

Community Mental Health Center Services Report
2022 SUMMARY

REGION 1				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	2	2	\$245.48
90792	PSYCH DIAG EVAL W/MED SERVS	66	67	\$8,937.81
H0031	MH ASSESSMENT BY NON-MD	124	125	\$13,808.75
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	796	1,539	\$28,742.10
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	325	424	\$15,415.52
99213	OFFICE/OUTPATIENT VISIT EST	474	718	\$42,492.62
99214	OFFICE/OUTPATIENT VISIT EST	1	1	\$89.83
99215	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00

99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		1,788	2,876	\$109,732.11
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	292	300	\$5,535.00
90832	PSYCH W PT 30 MINS	119	169	\$10,202.90
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	50	51	\$4,873.90
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	411	956	\$131,216.30
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00
90846	FAMILY PSYTX W/O PT 50 MINS	63	92	\$8,731.41
90847	FAMILY PSYTX W/PT 50 MINS	51	70	\$6,583.43
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	154	1,052	\$34,109.06
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		1,140	2,690	\$201,252.00
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	-	-	\$0.00
T1502	MEDICATION ADMIN VISIT	306	752	\$3,665.20
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	69	4,418	\$336,779.01
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	2	90	\$9,248.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	39	33	\$11,904.75

S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	13	797	\$73,829.25
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	38	43	\$6,889.96
H0018 T2048	SHORT-TERM RES TREAT	15	194	\$97,896.28
H0038	SELF-HELP/PEER SVC 15 MIN	118	319	\$9,772.01
H2015	COMP COMM SUPP SVC, 15 MIN	99	1,997	\$108,237.12
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	59	92	\$2,053.44
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		758	8,735	\$660,275.02
TOTALS		3,686	14,301	\$971,259.13

Community Mental Health Center Services Report
2022 SUMMARY

REGION 2				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	1	1	\$22.49
90792	PSYCH DIAG EVAL W/MED SERV	3	3	\$407.04
H0031	MH ASSESSMENT BY NON-MD	427	430	\$47,595.02
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	1,568	3,152	\$78,082.29
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	4	5	\$442.30
99204	OFFICE/OUTPATIENT VISIT NEW	35	37	\$4,781.38
99205	OFFICE/OUTPATIENT VISIT NEW	246	259	\$41,272.39
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	86	126	\$4,020.89
99213	OFFICE/OUTPATIENT VISIT EST	445	682	\$39,664.09
99214	OFFICE/OUTPATIENT VISIT EST	863	1,442	\$116,256.79
99215	OFFICE/OUTPATIENT VISIT EST	431	722	\$78,719.60
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		4,109	6,859	\$411,264.28
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	-	-	\$0.00
90832	PSYCH W PT 30 MINS	254	416	\$27,733.27
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	214	281	\$28,009.23
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	1,186	2,746	\$369,747.31
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	53	79	\$7,508.05
90847	FAMILY PSYTX W/PT 50 MINS	85	124	\$11,341.43
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	168	589	\$21,873.06
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		1,960	4,235	\$466,212.35
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	438	662	\$8,210.46
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	100	1,541	\$250,836.49
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	-	-	\$0.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	45	209	\$26,783.02
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	31	487	\$67,276.00
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	209	256	\$24,224.71
H0018 T2048	SHORT-TERM RES TREAT	-	-	\$0.00
H0038	SELF-HELP/PEER SVC 15 MIN	160	483	\$14,960.01
H2015	COMP COMM SUPP SVC, 15 MIN	541	2,031	\$121,629.12
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	762	1,340	\$34,652.64
80305	DRUG TEST PRSMV DIR OPT OBS	47	51	\$601.02
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		2,333	7,060	\$549,173.47
TOTALS		8,402	18,154	\$1,426,650.10

