

Mental Health Services Plan
 Individuals 18 years of age and older
 Fee Schedule
 July 1, 2010

The 2% provider rate increase was allocated as a one-time appropriation for SFY2010 and 2011. A one-time appropriation means that it will not be included in the Department's base budget for the next biennium. If the next legislative session does not take specific action to continue this provider rate increase, rates will be decreased to the SFY 2009 levels.

I. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

CPT Code	Procedure	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination	Per session	\$98.82	\$98.82	\$98.82
90804*	Individual psychotherapy	20 - 30 min.	\$40.97	\$40.97	\$40.97
90806*	Individual psychotherapy	45 - 50 min.	\$57.26	\$57.26	\$57.26
90846*	Family psychotherapy without patient	Per session	\$56.32	\$56.32	\$56.32
90847*	Family psychotherapy with patient	Per session	\$69.99	\$69.99	\$69.99
90853	Group psychotherapy (other than multi-family)	Per session	\$20.44	\$20.44	\$20.44
96101 AH	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	\$78.63	N/A	N/A
96102 AH	Psychological testing by technician	Per hour	\$47.65	N/A	N/A
96103 AH	Psychological testing administered by computer	Per test battery	\$44.95	N/A	N/A

*** Individuals may not receive more than a combined total of 24 sessions per year (July 1 – June 30) for these four codes.**

II. Acute Inpatient Services

Acute care inpatient treatment is not a benefit under the Mental Health Services Plan.

III. Mental Health Center Services (in addition to practitioner services):

The following table summarizes services available through licensed mental health centers.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
M.H. Group Home – Adult	S5102		Day	\$101.78	None	None	Retrospective review
Adult Foster Care	S5140		Day	\$81.43	None	None	Retrospective review
Crisis intervention facility	S9485		Day	\$330.47	None	None	Prior Authorization
Day treatment – Adult Half day	H2012	HB	Hour	\$12.63	None	3 hours / day	Retrospective review
Community-based psychiatric rehabilitation & support – individual	H2019		15 min	\$6.62	None	None	Retrospective review
Community-based psychiatric rehabilitation & support – group	H2019	HQ	15 min	\$1.98	None	None	Retrospective
Illness Management and Recovery (the evidence-based practice only) – Individual	H2015	HB	15 min	\$11.13	None	4 units/per day cannot bill H2017 HQ same day	Retrospective review
Illness Management and Recovery (the evidence-based practice only) – Group	H2017	HQ	15 min	\$6.22	None	4 units/per day cannot bill H2015 HB same day	Retrospective review
Program of Assertive Community Treatment (PACT)	H0040		Day	\$45.04	None	None	Retrospective review

IV. Case Management Services

Adult case management services must be provided by a licensed mental health center with case management endorsement.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Targeted Case Management – Adult, Individual	T2023	HB	month	\$120.00	None	1 unit per month	Retrospective review

V. Intensive Outpatient Services

Intensive outpatient psychotherapy available through the Mental Health Services Plan must be provided by a licensed mental health practitioner when outpatient psychotherapy is medically necessary for more than 24 sessions per year. Dialectical Behavior Therapy Skill Development may be reimbursed to both mental health center and mental health practitioner provider types.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Intensive Outpatient Psychotherapy – Individual and Family	H0046	HB	45-50 min	\$54.84	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development – Individual	H2014		15 min	\$16.08	\$3.00	Cannot bill T2023 in same month	Prior authorized
Dialectical Behavior Therapy – Skill Development – Group	H2014	HQ	15 min	\$10.71	\$3.00	None	Prior authorized