

Public Mental Health System Rates Effective July 1, 2008

| Procedure Code | Service Description | Copay | Private Practitioners | | | | PRP/RRP | | | | | | | Residential Crisis Facility | |
|--|--|-------|-----------------------|-------------------|--------------|--------------------------|----------|---------|----------|-------------|------|----|-----------|-----------------------------|------------------------|
| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | Mobile Tx | | Traumatic Brain Injury |
| OUTPATIENT/OFFICE PROFESSIONAL SERVICES | | | | | | | | | | | | | | | |
| 90801 | Psychiatric diagnostic interview exam | Yes | \$146.63 | \$102.48 | \$117.05 | \$102.48 | \$164.65 | | | | | | | | |
| 90801 | C&A Psychiatric diagnostic interview exam | YES | \$146.63 | \$102.48 | \$117.05 | \$102.48 | \$183.90 | | | | | | | | |
| 90804 | Individual psychotherapy (20-30 min) | YES | \$48.38 | \$33.81 | \$38.76 | \$33.81 | \$48.38 | | | | | | | | |
| 90804 | C&A Individual psychotherapy (20-30 min) | YES | \$48.38 | \$33.81 | \$38.76 | \$33.81 | \$57.22 | | | | | | | | |
| 90805 | Indiv psychotherapy w/ med eval & mgmt (20-30 min) | YES | \$70.23 | \$49.16 | | | \$82.46 | | | | | | | | |
| 90805 | C&A Indiv psychotherapy w/ med eval & mgmt (20-30 min) | YES | \$70.23 | \$49.16 | | | \$92.08 | | | | | | | | |
| 90806 | Individual psychotherapy (45-50 min) | YES | \$87.91 | \$61.65 | \$70.23 | \$61.65 | \$87.91 | | | | | | | | |
| 90806 | C&A Individual psychotherapy (45-50 min) | YES | \$87.91 | \$61.65 | \$70.23 | \$61.65 | \$101.70 | | | | | | | | |
| 90807 | Indiv psychotherapy w/ med eval & mgmt (45-50 min) | YES | \$104.31 | \$73.09 | | | \$118.09 | | | | | | | | |
| 90807 | C&A Indiv psychotherapy w/ med eval & mgmt (45-50 min) | YES | \$104.31 | \$73.09 | | | \$132.13 | | | | | | | | |
| 90808 | Individual psychotherapy (75-80 min) | YES | | | | | \$114.71 | | | | | | | | |
| 90808 | C&A Individual psychotherapy (75-80 min) | YES | | | | | \$133.96 | | | | | | | | |
| 90809 | Indiv psychotherapy w/ med eval & mgmt (75-80 min) | YES | | | | | \$168.81 | | | | | | | | |
| 90809 | C&A Indiv psychotherapy w/ med eval & mgmt (75-80 min) | YES | | | | | \$188.58 | | | | | | | | |
| 90846 | Family psychotherapy without patient present | YES | \$82.19 | \$52.02 | \$67.63 | \$52.02 | \$87.14 | | | | | | | | |
| 90846 | C&A Family psychotherapy without patient present | YES | \$82.19 | \$52.02 | \$67.63 | \$52.02 | \$100.66 | | | | | | | | |
| 90847 | Family psychotherapy with patient present (45-60 min) | YES | \$91.56 | \$63.46 | \$73.87 | \$63.46 | \$91.56 | | | | | | | | |
| 90847 | C&A Fam psychoth with patient present (45-60 min) | YES | \$91.56 | \$63.46 | \$73.87 | \$63.46 | \$104.04 | | | | | | | | |
| 90847-52 | C&A Family psychotherapy with patient present--Abbrev | YES | \$56.70 | \$39.80 | \$45.26 | \$39.80 | \$56.70 | | | | | | | | |