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REGION 3				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	280	322	\$39,172.63
90792	PSYCH DIAG EVAL W/MED SERVS	250	255	\$33,966.90
H0031	MH ASSESSMENT BY NON-MD	464	559	\$51,838.70
96127	BRIEF EMOTIONAL/BEHAV ASSMT	220	289	\$2,173.50
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	-	-	\$0.00
99202	OFFICE/OUTPATIENT VISIT NEW	3	3	\$304.41
99203	OFFICE/OUTPATIENT VISIT NEW	7	7	\$714.55
99204	OFFICE/OUTPATIENT VISIT NEW	13	13	\$1,575.38
99205	OFFICE/OUTPATIENT VISIT NEW	2	2	\$765.28
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	14	14	\$653.93
99213	OFFICE/OUTPATIENT VISIT EST	475	612	\$37,637.40
99214	OFFICE/OUTPATIENT VISIT EST	1,367	2,202	\$207,482.71
99215	OFFICE/OUTPATIENT VISIT EST	13	17	\$6,113.57
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		3,108	4,295	\$382,398.96
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	133	142	\$2,618.98
90832	PSYCH W PT 30 MINS	287	354	\$22,049.94
90833	PSYTX W PT W E/M 30 MINS	16	28	\$4,101.80
90834	PSYTX W PT 45 MINS	19	22	\$1,771.07
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	1,678	3,743	\$464,990.05
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	144	196	\$17,961.65
90847	FAMILY PSYTX W/PT 50 MINS	86	103	\$9,689.86
90849	MULTIPLE FAMILY GROUP PSYTX	4	6	\$182.88
90853	GROUP PSYCHOTHERAPY	208	947	\$25,558.85
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		2,575	5,541	\$548,925.08
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	272	474	\$6,003.52
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	1,148	13,188	\$980,378.67
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	-	-	\$0.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	129	1,391	\$308,019.50
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	10	1	\$1,972.00
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	100	130	\$15,402.88
H0018 T2048	SHORT-TERM RES TREAT	66	459	\$236,666.78
H0038	SELF-HELP/PEER SVC 15 MIN	965	4,959	\$193,255.22
H2015	COMP COMM SUPP SVC, 15 MIN	491	3,478	\$247,796.64
H0036	COMM PSY FACE-FACE, 15 MIN	3	3	\$66.96
T1017	TARGETED CASE MANANGEMENT, 15 MIN	570	960	\$28,379.20
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	1	1	\$101.00
99396	PREV VISIT EST AGE 40-64	1	1	\$101.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		3,756	25,045	\$2,018,143.37
TOTALS		9,439	34,881	\$2,949,467.41

Community Mental Health Center Services Report
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REGION 4				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	1	1	\$122.74
90792	PSYCH DIAG EVAL W/MED SERV	19	25	\$1,991.22
H0031	MH ASSESSMENT BY NON-MD	378	391	\$42,971.07
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	2	2	\$190.98
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	1,354	2,206	\$45,134.27
99202	OFFICE/OUTPATIENT VISIT NEW	3	3	\$185.99
99203	OFFICE/OUTPATIENT VISIT NEW	16	16	\$1,120.17
99204	OFFICE/OUTPATIENT VISIT NEW	107	107	\$13,318.65
99205	OFFICE/OUTPATIENT VISIT NEW	98	98	\$14,540.33
99211	OFFICE/OUTPATIENT VISIT EST	88	407	\$1,838.97
99212	OFFICE/OUTPATIENT VISIT EST	42	55	\$1,745.28
99213	OFFICE/OUTPATIENT VISIT EST	1,709	3,089	\$155,610.81
99214	OFFICE/OUTPATIENT VISIT EST	104	143	\$11,008.10
99215	OFFICE/OUTPATIENT VISIT EST	7	7	\$749.50
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	4	4	\$259.92
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	13	18	\$474.37
99309	NURSING FACILITY CARE SUBSEQ	69	218	\$7,189.69
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	1	1	\$29.61
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		4,015	6,791	\$298,481.67
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	79	101	\$1,881.90
90832	PSYCH W PT 30 MINS	399	623	\$36,720.67
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	350	510	\$40,236.60
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	1,614	3,851	\$482,836.59
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	50	38	\$4,504.83
90847	FAMILY PSYTX W/PT 50 MINS	69	46	\$7,484.72
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	91	513	\$12,877.64
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		2,652	5,682	\$586,542.95
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	202	299	\$4,024.38
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	436	15,822	\$1,032,229.06
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	113	391	\$32,352.00
H0035	MH PARTIAL HOSP TX UNDER 24H	126	1,639	\$192,874.05
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	375	3,503	\$383,670.50
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	259	7	\$25,813.00
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	131	148	\$15,533.76
H0018 T2048	SHORT-TERM RES TREAT	220	1,006	\$570,372.00
H0038	SELF-HELP/PEER SVC 15 MIN	201	913	\$33,633.00
H2015	COMP COMM SUPP SVC, 15 MIN	583	4,325	\$268,851.84
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	135	898	\$26,545.92
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		2,781	28,951	\$2,585,899.51
TOTALS		9,448	41,424	\$3,470,924.13

