-21 99202 99202-UA 99203-UA	Code	C&A Group psychotherapy (not multi-family.) 45-60 minutes. Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes) Evaluation and Management, including Rx -Straight forward, new patient C & A Evaluation and Management, including Rx -Straight forward, new patient Evaluation and Management, including Rx -Low complexity, new patient C & A Evaluation and Management, including Rx -Low complexity, new patient	facility 31.30 77.20 77.20 109.45 109.45	without PMH, 80 NonPsych MD, 23 without PMH, 80 77.20 77.20 109.45 109.45	facility 51.03 51.03 77.13 77.13	CRNP and APRN 31.94 77.20 77.20 109.45 109.45	Psych/PsyD	LCADC, LCMFT	52.74 65.22 65.22 77.20 77.20 109.45 109.45

99205-UA	C & A Evaluation and Management, including Rx -Highly complex, new patient	209.62	209.62	170.30	209.62			209.62
99211	Evaluation and Management, including Rx -Minimal	23.54	23.54	9.21	23.54			23.54
99211-UA	C&A Evaluation and Management, including Rx -Minimal	23.54	23.54	9.21	23.54			23.54
99212	Evaluation and Management, including Rx -Straight forward	46.29	46.29	26.07	46.29			46.29
99212-UA	C&A Evaluation and Management, including Rx -Straight forward	46.29	46.29	26.07	46.29			46.29
99213	Evaluation and Management, including Rx -Low complexity	75.86	75.86	51.61	75.86			75.86
99213-UA	C&A Evaluation and Management, including Rx -Low complexity	75.86	75.86	51.61	75.86			75.86
99214	Evaluation and Management, including Rx -Moderately complex	109.76	109.76	79.25	109.76			109.76
99214-UA	C&A Evaluation and Management, including Rx -Moderately complex	109.76	109.76	79.25	109.76			109.76
99215	Evaluation and Management, including Rx -Highly complex	147.22	147.22	111.93	147.22			147.22
99215-UA	C&A Evaluation and Management, including Rx -Highly complex	147.22	147.22	111.93	147.22			147.22
90875	Indiv psychophysio therapy incl biofdbk (20-30 min)	63.28			45.11	51.70	45.11	64.55
90876	Indiv psychophysio therapy incl biofdbk (45-50 min)	114.99			82.25	93.69	82.25	117.30
90889	Outpatient Discharge (CMS 1500)							26.35
0929	Outpatient Discharge (UB)							26.35
96130	Psychological Testing Evaluation services by a Physician or other qualified professional. Treatment planning and Report and Interactive feed back to the patient, family members and caregiver's (first hour)					145.97		145.97
96131	Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)					110.93		110.93
96136	Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)					60.19		60.19
96137	Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)					56.11		56.11
96138	Psychological test administration and scoring by a Technician (first 30 minutes)					50.13		50.13
96139	Psychological test administration and scoring by a Technician (each additional 30 minutes)					50.13		50.13
99241	Office Consultation - also used for H&P for PHP (15 Min)	48.48	48.48	33.04	48.48			
99242	Office Consultation - also used for H&P for PHP (30 min)	91.38	91.38	69.69	91.38			
99243	Office Consultation - also used for H&P for PHP (40 min)	124.96	124.96	97.38	124.96			
99244	Office Consultation - also used for H&P for PHP (60 min)	186.95	186.95	156.79	186.95			
99245	Office Consultation - also used for H&P for PHP (80 min)	227.46	227.46	193.64	227.46			
99354	Prolonged phy svc req face-to-face pat contact beyond the usual service							130.73
99355	Each additional 30 minutes of a prolonged phy svc							99.30
INPATIENT HOSP	ITAL SERVICES							

