

Medicaid Mental Health and Mental Health Services Plan  
 Individuals under 18 years of age  
 Fee Schedule – March 1, 2009  
 (Reimbursement rates updated March 1, 2009.)

I. In-State Psychiatric Residential Treatment Facility (PRTF) Services

This table summarizes in-state PRTF services, which are reimbursed for Medicaid beneficiaries.

Service	Procedure	Unit	Reimbursement	Co-pay	Limits	Management
PRTF	Revenue Code 124	Day	\$303.76**	None	None	Prior auth. CON
PRTF Therapeutic Home Visit	Revenue Code 183	Day	\$303.76**	None	14 days/year	Prior auth if > 72 hours
PRTF Assessment Services	Revenue Code 220	Day	\$349.32**	None	None	Prior auth. CON

\*\* Includes a facility –specific ancillary rate.