Community Mental Health Center Services Report

2022 SUMMARY

REGION 6				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	2	2	\$147.61
90792	PSYCH DIAG EVAL W/MED SERV	-	-	\$0.00
H0031	MH ASSESSMENT BY NON-MD	343	346	\$38,261.72
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	1,497	4,042	\$81,646.97
99202	OFFICE/OUTPATIENT VISIT NEW	57	57	\$3,500.45
99203	OFFICE/OUTPATIENT VISIT NEW	187	187	\$15,042.46
99204	OFFICE/OUTPATIENT VISIT NEW	8	8	\$966.80
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	611	820	\$11,690.27
99212	OFFICE/OUTPATIENT VISIT EST	2,623	3,769	\$117,567.83
99213	OFFICE/OUTPATIENT VISIT EST	134	150	\$7,252.26
99214	OFFICE/OUTPATIENT VISIT EST	43	50	\$3,484.82
99215	OFFICE/OUTPATIENT VISIT EST	8	8	\$620.47
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		5,513	9,439	\$280,181.66
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	46	49	\$922.50
90832	PSYCH W PT 30 MINS	404	635	\$38,386.40
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	101	149	\$12,358.56
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	909	1,713	\$213,454.04
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00
90846	FAMILY PSYTX W/O PT 50 MINS	116	139	\$12,976.48

90847	FAMILY PSYTX W/PT 50 MINS	20	20	\$1,657.88
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	4	33	\$769.34
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		1,600	2,738	\$280,525.20
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	1,116	1,822	\$22,919.47
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	1,515	15,412	\$4,470,852.98
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	40	160	\$33,664.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	319	1,583	\$188,192.25
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	97	62	\$18,759.25
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	438	693	\$81,366.14
H0018 T2048	SHORT-TERM RES TREAT	226	689	\$1,441,018.11
H0038	SELF-HELP/PEER SVC 15 MIN	198	522	\$5,895.60
H2015	COMP COMM SUPP SVC, 15 MIN	941	3,699	\$219,911.52
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	1,526	3,402	\$67,738.60
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	1	1	\$1,200.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	5	5	\$1,738.70
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	6	6	\$5,487.66
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		6,428	28,056	\$6,558,744.28
TOTALS		13,541	40,233	\$7,119,451.14