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| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | Mobile Tx | | Traumatic Brain Injury | Freestg Partial Hosp Prog | Facility |
| 90849 | Multiple family group psychotherapy 45 - 60 minutes | YES | | | | | \$ 38.50 | | | | | | | | | | |
| 90849 | C&A Multiple family group psychotherapy 45 - 60 minutes | YES | | | | | \$40.58 | | | | | | | | | | |
| 90849-52 | Multiple family group psychotherapy--Abbrev | YES | | | | | \$34.56 | | | | | | | | | | |
| 90849-52 | C&A Multiple family group psychotherapy--Abbrev | YES | | | | | \$37.27 | | | | | | | | | | |
| H2027 | Family psycho-education with consumer present | YES | | | | | \$52.02 | | | | | | | | | | |
| H1011 | Family psycho-education without consumer present | YES | | | | | \$52.02 | | | | | | | | | | |
| 90853 | Group psychotherapy (not multi-family.) 45-60 minutes | YES | \$23.93 | \$23.93 | \$23.93 | \$23.93 | \$37.45 | | | | | | | | | | |
| 90853 | C&A Group psychotherapy (not multi-family.) 45-60 minutes. | YES | \$23.93 | \$23.93 | \$23.93 | \$23.93 | \$39.54 | | | | | | | | | | |
| 90853-21 | Group psychotherapy prolonged (More than 75 minutes) | YES | | | | | \$48.90 | | | | | | | | | | |
| 90853-21 | C&A Group psychotherapy prolonged (More than 75 minutes) | YES | | | | | \$48.90 | | | | | | | | | | |
| 90862 | Pharmacological mgmt, including Rx | YES | \$55.14 | \$38.50 | | | \$66.07 | | | | | | | | | | |
| 90862 | C&A Pharmacological mgmt, including Rx | YES | \$55.14 | \$38.50 | | | \$66.07 | | | | | | | | | | |
| 90875 | Indiv psychophysio therapy incl biofdbk (20-30 min) | YES | \$48.38 | \$33.81 | \$38.76 | \$33.81 | \$48.38 | | | | | | | | | | |
| 90876 | Indiv psychophysio therapy incl biofdbk (45-50 min) | YES | \$87.91 | \$61.65 | \$70.23 | \$61.65 | \$87.91 | | | | | | | | | | |
| 90889 | Discharge OMS (HCFA) | NO | | | | | \$20.81 | | | | | | | | | | |
| 929 | Discharge OMS (UB) | NO | | | | | | | | | | | | | | | \$20.81 |
| 96101 | Psych testing, per hour, Ph.D. Lic- Maximum 8 hours per service | YES | | | \$95.72 | | \$95.72 | | | | | | | | | | |
| 96102 | Psychological testing, per hour, Associate | YES | | | \$26.63 | | \$26.63 | | | | | | | | | | |
| 99241 | Office Consultation - also used for H&P for PHP (15 Min) | YES - OP NO - IP | \$34.43 | \$25.17 | | | | | | | | | | | | | |
| 99242 | Office Consultation - also used for H&P for PHP (30 min) | YES - OP NO - IP | \$69.87 | \$50.69 | | | | | | | | | | | | | |

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| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | Mobile Tx | | Traumatic Brain Injury | Freestg Partial Hosp Prog | Facility |
| 99243 | Office Consultation - also used for H&P for PHP (40 min) | YES - OP NO - IP | \$93.84 | \$69.26 | | | | | | | | | | | | | |
| 99244 | Office Consultation - also used for H&P for PHP (60 min) | YES - OP NO - IP | \$138.47 | \$99.43 | | | | | | | | | | | | | |
| 99245 | Office Consultation - also used for H&P for PHP (80 min) | YES - OP NO - IP | \$184.37 | \$137.09 | | | | | | | | | | | | | |
| 99354 | Prolonged phy svc req face-to-face pat contact beyond the usual service | YES | | | | | \$75.43 | | | | | | | | | | |
| 99355 | Each additional 30 minutes of a prolonged phy svc | YES | | | | | \$37.97 | | | | | | | | | | |

