

PRESBYTERIAN CENTENNIAL CARE BEHAVIORAL HEALTH FEE SCHEDULE

Professional Services

DESCRIPTION	CPT® CODE	MODIFIER	PHYSICIAN	PSYCHOLOGIST	CLINICAL	
					MASTER'S LEVEL	NURSE SPECIALIST
Psychiatric Diagnostic Evaluation - no medical svcs	90791		N/B	\$107.67	\$87.30	\$97.97
Psychotherapy w/ patient and/or family member, 30 min	90832		\$59.22	\$46.68	\$44.52	\$43.07
Psychotherapy w/ patient and/or family member, 45 min	90834		\$93.66	\$75.54	\$67.61	\$66.93
Psychotherapy w/ patient and/or family member, 60 min	90837		\$125.76	\$77.18	\$70.96	\$66.93
Family/Couples Psychotherapy	90846	w/ or w/o HK	\$95.26	\$67.90	\$66.93	\$66.93
Family/Couples Psychotherapy	90847	w/ or w/o HK	\$104.76	\$82.45	\$77.60	\$77.60
Group Psychotherapy	90849		\$30.50	\$24.25	\$24.25	\$24.25
Group Psychotherapy	90853		\$29.10	\$24.25	\$24.25	\$24.25
Psychiatric Diagnostic Evaluation - w/ medical svcs	90792		\$136.77	N/B	N/B	\$97.97
Pharmacological Management	90863		N/B	\$63.05	N/B	\$63.05
Narcosynthesis	90865		\$122.64	N/B	N/B	N/B
Report preparation of member's status, history, treatment or progress	90889		\$42.80	\$42.82	\$35.58	\$35.58
Psychological Testing	96101		\$87.30	\$87.30	N/B	N/B
Psychological Testing Admin by Technician	96102		\$38.80	\$38.80	N/B	N/B
Psychological Testing Admin by Computer	96103		\$72.75	\$72.75	N/B	N/B
Assessment of Aphasia	96105		\$58.84	\$58.84	N/B	N/B
Developmental Screening	96110		\$12.05	\$12.05	N/B	N/B
Developmental Testing	96111		\$60.52	\$60.52	N/B	N/B
Neurobehavioral Status Exam	96116		\$60.52	\$60.52	N/B	N/B
Neuropsychological Testing	96118		\$97.00	\$97.00	N/B	N/B
Neuropsychological Testing Admin by Technician	96119		\$38.80	\$38.80	N/B	N/B
Neuropsychological Testing Admin by Computer	96120		\$72.75	\$72.75	N/B	N/B
Health and behavior assessment, initial; face to face w/ patient; 15 min	96150		N/B	\$22.79	N/B	N/B
Health and behavior re-assessment	96151		N/B	\$22.79	N/B	N/B
Office Outpatient Visit, New patient, 10 min	99201		\$31.30	N/B	N/B	N/B
Office Outpatient Visit, New patient, 20 min	99202		\$62.55	N/B	N/B	N/B
Office Outpatient Visit, New patient, 30 min	99203		\$93.52	N/B	N/B	N/B
Office Outpatient Visit, New patient, 45 min	99204		\$132.70	N/B	N/B	N/B
Office Outpatient Visit, New patient, 60 min	99205		\$169.19	N/B	N/B	N/B
Office Outpatient Visit, Established patient, 5 min	99211		\$20.25	N/B	N/B	\$20.25
Office Outpatient Visit, Established patient, 10 min	99212		\$36.89	N/B	N/B	N/B
Office Outpatient Visit, Established patient, 15 min	99213		\$50.52	N/B	N/B	N/B
Office Outpatient Visit, Established patient, 25 min	99214		\$79.45	N/B	N/B	N/B
Office Outpatient Visit, Established patient, 40 min	99215		\$116.27	N/B	N/B	N/B
Observation Care Discharge	99217		\$69.63	N/B	N/B	N/B
Initial Observation Care; straightforward/low complexity	99218		\$66.54	N/B	N/B	N/B
Initial Observation Care; moderate complexity	99219		\$110.72	N/B	N/B	N/B
Initial Observation Care; high complexity	99220		\$155.51	N/B	N/B	N/B
Initial Hospital Care, low complexity -30 min	99221		\$61.11	N/B	N/B	N/B
Initial Hospital Care, moderate complexity -50 min	99222		\$100.88	N/B	N/B	N/B
Initial Hospital Care, high complexity -70 min	99223		\$140.65	N/B	N/B	N/B
Subsequent Hospital Care, low complexity -15 min	99231		\$31.04	N/B	N/B	N/B
Subsequent Hospital Care, moderate complexity	99232		\$50.44	N/B	N/B	N/B
Subsequent Hospital Care, high complexity	99233		\$70.81	N/B	N/B	N/B
Observation or Inpatient Care, low complexity	99234		\$121.25	N/B	N/B	N/B
Observation or Inpatient Care, moderate complexity	99235		\$160.05	N/B	N/B	N/B
Observation or Inpatient Care, high complexity	99236		\$199.32	N/B	N/B	N/B
Discharge Day management -30 min or less	99238		\$63.05	N/B	N/B	N/B
Discharge Day management -more than 30 min	99239		\$86.33	N/B	N/B	N/B
Outpatient Consultation, straightforward -15 min	99241		\$45.99	\$31.53	\$31.53	\$31.53
Outpatient Consultation, straightforward -30 min	99242		\$80.51	\$56.99	\$56.99	\$56.99
Outpatient Consultation, low complexity -40 min	99243		\$107.19	\$75.42	\$75.42	\$75.42
Outpatient Consultation, moderate complexity -60 min	99244		\$152.29	\$106.70	\$106.70	\$106.70
Outpatient Consultation, high complexity -80 min	99245		\$196.91	\$156.17	\$140.26	\$140.26
Initial Inpatient Consultation, straightforward -20 min	99251		\$33.68	\$23.98	N/B	N/B
Initial Inpatient Consultation, straightforward -40 min	99252		\$65.45	\$55.75	N/B	N/B
Initial Inpatient Consultation, low complexity -55 min	99253		\$88.27	\$78.21	N/B	N/B
Initial Inpatient Consultation, moderate complexity -80 min	99254		\$127.07	\$113.66	N/B	N/B
Initial Inpatient Consultation, high complexity -110 min	99255		\$174.60	\$145.50	N/B	N/B
Prolonged Service, in office or outpatient setting; 60 min	+99354		\$97.45	N/B	N/B	N/B
Prolonged Service, in office or outpatient setting; addtl 30 min	+99355		\$96.41	N/B	N/B	N/B
Prolonged Service, in inpatient or observation setting; 60 min	+99356		\$89.65	N/B	N/B	N/B
Prolonged Service, in inpatient or observation setting; addtl 30 min	+99357		\$90.35	N/B	N/B	N/B
Behavior Change, smoking/tobacco cessation counseling visit; up to 10 min	99406		\$13.19	\$13.19	\$13.19	\$13.19
Behavior Change - intensive, smoking/tobacco cessation counseling visit; greater	99407		\$25.83	\$25.83	\$25.83	\$25.83
Opioid Addiction Treatment Induction - Buprenorphine	H0033		\$300.00	N/B	N/B	N/B
Comprehensive medication svcs; per 15 min	H2010	w/ or w/o U8	N/B	N/B	N/B	\$33.95
Brief office visit - monitoring/changing prescriptions	M0064		\$15.65	\$15.65	N/B	\$15.65