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REGION 7				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	47	47	\$5,127.17
90792	PSYCH DIAG EVAL W/MED SERV	159	159	\$18,333.72
H0031	MH ASSESSMENT BY NON-MD	211	212	\$23,368.02
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	778	1,244	\$25,294.03
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	96	903	\$4,115.12
99212	OFFICE/OUTPATIENT VISIT EST	60	74	\$2,452.82
99213	OFFICE/OUTPATIENT VISIT EST	1,858	2,689	\$132,365.31
99214	OFFICE/OUTPATIENT VISIT EST	156	177	\$14,099.81
99215	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		3,365	5,505	\$225,156.00
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	10	10	\$184.53
90832	PSYCH W PT 30 MINS	451	713	\$44,419.69
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	3,529	10,070	\$867,460.90
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	86	94	\$8,293.99
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	432	822	\$74,102.89
90847	FAMILY PSYTX W/PT 50 MINS	955	1,871	\$184,953.11
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	6	9	\$238.10
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		5,469	13,589	\$1,179,653.21
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	2	2	\$23.36
T1502	MEDICATION ADMIN VISIT	769	1,230	\$6,411.48
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	1,328	9,852	\$2,918,716.43
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	74	290	\$129,559.78
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	283	403	\$97,241.26
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	147	95	\$44,647.51
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	62	70	\$11,879.84
H0018 T2048	SHORT-TERM RES TREAT	43	127	\$224,051.28
H0038	SELF-HELP/PEER SVC 15 MIN	103	169	\$6,982.14
H2015	COMP COMM SUPP SVC, 15 MIN	3,066	11,921	\$965,757.61
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	48	55	\$1,488.00
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	3	2	\$220.80
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		5,928	24,216	\$4,406,979.49
TOTALS		14,762	43,310	\$5,811,788.70

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REGION 8				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	62	99	\$2,576.69
90791	PSYCH DIAGNOTIC EVALUATION	110	124	\$14,637.38
90792	PSYCH DIAG EVAL W/MED SERV	322	325	\$38,248.90
H0031	MH ASSESSMENT BY NON-MD	532	549	\$59,111.65
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	4,130	7,283	\$264,031.85
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	1	1	\$130.86
99205	OFFICE/OUTPATIENT VISIT NEW	1	1	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	2,450	3,467	\$100,842.19
99213	OFFICE/OUTPATIENT VISIT EST	2,016	2,657	\$129,563.97
99214	OFFICE/OUTPATIENT VISIT EST	417	499	\$32,369.70
99215	OFFICE/OUTPATIENT VISIT EST	133	141	\$12,350.02
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		10,174	15,146	\$653,863.21
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	-	-	\$0.00
90832	PSYCH W PT 30 MINS	142	188	\$11,729.71
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	158	187	\$15,867.24
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	2,069	6,911	\$1,033,517.33
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	155	246	\$25,075.94
90847	FAMILY PSYTX W/PT 50 MINS	213	386	\$40,303.16
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	145	252	\$28,923.20
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		2,882	8,170	\$1,155,416.58
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	675	643	\$8,716.26
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	954	5,010	\$2,057,460.57
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	14	41	\$44,320.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	69	141	\$47,668.50
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	29	190	\$67,564.75
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	617	414	\$179,268.28
H0018 T2048	SHORT-TERM RES TREAT	87	185	\$540,448.02
H0038	SELF-HELP/PEER SVC 15 MIN	24	45	\$1,847.88
H2015	COMP COMM SUPP SVC, 15 MIN	3,231	11,734	\$1,233,687.31
H0036	COMM PSY FACE-FACE, 15 MIN	8	19	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	381	446	\$12,881.64
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	62	99	\$2,576.69
All Other Services Sub -Totals		6,151	18,967	\$4,196,439.90
TOTALS		19,207	42,283	\$6,005,719.69

