

Public Mental Health System Rates - Fiscal Year 2021										
		Default Fee Codes:		MYLD1/ MYUN1	NOPMD/NOPMU MYLDP/ MYUNP	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/ MYUN3	MYLD4/ MYUN4	MYLD5/ MYUN5
		Provider types:		PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC
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	OMHC
OTHER PROFESSIONAL SERVICES FOR IOP, PHP & CRS										
OMHC &E/M at lesser of rate)										
90791		Psychiatric diagnostic evaluation		175.80			125.34	143.15	125.34	201.36
90791-UA		C&A Psychiatric diagnostic evaluation		175.80			125.34	143.15	125.34	224.90
90792		Psychiatric diagnostic evaluation with medical services		175.80			125.34			201.36
90792-UA		C&A Psychiatric diagnostic evaluation with medical services		175.80			125.34			224.90
99201		Evaluation and Management, including Rx -Minimal, new patient		46.65	46.65	27.07	46.65			46.65
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	130.42	166.09			166.09
99205		Evaluation and Management, including Rx -Highly complex, new patient		209.62	209.62	170.29	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		50.74			50.74			51.76
90834		Individual psychotherapy (45 min) MD Only		95.40			95.40			97.30
OUTPATIENT/OFFICE PROFESSIONAL SERVICES										
90791		Psychiatric diagnostic evaluation		175.80			125.34	143.15	125.34	201.36
90791-UA		C&A Psychiatric diagnostic evaluation		175.80			125.34	143.15	125.34	224.90
90792		Psychiatric diagnostic evaluation with medical services		175.80			125.34			201.36
90792-UA		C&A Psychiatric diagnostic evaluation with medical services		175.80			125.34			224.90
90832		Individual psychotherapy (30 min)-Outpatient		58.01			41.35	47.39	41.35	59.17
90832-UA		C&A Individual psychotherapy (30 min)-Outpatient		58.01			41.35	47.39	41.35	69.98
90833	Y	30 min Psychotherapy add on		58.01			41.35			59.17
90833-UA	Y	C&A 30 min Psychotherapy add on		58.01			41.35			69.98
90834		Individual psychotherapy (45 min)-Outpatient		105.41			75.40	85.88	75.40	107.53
90834-UA		C&A Individual psychotherapy (45 min)-Outpatient		105.41			75.40	85.88	75.40	124.37
90836	Y	45 min Psychotherapy add on		105.41			75.40			107.53
90836-UA	Y	C&A 45 min Psychotherapy add on		105.41			75.40			124.37
90837		Individual psychotherapy (60 min)								107.53
90837-UA		C&A Individual psychotherapy (60 min)								124.37
90838	Y	60 min Psychotherapy add on								107.53
90838-UA	Y	C&A 60 min Psychotherapy add on								124.37
90839		Psychotherapy for crisis, first 60 min								118.34
90839-UA		C&A Psychotherapy for crisis, first 60 min								139.94
90840		Psychotherapy for crisis--additional 30 min								64.02
90840-UA		C&A Psychotherapy for crisis-- additional 30 min								73.02
90846		Family psychotherapy without patient present		98.54			63.63	82.72	63.63	106.58
90846-UA		C&A Family psychotherapy without patient present		98.54			63.63	82.72	63.63	123.10
90847		Family psychotherapy with patient present (45-60 min)		109.77			77.60	90.34	77.61	111.97
90847-UA		C&A Fam psychoth with patient present (45-60 min)		109.77			77.60	90.34	77.61	127.24
90847-UA-52		C&A Family psychotherapy with patient present--Abbrev		67.98			48.67	55.36	48.67	69.34
90849		Multiple family group psychotherapy 45 - 60 minutes								47.09
90849-UA		C&A Multiple family group psychotherapy 45 - 60 minutes								49.63
90849-52		Multiple family group psychotherapy--Abbrev								42.27
90849-UA-52		C&A Multiple family group psychotherapy--Abbrev								45.57
H2027		Family psycho-education with consumer present								63.63
H2027		Family psycho-education without								63.63
90853		Group psychotherapy (not multi-family.) 45-60 minutes		28.70			29.28	29.28	29.28	45.80
90853-UA		C&A Group psychotherapy (not multi-family.) 45-60 minutes.		28.70			29.28	29.28	29.28	48.35
90853-21		Group psychotherapy prolonged (More than 75 minutes)								59.79
90853-UA-21		C&A Group psychotherapy prolonged (More than 75 minutes)								59.79
99201		Evaluation and Management, including Rx -Minimal, new patient		46.65	46.65	27.07	46.65			46.65
99201-UA		C & A Evaluation and Management, including Rx -Minimal, new patient		46.65	46.65	27.07	46.65			46.65
99202		Evaluation and Management, including Rx -Straight forward, new patient		77.20	77.20	51.03	77.20			77.20
99202-UA		C & A Evaluation and Management, including Rx -Straight forward, new patient		77.20	77.20	51.03	77.20			77.20