INPATIENT HOSPITAL SERVICES

| | | | | | | | | | | | | | | | | | |
|-------|--|----|----------|----------|--|--|--------|--|--|--|--|--|--|--|--|--|--|
| 90816 | Individual psychotherapy, IP (20-30 min) | NO | \$42.33 | \$29.63 | | | 42.33* | | | | | | | | | | |
| 90817 | Indiv psy, IP, w/med eval & mgmt (20-30 min) | NO | \$42.33 | \$29.63 | | | 42.33* | | | | | | | | | | |
| 90818 | Individual psychotherapy, IP (45-50 min) | NO | \$79.56 | \$55.69 | | | 79.56* | | | | | | | | | | |
| 90819 | Indiv psy, IP, w/med eval & mgmt (45-50 min) | NO | \$79.56 | \$55.69 | | | 79.56* | | | | | | | | | | |
| 99221 | Initial hospital care (30 min) | NO | \$69.11 | \$48.38 | | | | | | | | | | | | | |
| 99221 | C&A Initial hospital care (30 min) | NO | \$69.11 | \$48.38 | | | | | | | | | | | | | |
| 99222 | Initial hospital care (50 min) | NO | \$104.31 | \$73.02 | | | | | | | | | | | | | |
| 99222 | C&A Initial hospital care (50 min) | NO | \$104.31 | \$73.02 | | | | | | | | | | | | | |
| 99223 | Initial hospital care (70 min) | NO | \$159.44 | \$111.61 | | | | | | | | | | | | | |
| 99223 | C&A Initial hospital care (70 min) | NO | \$159.44 | \$111.61 | | | | | | | | | | | | | |
| 99231 | Subsequent IP care (15 min) | NO | \$34.68 | \$24.28 | | | | | | | | | | | | | |
| 99231 | C&A Subsequent IP care (15 min) | NO | \$34.68 | \$24.28 | | | | | | | | | | | | | |
| 99232 | Subsequent IP care (25 min) | NO | \$56.42 | \$38.91 | | | | | | | | | | | | | |
| 99232 | C&A Subsequent IP care (25 min) | NO | \$56.42 | \$38.91 | | | | | | | | | | | | | |
| 99233 | Subsequent IP care (35 min) | NO | \$80.24 | \$51.17 | | | | | | | | | | | | | |

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|-------------------------|--|-------|-----------------------|-------------------|--------------|--------------------------|----------|---------|----------|-------------|------|-----------|-----------|------------------------|---------------------------|-----------|-----------------------------|
| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | Mobile Tx | | | | |
| 99233 | C&A Subsequent IP care (35 min) | NO | \$80.24 | \$51.17 | | | | | | | | | | | | | |
| 99238 | Hospital discharge day mgmt (30 min or less) | NO | \$72.22 | \$50.55 | | | | | | | | | | | | | |
| 99238 | C&A Hospital discharge day mgmt | NO | \$72.22 | \$50.55 | | | | | | | | | | | | | |
| 99239 | Hospital discharge day mgmt (>30 min) | NO | \$98.35 | \$68.85 | | | | | | | | | | | | | |
| 99239 | C&A Hospital discharge day mgmt (>30 min) | NO | \$102.50 | \$71.75 | | | | | | | | | | | | | |
| 99251 | Initial inpatient consultation (20 min) | NO | \$35.96 | \$25.17 | | | | | | | | | | | | | |
| 99252 | Initial inpatient consultation (40 min) | NO | \$72.42 | \$50.69 | | | | | | | | | | | | | |
| 99253 | Initial inpatient consultation (55 min) | NO | \$98.94 | \$69.26 | | | | | | | | | | | | | |
| 99254 | Initial inpatient consultation (80 min) | NO | \$142.04 | \$99.43 | | | | | | | | | | | | | |
| 99255 | Initial inpatient consultation (110 min) | NO | \$195.84 | \$137.09 | | | | | | | | | | | | | |
| 99281 | ER Visit | NO | \$16.58 | | | | | | | | | | | | | | |
| 99282 | ER Visit | NO | \$27.54 | | | | | | | | | | | | | | |
| 99283 | ER Visit | NO | \$61.71 | | | | | | | | | | | | | | |
| 99284 | ER Visit | NO | \$96.39 | | | | | | | | | | | | | | |
| 99285 | ER Visit | NO | \$150.96 | | | | | | | | | | | | | | |
| MISCELLANEOUS | | | | | | | | | | | | | | | | | |
| 00104 | Anesthesia for ECT | NA | \$95.00 | | | | | | | | | | | | | | |
| 90870 | ECT single seizure w/ monitoring (Physician only) | NA | \$95.12 | | | | | | | | | | | | | | |
| T1015 | Clinic visit/encounter, all inclusive rate per day | YES | | | | | | | | | | Ind. Rate | | | | | |
| 36415 | Collection of blood by venipuncture | NA | | | | | \$14.57 | | | | | | | | | | |
| 96372 | Therapeutic injection | YES | | | | | \$14.57 | | | | | | | | | | |
| SPECIAL SERVICES | | | | | | | | | | | | | | | | | |
| S0201 | Mental health partial hosp, tx <24 hours | NA | | | | | | | | | | | | | | \$ 196.90 | |
| S0201-52 | Intensive outpatient program (IOP) | NA | | | | | | | | | | | | | | \$ 107.16 | |
| S9480 | Intensive OP psych svcs, per diem (clinic model) | NA | | | | | \$125.37 | | | | | | | | | | |