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REGION 9				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	342	344	\$39,359.75
90792	PSYCH DIAG EVAL W/MED SERV	-	-	\$0.00
H0031	MH ASSESSMENT BY NON-MD	485	489	\$51,181.05
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	1,313	3,354	\$70,311.55
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99213	OFFICE/OUTPATIENT VISIT EST	2,424	3,806	\$212,591.23
99214	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99215	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		4,564	7,993	\$373,443.58
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	1,518	1,789	\$33,062.40
90832	PSYCH W PT 30 MINS	610	639	\$35,213.84
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	34	40	\$3,196.00
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	874	1,576	\$194,480.29
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	114	186	\$16,782.70
90847	FAMILY PSYTX W/PT 50 MINS	63	78	\$7,228.50
90849	MULTIPLE FAMILY GROUP PSYTX	4	4	\$121.92
90853	GROUP PSYCHOTHERAPY	96	322	\$10,266.35
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		3,313	4,634	\$300,352.00
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	852	1,510	\$17,751.28
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	299	4,050	\$1,047,065.38
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	-	-	\$0.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	146	1,680	\$355,914.62
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	11	165	\$21,524.25
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	171	215	\$55,066.48
H0018 T2048	SHORT-TERM RES TREAT	54	86	\$173,084.66
H0038	SELF-HELP/PEER SVC 15 MIN	200	547	\$17,657.64
H2015	COMP COMM SUPP SVC, 15 MIN	1,543	4,518	\$346,867.68
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	775	1,442	\$58,389.12
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		4,051	14,213	\$2,093,321.11
TOTALS		11,928	26,840	\$2,767,116.69

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REGION 10				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	1	1	\$110.70
90792	PSYCH DIAG EVAL W/MED SERV	464	480	\$58,098.59
H0031	MH ASSESSMENT BY NON-MD	449	455	\$50,237.30
96127	BRIEF EMOTIONAL/BEHAV ASSMT	422	437	\$1,655.64
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	1,752	3,349	\$63,676.52
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99213	OFFICE/OUTPATIENT VISIT EST	48	50	\$2,162.17
99214	OFFICE/OUTPATIENT VISIT EST	3,060	5,486	\$406,994.72
99215	OFFICE/OUTPATIENT VISIT EST	107	115	\$11,049.88
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		6,303	10,373	\$593,985.52
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	1,082	1,109	\$20,454.77
90832	PSYCH W PT 30 MINS	1,002	1,624	\$98,893.37
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	2,058	4,512	\$365,782.19
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	1,767	3,645	\$448,762.61
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	125	169	\$15,894.98
90847	FAMILY PSYTX W/PT 50 MINS	119	201	\$18,391.50
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	124	475	\$13,113.36
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		6,277	11,735	\$981,292.78
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	607	928	\$11,736.66
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	1,789	30,621	\$2,344,550.29
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	44	371	\$34,465.36
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	301	2,244	\$230,660.25
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	213	1,051	\$96,024.32
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	272	357	\$26,577.23
H0018 T2048	SHORT-TERM RES TREAT	128	1,227	\$636,830.44
H0038	SELF-HELP/PEER SVC 15 MIN	52	241	\$10,868.04
H2015	COMP COMM SUPP SVC, 15 MIN	2,187	12,286	\$865,422.80
H0036	COMM PSY FACE-FACE, 15 MIN	1	1	\$21.29
T1017	TARGETED CASE MANANGEMENT, 15 MIN	188	408	\$10,394.46
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	3	3	\$3,600.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	1	1	\$1,392.32
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		5,786	49,739	\$4,272,543.46
TOTALS		18,366	71,847	\$5,847,821.76

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REGION 11				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	143	144	\$17,668.42
90792	PSYCH DIAG EVAL W/MED SERV	68	69	\$9,361.92
H0031	MH ASSESSMENT BY NON-MD	40	40	\$4,156.75
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	488	947	\$19,503.54
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	15	15	\$280.20
99212	OFFICE/OUTPATIENT VISIT EST	182	198	\$7,493.45
99213	OFFICE/OUTPATIENT VISIT EST	839	1,161	\$73,528.11
99214	OFFICE/OUTPATIENT VISIT EST	370	454	\$41,389.26
99215	OFFICE/OUTPATIENT VISIT EST	12	12	\$1,446.07
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		2,157	3,040	\$174,827.72
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	-	-	\$0.00
90832	PSYCH W PT 30 MINS	160	177	\$10,791.60
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	24	21	\$2,129.37
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	952	1,668	\$210,373.58
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	8	9	\$794.97
90847	FAMILY PSYTX W/PT 50 MINS	15	18	\$1,647.00
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	23	61	\$1,666.70
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		1,182	1,954	\$227,403.22
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	139	192	\$2,389.76
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	114	7,134	\$570,162.77
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	-	-	\$0.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	64	149	\$17,699.00
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	45	96	\$13,989.25
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	54	92	\$4,710.00
H0018 T2048	SHORT-TERM RES TREAT	2	5	\$9,083.16
H0038	SELF-HELP/PEER SVC 15 MIN	55	82	\$2,863.08
H2015	COMP COMM SUPP SVC, 15 MIN	577	3,324	\$239,791.20
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	19	18	\$505.92
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		1,069	11,092	\$861,194.14
TOTALS		4,408	16,086	\$1,263,425.08

