

Public Mental Health System Rates
Effective 01/01/2021

			Provider types:								
Procedure Code	E&M Code	Service Description	PTPR- POS 52	PTPR- POS 12/15	PTPR- POS 49	PTCM	PTMT	PT86	PTMH	PT01,06,07	PTPR- POS 52- child rate:PRP
			PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident. Crisis Facility
MENTAL HEALTH CASE MANAGEMENT											
H0031		Case Management Annual Assessment (only if approved by program)				132.89					
T1016		Mental health case management (Daily rate)				132.89					
T1017		Targeted Case Management (Children and Youth)				\$35.65/15 mins.					
T1017-HG						\$35.65/15 mins.					
COMMUNITY BASED PARITAL HOSPITALIZATION											
S0201		Mental health partial hosp, tx <24 hours							249.24		
S0201-52		Intensive outpatient program (IOP)							135.65		
MOBILE TREATMENT											
H0040-21		Assertive Community Treatment (ACT) EBP					1,448.60				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers					1,283.98				
H0040		Mobil treatment Non-EBP					1,027.19				
H0040-52		Mobil treatment Non-EBP for Medicare consumers					787.50				
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM											
H0002		Rehabilitation Assessment	75.40	75.40							
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)	131.69	131.69	131.69						
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)			522.48						
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)	224.19								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)		298.27							
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)			931.04						
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	317.37								
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)		613.67							
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	547.83								
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)		1,470.96							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	547.83								
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)		3,821.64							
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)			2,018.81						
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)			4369.47						
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)			547.83						
HOUSING SERVICES											
T2048		Residential room and board (per day)	15.41								15.41
S5150		Enhanced support (per hour) (10 hour maximum)	15.79								
H0019		Crisis Bed hold (per day)	15.41								15.41
RESPIRE CARE											
H0045		Adult Respite care, not in home, per diem	92.52								
H0045-UA		C&A Respite care, not in home, per diem									213.34
T1005		In home respite care		\$4.26/15 min.			\$4.26/15 min.				
RESIDENTIAL CRISIS SERVICES											
S9485		Residential crisis services (also bill as T2048)									308.77

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S5145		Residential crisis, treatment foster care									198.55
SUPPORTED EMPLOYMENT											
H2023		Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)		9.05							
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		526.76							
H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)		1,315.58							
H2026		Ongoing support to maintain employment, per month		428.00							
H2026-21		Ongoing support to maintain employment, per month - EBP		526.76							
S9445-52		Clinic coordination - EBP		131.69							
TRAUMATIC BRAIN INJURY											
W0037		Residential habilitation Level 1 (per day)						235.88			
W0038		Residential habilitation Level 2 (per day)						312.32			
W0039		Residential habilitation Level 3 (per day)						432.08			
W0054		Day habilitation Level 1 (per day)						60.9			
W0055		Day habilitation Level 2 (per day)						106.23			
W0056		Day habilitation Level 3 (per day)						149.45			
W0057		Supported employment Level 1 (per day)						36.13			
W0058		Supported employment Level 2 (per day)						60.9			
W0059		Supported employment Level 3 (per day)						149.45			
W0060		Individual Support Services (ISS) (rate per hour) 5-1-19 Changed to 15 Min per unit						29.54 (\$7.38 per 15 Min)			