

FEE SCHEDULE EFFECTIVE OCTOBER, 2022

CPT/HCPCS	PROCEDURE DESCRIPTION	NEW RATE
90785	Group Interactive Complexity add-on	\$44
90791	Assessment Level II-III (MA)	\$500
90792	Assessment by medical staff (MA)	\$558
90832	Individual Therapy 30 min (16-37) minutes (MA)	\$216
90833	Therapy add-on with E&M	\$207
90834	Individual Therapy 45 (38-52) minutes (MA)	\$286
90836	Therapy add-on 45 (38-52) min with E&M	\$262
90837	Individual Therapy 60 (over 52) minutes (MA)	\$422
90838	Therapy add-on 60 (over 52) min with E&M	\$344
90839	Individual Therapy for Crisis 30-74 minutes	\$418
90840	Individual Therapy for Crisis add-on each additional 30 min	\$201
90846	Family Therapy without patient	\$293
90847	Family Therapy with patient	\$304
90849	Multiple-family Group Therapy	\$105
90853	Group Therapy	\$80
90875	Individual Therapy Biofeedback 30 (16-37) min	\$180
90876	Individual Therapy Biofeedback 45 (over38) min	\$315
90887	Interpretation or Explanation Consultation with family	\$256
94664	Vapor Inhalations Evaluation	\$65
96116	Neurobehavioral Status Exam 1st hour	\$282
96121	Neurobehavioral Status additional hour	\$244
96127	Brief Emotional/Behavioral Assessment	\$25
96130	Psychological Testing Services by physician 1st hour	\$346
96131	Psychological Testing by physician additional hour	\$266
96156	Health Behavioral Assessment and/or re-assessment	\$294
96158	Health Behavioral Intervention first 30 minutes	\$202
96159	Health Behavioral Intervention each additional15 minutes	\$69
96164	Health Behavioral Intervention group/ face to face 30 minutes	\$80
96165+	Health Behavioral Intervention group/ face to face each additional 15 minutes	\$85
96167	Health Behavioral Intervention family/ face to face 30 minutes with patient	\$150
96168+	Health Behavioral Intervention family/ face to face each additional 15 minutes with patient	\$85
96170	Health Behavioral Intervention family/ face to face 30 minutes without patient	\$150
96171+	Health Behavioral Intervention family/ face to face each additional 15 minutes without patient	\$85
96372	Medication Injection Administration	\$65
97535	Self-care/Home Management Training	\$100
98966	Telephone Discussion 5-10 minutes	\$36
98967	Telephone Discussion 11-20 minutes	\$66
98968	Telephone Discussion 21-30 minutes	\$94
99075	Court Testimony AFS CORE	\$20

CPT/HCPCS	PROCEDURE DESCRIPTION	NEW RATE
99199	Case Coordination and Planning	\$9
99202	E&M New Patient OP low to mod severity	\$219
99203	E&M New Patient OP low complexity	\$310
99204	E&M New Patient OP comprehensive moderate complexity	\$473
99205	E&M New Patient OP high complexity	\$616
99211	E&M Established OP physician not required	\$67
99212	E&M Established OP self-limited/minor severity	\$155
99213	E&M Established OP low to moderate severity	\$251
99214	E&M Established OP mod to high/detailed	\$356
99215	E&M Established OP mod to high/comprehensive	\$497
99217	Observation Discharge	\$196
99218	Initial Observation Care 30 min	\$290
99219	Initial Observation Care 50 min	\$395
99220	Initial Observation Care 70 min	\$540
99224	Subsequent Observation Care--Low Severity---15 minutes spent at the bedside or on the unit	\$117
99225	Subsequent Observation Care--Moderate Severity---25 minutes spent at the bedside or on the unit	\$214
99226	Subsequent Observation Care--High Severity---35 minutes spent at the bedside or on the unit	\$305
99241	E&M OP Consult focused straightforward	\$303
99242	E&M OP Consult expand straightforward (30 min)	\$261
99243	E&M OP Consult detail low complex (40 min)	\$357
99244	E&M OP Consult detail mod complex (60 min)	\$534
99245	E&M OP Consult detail high complex (80 min)	\$651
99334	E&M Established Patient, straight forward, Rest Home (ACF)	\$170
99335	E&M Established Patient, low complexity, Rest Home (ACF)	\$270
99336	E&M Established Patient, moderate complexity, Rest Home (ACF)	\$381
99337	E&M Established Patient, moderate to high complexity, Rest Home (ACF)	\$549
99341	E&M NEW Patient Home Visit, straight forward	\$155
99342	E&M NEW Patient Home Visit, moderate complexity	\$222
99343	E&M NEW Patient Home Visit detailed moderate complexity	\$364
99344	E&M NEW Patient Home Visit, comprehensive moderate complexity	\$516
99345	E&M NEW Patient Home Visit, comprehensive high complexity	\$628
99347	E&M Established patient Home Visit, focused straight forward	\$155
99348	E&M Established patient Home Visit, expanded low complexity	\$238
99349	E&M Established patient Home Visit, detailed moderate complexity	\$364
99350	E&M Established patient Home Visit comprehensive moderate to high	\$507
99354	Prolonged Services Outpatient with direct patient contact, first hour	\$388
99355	Prolonged Services Outpatient with direct patient contact, additional 30 minutes	\$280
99356	Prolonged Services Inpatient with direct patient contact, first hour	\$273
99357	Prolonged Services Inpatient with direct patient contact, additional 30 minutes	\$274
99358	Prolonged E/M service without direct patient contact first hour	\$334
99359	Prolonged E/M service without direct patient contact additional 30 minutes	\$163