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REGION 12				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	7	7	\$336.25
90792	PSYCH DIAG EVAL W/MED SERV	3	3	\$189.44
H0031	MH ASSESSMENT BY NON-MD	709	711	\$78,663.77
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	2,618	5,597	\$133,273.10
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	822	1,055	\$32,767.92
99213	OFFICE/OUTPATIENT VISIT EST	3,292	5,327	\$281,993.39
99214	OFFICE/OUTPATIENT VISIT EST	439	488	\$39,378.00
99215	OFFICE/OUTPATIENT VISIT EST	570	577	\$67,372.13
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		8,460	13,765	\$633,974.00
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	3,096	3,366	\$63,149.85
90832	PSYCH W PT 30 MINS	2,016	2,981	\$190,537.08
90833	PSYTX W PT W E/M 30 MINS	377	487	\$26,524.48
90834	PSYTX W PT 45 MINS	1,993	3,082	\$254,314.18
90836	PSYTX W PT W E/M 45 MINS	29	29	\$1,923.08
90837	PSYTX W PT 60 MINS	3,067	5,837	\$830,672.88
90838	PSYTX W PT W E/M 60 MINS	14	15	\$1,302.15

90846	FAMILY PSYTX W/O PT 50 MINS	54	61	\$5,635.44
90847	FAMILY PSYTX W/PT 50 MINS	338	459	\$45,116.28
90849	MULTIPLE FAMILY GROUP PSYTX	4	4	\$109.60
90853	GROUP PSYCHOTHERAPY	223	335	\$25,158.73
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		11,211	16,656	\$1,444,443.75
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	1,457	2,418	\$30,907.27
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	674	6,925	\$1,729,360.33
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	14	27	\$6,971.20
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	238	904	\$152,677.25
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	174	595	\$110,192.50
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	45	47	\$3,285.98
H0018 T2048	SHORT-TERM RES TREAT	136	251	\$602,362.14
H0038	SELF-HELP/PEER SVC 15 MIN	234	594	\$20,027.55
H2015	COMP COMM SUPP SVC, 15 MIN	2,265	12,464	\$918,706.35
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	34	46	\$1,368.96
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	3	3	\$3,600.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		5,274	24,274	\$3,579,459.53
TOTALS		24,945	54,695	\$5,657,877.28

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REGION 13				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	1	1	\$26.32
90791	PSYCH DIAGNOTIC EVALUATION	2	2	\$736.44
90792	PSYCH DIAG EVAL W/MED SERV	-	-	\$0.00
H0031	MH ASSESSMENT BY NON-MD	-	-	\$0.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	-	-	\$0.00
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	1	1	\$35.00
99213	OFFICE/OUTPATIENT VISIT EST	2	2	\$32.12
99214	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99215	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		6	6	\$829.88
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	-	-	\$0.00
90832	PSYCH W PT 30 MINS	2	6	\$1,441.68
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	4	30	\$9,556.08
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	4	10	\$3,848.46
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	-	-	\$0.00
90847	FAMILY PSYTX W/PT 50 MINS	-	-	\$0.00
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	-	-	\$0.00
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		10	46	\$14,846.22
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	-	-	\$0.00
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	-	-	\$0.00
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	-	-	\$0.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	-	-	\$0.00
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	-	-	\$0.00
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	-	-	\$0.00
H0018 T2048	SHORT-TERM RES TREAT	-	-	\$0.00
H0038	SELF-HELP/PEER SVC 15 MIN	-	-	\$0.00
H2015	COMP COMM SUPP SVC, 15 MIN	-	-	\$0.00
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	-	-	\$0.00
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	1	1	\$26.32
All Other Services Sub -Totals		1	1	\$26.32
TOTALS		17	53	\$15,702.42