99221		Initial hospital care (30 min) (MD only)	N/A	N/A	102.73	N/A			
99221-UA		C&A Initial hospital care (30 min) (MD only)	N/A	N/A	102.73	N/A			
99222 99222		Initial hospital care (50 min) (MD only)	N/A	N/A N/A	138.47	N/A N/A			
99222-UA		C&A Initial hospital care (50 min) (MD only)	N/A	N/A	138.47	N/A N/A			
99223		Initial hospital care (70 min) (MD only)	N/A	N/A	203.07	N/A			
99223-UA		C&A Initial hospital care (70 min) (MD only)	N/A	N/A N/A	203.07	N/A			
99231		Subsequent IP care (15 min) (MD only)	N/A	N/A	39.46	N/A N/A			
99231-UA		C&A Subsequent IP care (15 min) (MD only)	N/A	N/A N/A	39.46	N/A N/A			
Public Menta	l Hoalth (N/A	N/A	59.40	N/A			
Effective 11/0		System Rates							
	01,2021	Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	РТМС
Procedure	E&M	Service Description	Psychiatrist non-	NonPsych MD, 23	MD/CRNP/ PA	PMH certified	PHD	LCSW-C, LCPC,	омнс
Code	Code		facility	without PMH, 80	facility	CRNP and APRN	Psych/PsyD	LCADC, LCMFT	
99232		Subsequent IP care (25 min) (MD only)	N/A	N/A	72.84	N/A			
99232-UA		C&A Subsequent IP care (25 min) (MD only)	N/A	N/A	72.84	N/A			
99233		Subsequent IP care (35 min) (MD only)	N/A	N/A	104.33	N/A			
99233-UA		C&A Subsequent IP care (35 min) (MD only)	N/A	N/A	104.33	N/A			
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	N/A	73.40	N/A			
99238-UA		C&A Hospital discharge day mgmt (30 min or less) (MD only)	N/A	N/A	73.40	N/A			
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A			
99239-UA		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	N/A	108.04	N/A			
99251		Initial inpatient consultation (20 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	50.12	50.12	N/A			
99252		Initial inpatient consultation (40 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	75.56	75.56	N/A			
99253		Initial inpatient consultation (55 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	116.90	116.90	N/A			
99254		Initial inpatient consultation (80 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	170.28	170.28	N/A			
99255		Initial inpatient consultation (110 min) (MD only) - also used for H&P for Inpatient Non Psych Physician	N/A	204.63	204.63	N/A			
99281		ER Visit	N/A	N/A	22.76	N/A			
99282		ER Visit	N/A	N/A	43.68	N/A			
99283		ER Visit	N/A	N/A	65.25	N/A			
99284		ER Visit	N/A	N/A	120.09	N/A			
99285		ER Visit	N/A	N/A	174.46	N/A			
MISCELLANE	OUS								
00104		Anesthesia for ECT	121.83						
90870		ECT single seizure w/ monitoring (Physician only)	121.97						
36415		Collection of blood by venipuncture							17.92
96372		Therapeutic injection							17.92
SPECIAL SERV	/ICES								
\$9480		Intensive OP psych svcs, per diem (clinic model)							167.27
S9480-UA		C&A Intensive OP psych svcs, per diem (clinic model)							198.85

99211-25	Y	Evaluation and Management, including Rx -Minimal	23.54						
							-,-,-,-		
Code	Code		facility	without PMH, 80	facility	CRNP and APRN	Psych/PsyD	LCADC, LCMFT	
Procedure	E&M	Service Description	Psychiatrist non-	NonPsych MD, 23	MD/CRNP/ PA	PMH certified	PHD	LCSW-C, LCPC,	ОМНС
				without PMH, 80					
				23					
		Provider types:	PT20-psych	PT20-Nonpsych,	PT20,23 in facility	PT23 with PMH,24	P115	PT94,CC	PINC
Lifective 11/	01/2021		DT20 much	DT20 Norman 1	DT20 22 in facility	DT22 with DM41 24	PT15		РТМС
Effective 11/		System nates						1	
Public Monta	l Health (System Rates							
55205 25		new patient	205.02						
99205-25	Y	Evaluation and Management, including Rx -Highly complex,	209.62					1	
		complex, new patient							
99204-25	Y	Evaluation and Management, including Rx -Moderately	166.09					1	1
		new patient	_						
99203-25	Y	Evaluation and Management, including Rx -Low complexity,	109.45						
		new patient							
99202-25	Y	Evaluation and Management, including Rx -Straight forward,	77.20						
		Determination with Delivery and Management							
90869		Therapeutic repetitive TMS Treatment, Subsequent Re	469.22						
		and Management (per session)							
90868		Therapeutic repetitive TMS Treatment, Subsequent Delivery	171.80						
90867		Therapeutic repetitive TMS Treatment, Initial Treatment Plan	187.32						
TRANSCRANI	IAL MAGN	NETIC STIMULATION							
			40 units)						
		additional 15 minutes	(Add 15 Min. Max of						
96159		Health Behavior Intervention, Individual, Face to Face, Each	\$14.75						
		30 Minutes							
96158		Health Behavior Intervention, Individual, Face to Face, Initial	\$29.50 (30 Min)						
96156		Health Behavior Assessment or Re-Assessment Non Timed	\$136.12						
THERAPEUTI	C BEHAVI	ORAL SERVICES							
		min.							
97537		Community/work reintegration trng, direct contact, per 15						14.19	
97535		Self-care/home mgmt trng, per 15 min.						14.19	
97530		Therapeutic activities, direct patient contact, per 15 min.						14.19	
97150		Therapeutic procedure(s) group (2 or more)						21.92	
OCCUPATION	NAL THER	APY (for recipients under 21 only)							
H0046		Therapeutic Nursery							54.43
		Interdisciplinary team tx plng w/patient present							106.88

* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed				
** If value of field is 'Y', can charge one E&M Code between 99202 and 99215				