CPT/HCPCS	PROCEDURE DESCRIPTION	NEW RATE
99366	Team Conference with patient/family-healthcare professional	\$127
99367	Team Conference without patient/family by physician	\$165
99368	Team Conference without patient/family-healthcare professional	\$109
99401	Preventive Medicine and Individual Counseling 15 minutes	\$75
99402	Preventive Medicine and Individual Counseling 30 minutes	\$150
99403	Preventive Medicine and Individual Counseling 45 minutes	\$225
99404	Preventative Medicine, Individual Counseling 60 minutes	\$280
99406	Smoking Cessation Counseling greater than 3 minutes	\$17
99408	Alcohol and/or Substance Abuse Structured Screening 15-30 minutes	\$66
99409	Alcohol and/or Substance Abuse Structured Screening -greater than 30 minutes	\$130
99415	Prolonged Clinical Staff with physician or other qualified healthcare professional supervision	No rate listed
99416	Prolonged Clinical Staff with physician or other qualified healthcare professional supervision	No rate listed
99417	Prolonged Services with or without direct patient contact on the date of an office or outpatient visit	No rate listed
99441	MH E&M Telephone by physician 5-10 minutes	\$158
99442	MH E&M Telephone by physician 11-20 minutes	\$257
99443	MH E&M Telephone by physician 21-30 minutes	\$364
99484	Care Management Services for behavioral health conditions, at least 20 minutes of clinical staff time	\$137
99492	Initial Psychiatric Collaborative Care Management, first 70 minutes	\$471
99493	Subsequent Psychiatric Collaborative Care Management, first 60 minutes	\$455
99494	Initial or Subsequent Psychiatric Collaborative Care Management, each additional 30 minutes	\$195
H0001	SA Assessment Level II-III	\$500
H0002	Assessment Level I Screening	\$80
H0004	Individual Therapy 8-14 min MA or above	\$109
H0005	SA Multi-Family Group Therapy with client	\$80
H0006	SA Case Management, per encounter	\$66
H0007	Crisis Intervention	\$18
H0011	WM 3.7	\$990
H0015	SA IOP Intensive Outpatient Program per day	\$221
H0017	ATU Residential Service per diem	\$900
H0018	Residential CSU Crisis Stabilization, per diem	\$1,625
H0019	BH Hospital Long-term, residential without room and board, per diem	\$220
H0023	MA Group Behavioral Health Outreach	\$61
H0025	MH Prevention Education Group with or without client	\$73
H0031	MH Assessment LEVEL II, non-physician	\$320
H0032	MH Service Plan Development, non-physician	\$115
H0033	Oral Medication Administration, direct observation	\$38
H0034	Medication Training individual or group & support per 15	\$79
H0036	*Community Psych Supportive Treatment, 8 min-4 hours	\$38
H0037	Community Psych Supportive Treatment, per diem	\$448
H0038	*Self-help/Peer Services, mentoring, per 15 minutes	\$54

CPT/HCPCS	PROCEDURE DESCRIPTION	NEW RATE
H0039	*Assertive Community Treatment (ACT) Assessment, group, face to face, per 15 min	\$119
H0040	Assertive Community Treatment (ACT), tax program, per encounter	\$448
H0044	Supported Housing per month	\$315
H0045	Residential Respite	\$448
H0048	Patch Monitoring with confirmation	\$50
H2000	Comprehensive Multidisciplinary Evaluation	\$175
H2001	Rehabilitation Program, per 1/2 day	\$260
H2011	Crisis Intervention Service, 8 min- 4 hours	\$126
H2012	Behavioral Health Day Treatment, per hour	\$80
H2014	Individual/Group Skills training and development, per 15 minutes	\$79
H2015	Comprehensive Community Support Services, per 15 min	\$15
H2016	Comprehensive community Support Services, per diem	\$344
H2017	Psychosocial Rehabilitation Services, per 15 minutes	\$38
H2018*	Psychosocial Rehabilitation Services, per diem	\$448
H2021	Community-Based Wrap-Around Services, per 15 min	\$38
H2022	Community-Based Wrap-Around Services, per diem over 4 hours	\$448
H2023	Vocational Supported Employment, per 15 minutes	\$15
H2024	Vocational Supported Employment, per diem over 4 hours	\$344
H2025	Vocational Ongoing Support to maintain employment, per 15 min	\$15
H2026	Vocational Ongoing Support to maintain employment, per diem over 4 hours	\$344
H2027	Individual/Group Family Psychoeducational Service, per 15 minutes	\$20
H2030	MH Clubhouse Services, per 15 minutes	\$15
H2031	MH Clubhouse Services, per diem over 4 hours	\$344
H2032	Individual/Group Activity Therapy, per 15 minutes	\$15
H2033	Multi-Systemic Therapy For Juveniles, per 15 min (FCC, FFT, MST)	\$119
H2036 (3.7)	Residential Garcia House per diem 3.7 Level of Care	\$650
H2036 (3.5)	Residential Garcia House per diem 3.5 Level of Care	\$450
S5150	Unskilled Respite Care, not hospice, per 15 minutes	\$15
S5151	Unskilled Respite Care, not hospice, per diem over 4 hours	\$344
S9453	Smoking Cessation Classes	\$73
S9480	IOP Intensive Outpatient Program	\$385
S9485	Crisis intervention Mental Health Services, per diem over 4 hours	\$360
S9976	Residential Room and Board	\$150
T1006	Family Therapy	\$300
T1016	Case Management, each 15 min	\$30
T1017	Targeted Case Management	\$67
T2001	Non-emergency Transportation, per encounter	\$60