

FEE SCHEDULE FOR COMMUNITY/PRIVATE MENTAL HEALTH CENTERS
EFFECTIVE January 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	\$117.68 \$130.78	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	\$4.91	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	\$111.23	03, 12, 13, 31, 32, 53, 99	N	1	None
Prolonged Service 30 min add on	99355	\$84.16		N	None	None
Medication Administration	96372	\$16.90	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	\$57.38	03, 12, 13, 31, 32, 53, 99	N	1	36**
	90834	\$76.64				
	90837	\$114.87				
Nursing Assessment	T1002	\$18.45	03, 12, 13, 31, 32, 53,99	N	4	144
Family Therapy	90846	\$92.37	03, 12, 13, 31, 32, 53, 99	N	1	24
	90847	\$96.17				
Group Therapy	90853	\$23.02	03, 13, 31, 32, 53, 99	N	1	40**
Multi-Family Group Therapy	90849	\$31.31	13, 31, 32, 53, 99	N	1	
Interactive Complexity	90785	\$12.79	03, 12, 13, 31, 32, 53, 99	N	1	None
Psychological Evaluation	96130	\$102.29	03, 12, 13, 53, 99	Y	1	8**
	96131	\$77.69	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 12.18.18jb

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 Physician, PMHNP, or PA and are limited to twelve (12) services per year.

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.