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| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | Mobile Tx | | Traumatic Brain Injury | Freestg Partial Hosp Prog | Facility |
| S9480 | C&A Intensive OP psych svcs, per diem (clinic model) | NA | | | | | \$149.04 | | | | | | | | | | |
| H0032 | Interdisciplinary team tx plng w/patient present | YES | | | | | \$80.11 | | | | | | | | | | |
| H0046 | Therapeutic Nursery | YES | | | | | \$40.80 | | | | | | | | | | |
| CASE MANAGEMENT | | | | | | | | | | | | | | | | | |
| H0031 | Assessment | No | | | | | | | | | | | | | | | \$105 |
| T1016 | Daily Session | No | | | | | | | | | | | | | | | \$105 |
| OCCUPATIONAL THERAPY | | | | | | | | | | | | | | | | | |
| 97003 | Occupational therapy evaluation, per 15 min | NO | | | | | \$14.57 | | | | | | | | | | |
| 97004 | Occupational therapy re-evaluation, per 15 min | NO | | | | | \$14.57 | | | | | | | | | | |
| 97150 | Therapeutic procedure(s) group (2 or more) | NO | | | | | \$17.69 | | | | | | | | | | |
| 97530 | Therapeutic activities, direct patient contact, per 15 min. | NO | | | | | \$11.44 | | | | | | | | | | |
| 97532 | Development of cognitive skills, direct contact per 15 min. | NO | | | | | \$11.44 | | | | | | | | | | |
| 97535 | Self-care/home mgmt trng, per 15 min. | NO | | | | | \$11.44 | | | | | | | | | | |
| 97537 | Community/work reintegration trng, direct contact, per 15 min. | NO | | | | | \$11.44 | | | | | | | | | | |
| MOBILE TREATMENT | | | | | | | | | | | | | | | | | |
| H0040-21 | Assertive Community Treatment (ACT) EBP | NO | | | | | | | | | | | | | | | \$1,144.44 |
| H0040-U9 | Assertive Community Treatment (ACT) EBP for Medicare consumers | NO | | | | | | | | | | | | | | | \$1,014.39 |
| H0040 | Mobil treatment Non-EBP | NO | | | | | | | | | | | | | | | \$811.51 |
| H0040-52 | Mobil treatment Non-EBP for Medicare consumers | NO | | | | | | | | | | | | | | | \$622.16 |
| PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM | | | | | | | | | | | | | | | | | |
| H0002 | Rehabilitation Assessment | YES | | | | | | \$59.57 | \$59.57 | | | | | | | | |
| H2016 | Encounter (only bill w/POS 15 (off-site) or 52 (on-site)) | NO | | | | | | \$0.00 | \$0.00 | | | | | | | | |

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|----------------|---|--------|-----------------------|-------------------|--------------|--------------------------|---------|----------|------------|-------------|------|----|------------------------|---------------------------|----------|-----------------------------|-----------|
| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | | | | | Mobile Tx |
| 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) | YES ** | | | | | | \$104.04 | \$104.04 | \$104.04 | | | | | | | |
| 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) | YES ** | | | | | | | | \$412.78 | | | | | | | |
| H2018-U2 | On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate) | YES ** | | | | | | \$177.12 | | | | | | | | | |
| H2018-U2 | Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate) | YES ** | | | | | | | \$235.65 | | | | | | | | |
| 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) | YES ** | | | | | | | | \$735.56 | | | | | | | |
| H2018-U3 | On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate) | YES ** | | | | | | \$250.74 | | | | | | | | | |
| H2018-U3 | Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate) | YES ** | | | | | | | \$484.82 | | | | | | | | |
| H2018-U4 | On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) | YES ** | | | | | | \$432.80 | | | | | | | | | |
| H2018-U4 | Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate) | YES ** | | | | | | | \$1,162.13 | | | | | | | | |