Public Mental Health System Rates - Fiscal Year 2021										
			Default Fee Codes:	MYLD1/ MYUN1	NOPMD/NOPMU MYLDP/ MYUNP	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/ MYUN3	MYLD4/ MYUN4	MYLD5/ MYUN5
			Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC
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	OMHC	
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.45	109.45	77.13	109.45			109.45	
99203-UA		C & A 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	130.42	166.09			166.09	
99204-UA		C & A Evaluation and Management, including Rx -Moderately complex, new patient	166.09	166.09	130.42	166.09			166.09	
99205		Evaluation and Management, including Rx -Highly complex, new patient	209.62	209.62	170.29	209.62			209.62	
99205-UA		C & A Evaluation and Management, including Rx -Highly complex, new patient	209.62	209.62	170.29	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)	58.01			41.35	47.39	41.35	59.17	
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	105.41				75.40	85.88	107.53	
90889		Outpatient Discharge (CMS 1500)							25.46	
0929		Outpatient Discharge (UB)							25.46	
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)					133.81		133.81	
96131		Psychological Testing, Evaluation and Feedback by Physician or other qualified professional (each additional hour)					101.69		101.69	
96136		Psychological Test administration and scoring by a Physician or other qualified professional (first 30 minutes)					55.18		55.18	
96137		Test administration and scoring by a Physician or other qualified professionals (each additional 30 minutes)					51.44		51.44	
96138		Psychological test administration and scoring by a Technician (first 30 minutes)					45.95		45.95	
96139		Psychological test administration and scoring by a Technician (each additional 30 minutes)					45.95		45.95	
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	156.80	186.95				
99245		Office Consultation - also used for H&P for PHP (80 min)	227.46	227.46	193.63	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 HOSPITAL 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		Initial hospital care (50 min) (MD only)	N/A	N/A	138.47	N/A				
99222-UA		C&A Initial hospital care (50 min) (MD only)	N/A	N/A	138.47	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	203.07	N/A				
99231		Subsequent IP care (15 min) (MD only)	N/A	N/A	39.46	N/A				
99231-UA		C&A Subsequent IP care (15 min) (MD only)	N/A	N/A	39.46	N/A				
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				

Public Mental Health System Rates - Fiscal Year 2021																
				Default Fee Codes:	MYLD1/MYUN1	NOPMD/NOPMU MYLDP/MYUNP	MYFC1/ MYFC2	MYLD2/ MYUN2	MYLD3/ MYUN3	MYLD4/ MYUN4	MYLD5/ MYUN5					
				Provider types:	PT20-psych	PT20-Nonpsych, 23 without PMH, 80	PT20,23 in facility	PT23 with PMH,24	PT15	PT94,CC	PTMC					
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	OMHC					
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								
MISCELLANEOUS																
00104		Anesthesia for ECT			111.68											
90870		ECT single seizure w/ monitoring (Physician only)			111.81											
36415		Collection of blood by venipuncture														17.31
96372		Therapeutic injection														17.31
SPECIAL SERVICES																
S9480		Intensive OP psych svcs, per diem (clinic model)														153.33
S9480-UA		C&A Intensive OP psych svcs, per diem (clinic model)														182.28
H0032		Interdisciplinary team tx plng w/patient present														97.97
H0046		Therapeutic Nursery														49.89
OCCUPATIONAL THERAPY (for recipients under 21 only)																
97150		Therapeutic procedure(s) group (2 or more)														20.80
97530		Therapeutic activities, direct patient contact, per 15 min.														13.46
97535		Self-care/home mgmt trng, per 15 min.														13.46
97537		Community/work reintegration trng, direct contact, per 15 min.														13.46
THERAPEUTIC BEHAVIORAL SERVICES- Default Fee Code: 1WTBS Provider Type: 51/52																
96156		Health Behavior Assessment or Re-Assessment Non Timed			\$124.78											
96158		Health Behavior Intervention, Individual, Face to Face, Initial 30 Minutes			27.04 (30 Min)											
96159		Health Behavior Intervention, Individual, Face to Face, Each additional 15 minutes			\$13.52 (Add 15 Min. Max of 40 units)											
TRANSCRANIAL MAGNETIC STIMULATION																
90867		Therapeutic repetitive TMS Treatment, Initial Treatment Plan			171.71											
90868		Therapeutic repetitive TMS Treatment, Subsequent Delivery and Management (per session)			157.49											
90869		Therapeutic repetitive TMS Treatment, Subsequent Re Determination with Delivery and Management			430.13											
99201-25	Y	Evaluation and Management, including Rx -Minimal, new patient			46.65											
99202-25	Y	Evaluation and Management, including Rx -Straight forward, new patient			77.20											
99203-25	Y	Evaluation and Management, including Rx -Low complexity, new patient			109.45											
99204-25	Y	Evaluation and Management, including Rx -Moderately complex, new patient			166.09											
99205-25	Y	Evaluation and Management, including Rx -Highly complex, new patient			209.62											
99211-25	Y	Evaluation and Management, including Rx -Minimal			23.54											
99212-25	Y	Evaluation and Management, including Rx -Straight forward			46.29											
99213-25	Y	Evaluation and Management, including Rx -Low complexity			75.86											
99214-25	Y	Evaluation and Management, including Rx -Moderately complex			109.76											
99215-25	Y	Evaluation and Management, including Rx -Highly complex			147.22											
* 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 99201 and 99215																