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DESCRIPTION	HCPCS CODE	MODIFIERS	RATE
Mental Health assessment, by nonphysician	H0031	U8	\$403.94
Crisis intervention svc face to face or mobile; per 15 min	H2011	U2 or U3	\$21.70
Assertive Community treatment, face to face; per 15 min	H0039	U1 or U2 or U3	\$36.98
Skills training and development; behavior management; per 15 min	H2014		\$7.76
Skills training and development; adaptive skills building; per 15 min	H2014	U1	\$11.25
Comprehensive community support svcs, Masters; per 15 min	H2015	HO	\$18.49
Comprehensive community support svcs, Bachelors; per 15 min	H2015	HN	\$16.20
Comprehensive community support svcs, Peer or Family; per 15 min	H2015	HM	\$13.45
Psychosocial rehabilitation svcs; per 15 min	H2017	HQ	\$5.09
Multisystemic therapy for juveniles, per 15 min	H2033	HO	\$37.50
Multisystemic therapy for juveniles, per 15 min	H2033	HN	\$35.00
Treatment Foster Care, therapeutic, child; per diem	S5145		\$164.90
Treatment Foster Care II, therapeutic, child; per diem	S5145	U1	\$121.25
Behavioral health day treatment, per hour	H2012		\$17.51
Respite, per 15 min	T1005		\$4.58
Group Respite, per 15 min	T1005	HQ	\$4.58
Methadone clinic; initial medical exam	H0001		\$50.52
Methadone clinic svcs	H0020		\$13.30
Alcohol and/or drug services; treatment plan development and/or modification	T1007	U8	\$110.80
Intensive Outpatient (IOP) per hour	H0015		\$44.08
Telehealth originating site facility fee	Q3014		\$22.47

RESIDENTIAL AND SUPERVISED LIVING SERVICES

DESCRIPTION	REVENUE	RATE
Non-Accredited Group Home	0190	\$243.00
Specialized RTC	0191	\$270.00
ARTC Psychiatric	1001	\$270.00
ARTC Substance Abuse	1002	\$270.00
Group Home	1005	\$112.50

Modifier	Description	Modifier	Description
HA	Child/Adolescent program	TG	Complex/high level of care
HD	Pregnant/Parenting program	TJ	Child/Adolescent group program
HK	Specialized mental health programs for high-risk populations	TL	Early intervention/IFSP
HM	Less than Bachelor degree level	U1	Medicaid level of care 1, as defined by each state
HN	Bachelor degree level	U2	Medicaid level of care 2, as defined by each state
HO	Masters degree level	U3	Medicaid level of care 3, as defined by each state
HQ	Group Setting	U8	Medicaid level of care 8 as defined by each state
HR	Family without member present		