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| | | | M.D. | Nurse Prac. Psych | Ph. D. Psych | LCSW, RN Ther, LCPC & OT | OMHC | On-Site | Off-Site | On/Off Site | FQHC | CM | | | | | Mobile Tx |
| H2018-U5 | On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate) | YES ** | | | | | | \$432.80 | | | | | | | | | |
| H2018-U5 | Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate) | YES ** | | | | | | | \$3,019.24 | | | | | | | | |
| 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) | YES ** | | | | | | | | | \$1,594.93 | | | | | | |
| 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) | YES ** | | | | | | | | | \$3,452.04 | | | | | | |
| 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) | YES ** | | | | | | | | | \$432.80 | | | | | | |
| HOUSING SERVICES | | | | | | | | | | | | | | | | | |
| T2048 | Residential room and board (per day) | NO | | | | | | \$12.17 | | | | | | | | | \$12.17 |
| S5150 | Enhanced support (per hour) (10 hour maximum) | NO | | | | | | \$12.48 | | | | | | | | | |
| H0019 | Crisis Bed hold (per day) | NO | | | | | | \$12.17 | | | | | | | | | \$12.17 |
| RESPITE CARE | | | | | | | | | | | | | | | | | |
| H0045 | Adult Respite care, not in home, per diem | NO | | | | | | | | | \$73.09 | | | | | | |
| H0045 | C&A Respite care, not in home, per diem | NO | | | | | | | | | | | | | | | \$168.54 |
| T1005 | In home respite care | NO | | | | | \$3.37/15 min | | \$3.37/15 min | | | | \$3.37/15 min | | | | |

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| RESIDENTIAL CRISIS SERVICES | | | | | | | | | | | | | | | | | |
| S9485 | Residential crisis services (also bill as T2048) | NO | | | | | | | | | | | | | | | \$243.97 |
| S5145 | Residential crisis, treatment foster care | NO | | | | | | | | | | | | | | | \$156.85 |
| SUPPORTED EMPLOYMENT | | | | | | | | | | | | | | | | | |
| H2023 | Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750) | NO | | | | | | | \$7.15 | | | | | | | | |
| H2024 | Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year) | NO | | | | | | | \$416.16 | | | | | | | | |
| H2024-21 | Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year) | NO | | | | | | | \$1,039.36 | | | | | | | | |
| H2026 | Ongoing support to maintain employment, per month | NO | | | | | | | \$338.13 | | | | | | | | |
| H2026-21 | Ongoing support to maintain employment, per month - EBP | NO | | | | | | | \$416.16 | | | | | | | | |
| S9445-52 | Clinic coordination - EBP | NO | | | | | | | \$104.04 | | | | | | | | |
| TRAUMATIC BRAIN INJURY | | | | | | | | | | | | | | | | | |
| W0037 | Residential habilitation Level 1 (per day) | NO | | | | | | | | | | | | \$186.35 | | | |
| W0038 | Residential habilitation Level 2 (per day) | NO | | | | | | | | | | | | \$246.75 | | | |
| W0039 | Residential habilitation Level 3 (per day) | NO | | | | | | | | | | | | \$341.36 | | | |
| W0054 | Day habilitation Level 1 (per day) | NO | | | | | | | | | | | | \$48.10 | | | |
| W0055 | Day habilitation Level 2 (per day) | NO | | | | | | | | | | | | \$83.92 | | | |
| 90876 | Day habilitation Level 3 (per day) | NO | | | | | | | | | | | | \$118.08 | | | |
| W0057 | Supported employment Level 1 (per day) | NO | | | | | | | | | | | | \$28.55 | | | |
| W0058 | Supported employment Level 2 (per day) | NO | | | | | | | | | | | | \$48.10 | | | |
| W0059 | Supported employment Level 3 (per day) | NO | | | | | | | | | | | | \$118.07 | | | |
| W0060 | Individual Support Services (ISS) | NO | | | | | | | | | | | | \$23.34 | | | |

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|--|--|-------|--------------------------------|
| Procedure Code | Service Description | Copay | EPSDT Therapeutic Intervention |
| THERAPEUTIC BEHAVIORAL SERVICES | | | |
| 96150 | Initial Assessment & Development of Behavioral Plan for TBS | NA | \$102.00 |
| 96151 | Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) | NA | \$95.88 |
| 96152 | EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services) | NA | \$20.84/hr (\$5.21/15 minutes) |

* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed

** For PRP services a \$2 copay applies to the minimum number of encounters. Example for H2018-U3 with a minimum encounter of 3, the copay will be \$6.