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REGION 14				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	4	4	\$490.96
90792	PSYCH DIAG EVAL W/MED SERVS	111	112	\$19,730.75
H0031	MH ASSESSMENT BY NON-MD	172	172	\$19,020.85
96127	BRIEF EMOTIONAL/BEHAV ASSMT	-	-	\$0.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	63	103	\$2,011.05
99202	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99203	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99204	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99205	OFFICE/OUTPATIENT VISIT NEW	-	-	\$0.00
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	1,549	2,493	\$88,909.87
99213	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99214	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99215	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		1,899	2,884	\$130,163.48
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	94	124	\$2,398.50
90832	PSYCH W PT 30 MINS	276	313	\$18,442.30
90833	PSYTX W PT W E/M 30 MINS	1	1	\$225.80
90834	PSYTX W PT 45 MINS	339	378	\$30,093.35
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	589	864	\$107,669.81
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	1	1	\$88.33
90847	FAMILY PSYTX W/PT 50 MINS	3	3	\$274.50
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	225	660	\$33,168.70
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		1,528	2,344	\$192,361.29
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	85	190	\$2,416.60
T1502	MEDICATION ADMIN VISIT	-	-	\$0.00
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	435	2,462	\$716,150.41
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	-	-	\$0.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	158	227	\$56,526.42
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	121	430	\$90,332.17
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	153	199	\$12,339.32
H0018 T2048	SHORT-TERM RES TREAT	62	150	\$283,596.44
H0038	SELF-HELP/PEER SVC 15 MIN	114	213	\$5,747.22
H2015	COMP COMM SUPP SVC, 15 MIN	1,044	3,153	\$294,404.98
H0036	COMM PSY FACE-FACE, 15 MIN	1	3	\$333.32
T1017	TARGETED CASE MANANGEMENT, 15 MIN	242	409	\$11,811.76
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		2,415	7,436	\$1,473,658.64
TOTALS		5,842	12,664	\$1,796,183.41

