

FEE SCHEDULE FOR COMMUNITY/PRIVATE MENTAL HEALTH CENTERS  
EFFECTIVE July 1, 2019

Providers must maintain proper and complete documentation to justify the services provided and refer to the current CPT Code Book for proper coding.

SERVICE NAME	PROCEDURE CODES	RATES	PLACE OF SERVICE CODES	PA REQUIRED	SERVICE LIMITS	
					DAILY	YEARLY
Psychiatric Diagnostic Evaluation	90791 90792	\$120.64 \$134.42	03, 12, 13, 31, 32, 53, 99	N	1	4**
Assessment	H0031	\$93.00	03, 12, 13, 31, 32, 53, 99	N	1	
Brief Behavioral Health Assessment (Screening)	96127	\$4.07	03, 12, 13, 31, 32, 53, 99	N	2	12
Evaluation & Management (E/M)	99201-99205 99211-99215	*	03, 12, 53, 99	N	1	None
Nursing Facility Evaluation & Management (E/M)	99304-99310	*	31, 32	N	1	
Assisted Living Evaluation & Management (E/M)	99324-99337	*	13	N	1	
Psychotherapy with E/M (must also bill E/M code on separate line)	90833 90836 90838	* * *	03, 12, 13, 31, 32, 53, 99	N	1	None
Prolonged Service 60 min.	99354	\$110.79	03, 12, 13, 31, 32, 53, 99	N	1	None
Prolonged Service 30 min add on	99355	\$84.53		N	None	None
Medication Administration	96372	\$13.82	12, 13, 31, 32, 53, 99	N	1	None
Medication Administration	T1502	\$4.76	12, 13, 31, 32, 53, 99	N	2	None
Treatment Plan Development & Review	H0032	\$18.45	03, 13, 31, 32, 53, 99	N	1	4

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					DAILY	YEARLY
Psychotherapy	90832	\$59.13	03, 12, 13, 31, 32, 53, 99	N	1	36**
	90834	\$78.69				
	90837	\$118.10				
Nursing Assessment	T1002	\$18.45	03, 12, 13, 31, 32, 53,99	N	4	144
Family Therapy	90846	\$95.01	03, 12, 13, 31, 32, 53, 99	N	1	24
	90847	\$98.82				
Group Therapy	90853	\$23.61	03, 13, 31, 32, 53, 99	N	1	40**
Multi-Family Group Therapy	90849	\$35.18	13, 31, 32, 53, 99	N	1	
Interactive Complexity	90785	\$13.08	03, 12, 13, 31, 32, 53, 99	N	1	None
Psychological Evaluation (First Hour) (Each Additional Hour)	96130	\$102.29	03, 12, 13, 53, 99	Y	1	8**
	96131	\$77.96	03, 12, 13, 53, 99	Y	7	
Psychological Evaluation (First 30 Minutes) (Each Additional 30 Minutes)	96136	\$39.37	03, 12, 13, 53, 99	Y	1	8** Codes Effective 3/25/19
	96137	\$36.32	03, 12, 13, 53, 99	Y	7	
Targeted Case Management - (management of the case record)	T1017	\$14.88	03, 12, 53, 99	N	2	260
Assertive Community Treatment (ACT)****	H0039	\$27.50	12, 14, 53, 99	Y	40	1600
Psychosocial Rehabilitation	H2030	\$3.87	13, 31, 32, 53, 99	Y	20	None
Day Treatment	H2012	\$32.00	03, 53	Y	5	None

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					DAILY	YEARLY
Acute Partial Hospitalization****	H0035	\$113.00	53, 99	Y	1	100
Crisis Residential****	T2048	\$504.62	53, 99	Y	1	60
Crisis Response	H2011	\$30.00 FTF \$21.88 Phone	03, 12, 13, 15, 23, 33, 53, 99	N	32	224
Community Support Services (management of the individual)	H0036	\$14.88	3, 12, 53, 99	N	6	400
Peer Support	H0038	\$7.83	3, 12, 53, 99	N	6	200
Wraparound Facilitation	H2021	\$14.88	3, 12, 53, 99	N	16	200
Intensive Outpatient Psychiatric****	S9480	\$122.54	3, 12, 14, 53, 99	Y	1	270

Updated 08.21.19pt

90791 may be provided by a Lic. Masters, Physician, Psychologist, PMHNP, or PA 90792 may only be provided by a Physician, PMHNP, or PA.  
E/M codes for mental health services may only be provided by a Physican, PMHNP, or PA. Co-pays do not apply to CMHC's or PMHC's.

**Modifiers**

HW = Funded by state mental health agency  
HA = Child/ Adolescent program  
HB = Adult program  
HC = Adult program, geriatric

**Place of Service Code**

HE = Face-to-Face  
HT = Multi-  
TF = Telephone

03 = School  
12 = Home  
13 = Assisted Living Facility  
14 = Group Home  
23 = Emergency Room Hospital

31 = Skilled Nursing Facility\*\*\*\*  
32 = Nursing Facility\*\*\*  
33 = Custodial Care Facility  
53 = Community Mental Health Center  
99 = Other Place of Service

\*Coding options determine the appropriate rate. These rates can be found at <https://www.ms-medicaid.com/msenvision/>

\*\*Services in the same category share yearly service limits.

\*\*\* Only eligible for Medicaid reimbursement when recommended by the Appropriateness Review Committee as part of Pre-admission Screening and Resident Review process.

\*\*\*\* This service is all-inclusive and component parts may not be billed separately.