Community Mental Health Center Services Report
2022 SUMMARY

REGION 15				
CPT Code	Code Description	Totals		
		Distinct Beneficiary Count	Claim Count	Reimbursement
EVALUATION AND ASSESSMENT				
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
90791	PSYCH DIAGNOTIC EVALUATION	-	-	\$0.00
90792	PSYCH DIAG EVAL W/MED SERV	-	-	\$0.00
H0031	MH ASSESSMENT BY NON-MD	147	148	\$16,383.60
96127	BRIEF EMOTIONAL/BEHAV ASSMT	321	348	\$1,319.22
96130	PSYCL TST EVAL PHYS/QHP 1ST	-	-	\$0.00
96131	PSYCL TST EVAL PHYS/QHP EA	-	-	\$0.00
96136	PSYCL/NRPSY TST PHY/QHP 1ST	-	-	\$0.00
96137	PSYCL/NRPSY TST PHY/QHP EA	-	-	\$0.00
T1002	RN SERVICES UP TO 15 MINUTES	664	1,789	\$79,212.34
99202	OFFICE/OUTPATIENT VISIT NEW	1	1	\$62.21
99203	OFFICE/OUTPATIENT VISIT NEW	58	59	\$5,131.14
99204	OFFICE/OUTPATIENT VISIT NEW	26	26	\$2,352.43
99205	OFFICE/OUTPATIENT VISIT NEW	79	79	\$13,336.46
99211	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99212	OFFICE/OUTPATIENT VISIT EST	-	-	\$0.00
99213	OFFICE/OUTPATIENT VISIT EST	1,215	2,105	\$118,635.47
99214	OFFICE/OUTPATIENT VISIT EST	2	2	\$179.66
99215	OFFICE/OUTPATIENT VISIT EST	144	154	\$17,139.17
99304	NURSING FACILITY CARE INIT	-	-	\$0.00
99305	NURSING FACILITY CARE INIT	-	-	\$0.00
99306	NURSING FACILITY CARE INIT	-	-	\$0.00
99307	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99308	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99309	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99310	NURSING FACILITY CARE SUBSEQ	-	-	\$0.00
99324	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99325	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99326	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99327	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99328	DOMICIL/R-HOME VISIT NEW PAT	-	-	\$0.00
99334	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99335	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99336	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
99337	DOMICIL/R-HOME VISIT EST PAT	-	-	\$0.00
Evaluation and Assessment Sub-Totals		2,657	4,711	\$253,751.70
PSYCHOTHERAPY AND RELATED SERVICES				
H0032	MH SVC PLAN DEV BY NON-MD	279	283	\$5,238.88
90832	PSYCH W PT 30 MINS	105	203	\$12,854.98
90833	PSYTX W PT W E/M 30 MINS	-	-	\$0.00
90834	PSYTX W PT 45 MINS	-	-	\$0.00
90836	PSYTX W PT W E/M 45 MINS	-	-	\$0.00
90837	PSYTX W PT 60 MINS	467	884	\$113,199.34
90838	PSYTX W PT W E/M 60 MINS	-	-	\$0.00

90846	FAMILY PSYTX W/O PT 50 MINS	-	-	\$0.00
90847	FAMILY PSYTX W/PT 50 MINS	6	11	\$1,006.50
90849	MULTIPLE FAMILY GROUP PSYTX	-	-	\$0.00
90853	GROUP PSYCHOTHERAPY	1	3	\$70.83
99354	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
99355	PRO E&M/PSYCTX SERV O/P	-	-	\$0.00
Psychotherapy and Related Services Sub-Totals		858	1,384	\$132,370.53
ALL OTHER SERVICES				
96372	THER/PROPH/DIAG/INJ/IM	-	-	\$0.00
T1502	MEDICATION ADMIN VISIT	386	1,085	\$5,496.36
H2017 H2030	PSYSOC REHAB SVC, 15 MIN	687	7,837	\$919,415.28
H2012	BEHAVIORAL HLTH DAY TREAT, PER HOUR	141	246	\$45,696.00
H0035	MH PARTIAL HOSP TX UNDER 24H	-	-	\$0.00
H0039	ASSER COM TX FACE-FACE/15 MIN (PACT)	134	744	\$89,192.49
S9480 H0039 W/U8	ASSER COM TX FACE-FACE/15 MIN (ICORT)	61	1	\$9,579.99
H2011	CRISIS INTERVEN SVC, 15 MIN (FtoF & Tele)	138	177	\$21,632.52
H0018 T2048	SHORT-TERM RES TREAT	-	-	\$0.00
H0038	SELF-HELP/PEER SVC 15 MIN	51	89	\$1,957.50
H2015	COMP COMM SUPP SVC, 15 MIN	556	3,807	\$213,721.44
H0036	COMM PSY FACE-FACE, 15 MIN	-	-	\$0.00
T1017	TARGETED CASE MANANGEMENT, 15 MIN	24	38	\$1,458.24
80305	DRUG TEST PRSMV DIR OPT OBS	-	-	\$0.00
99395	PREV VISIT EST AGE 18-39	-	-	\$0.00
99396	PREV VISIT EST AGE 40-64	-	-	\$0.00
T2023	TARGETED CASE MANAGEMENT, PER MONTH	-	-	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	\$0.00
90785	PSYTX COMPLEX INTERACTIVE	-	-	\$0.00
All Other Services Sub -Totals		2,178	14,024	\$1,308,149.82
TOTALS		5,693	20,119	\$1,694,272.05