

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/01/2019)

| HOSPITAL BASED SERVICES | | | | | | | |
|--|---------------------|-------------------------------------|---------------------|----------------------------|------------------------------|--|------------|
| Service | Billing unit | Maximum # of units per month | Revenue Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| HOSPITAL OUTPATIENT SERVICES | | | | | | | |
| Individual Therapy | 30 Minutes | 10 | 914 | HB - Adult HBTJ - Child | \$61.39 | 2 units per day. | X |
| Group Therapy | 60 Minutes | 12 | 915 | HB - Adult HBTJ - Child | \$24.75 | 3 units per week, 1 unit per day. | X |
| Initial Evaluation | 30 Minutes | 4 | 918 | HB - Adult HBTJ - Child | \$56.24 | Maximum four (4) units per consumer per month. | X |
| Medication Monitoring | 15 Minutes | 4 | 919 | HB - Adult HBTJ - Child | \$73.44 | 2 units per day. | X |
| ACUTE AND PARTIAL HOSPITALIZATION | | | | | | | |
| Partial Hospital | 1 hour | 125 | 912 | | \$16.13 | Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk. | |
| Partial Hospital Transportation | one-way | 50 | 912 | HW | \$6.30 | Must co-exist with a PH billing on the same date of service. Max of 2/day. | |
| Acute Partial Hospital | 1 hour | 125 | 913 | | \$58.50 | Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk. | X |
| Acute Partial Hospital Transportation | one-way | 50 | 913 | HW | \$6.30 | Must co-exist with a APH billing on the same date of service. Max of 2/day. | X |
| Initial Evaluation | 30 Minutes | 4 | 918 | HB - Adult HBTJ - Child | \$56.24 | Maximum four (4) units per consumer per month. | X |

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| NON-HOSPITAL BASED SERVICES | | | | | | | |
|--|---------------------|-------------------------------------|-----------------------|-----------------------------|------------------------------|---|------------|
| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| OUTPATIENT | | | | | | | |
| Psychiatric Diagnostic Evaluation without Medical Services | One Evaluation | See Business Rules | 90791 | HW - Adult TJ - Child | \$150.49 \$142.15 | Can not bill 90792 on the same day. Limited to two (2) evaluations per provider, per client in the calendar year. | X |
| Psychiatric Diagnostic Evaluation with Medical Services | One Evaluation | See Business Rules | 90792 | HW - Adult TJ - Child | \$394.35 \$292.50 | Can not bill 90791 on the same day. Limited to two (2) evaluations per provider, per client in the calendar year. | X |
| Individual Therapy | 20 - 30 minutes | 9 | 90832 | HW - Adult TJ - Child | \$61.39 | 1 unit per day. | X |
| Individual Therapy with E/M | 20 - 30 minutes | 10 | 90833 | HW - Adult TJ - Child | \$63.30 | 1 unit per day. Can only be billed with codes 99211-99215 on the same date of service. | X |
| Individual Therapy | 45 - 50 minutes | 9 | 90834 | HW - Adult TJ - Child | \$81.23 | 1 unit per day. | X |
| Individual Therapy with E/M | 45 - 50 minutes | 10 | 90836 | HW - Adult TJ - Child | \$81.23 | 1 unit per day. Can only be billed with codes 99211-99215 on the same date of service. | X |
| Special family therapy with patient present | 45 - 50 minutes | 4 | 90847 | HW - Adult TJ - Child | \$102.55 | 1 unit per day. Can only be billed with codes 99211-99215 on the same date of service. | X |
| Group Therapy | 90 minutes | 9 | 90853 | HW - Adult TJ - Child | \$24.75 | 1 unit per day. Can only be billed with codes 99211-99215 on the same date of service. | X |
| Family Conference | 25 minutes | 4 | 90887 | HW - Adult TJ - Child | \$20.62 | 1 unit per day. Can only be billed with codes 99211-99215 on the same date of service. | X |
| E/M Medication Monitoring - Physician | 5 minutes | 10 | 99211 | HW - Adult TJ - Child | \$14.40 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 10 minutes | 10 | 99212 | HW - Adult TJ - Child | \$44.15 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 15 minutes | 10 | 99213 | HW - Adult TJ - Child | \$73.44 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 25 minutes | 10 | 99214 | HW - Adult TJ - Child | \$107.87 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 40 minutes | 10 | 99215 | HW - Adult TJ - Child | \$144.96 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 5 minutes | 10 | 99211 | SA + HW-Adult TJ - Child | \$12.60 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |

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| NON-HOSPITAL BASED SERVICES | | | | | | | |
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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| E/M Medication Monitoring - APN | 10 minutes | 10 | 99212 | SA + HW-Adult TJ - Child | \$39.74 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 15 minutes | 10 | 99213 | SA + HW-Adult TJ - Child | \$66.10 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 25 minutes | 10 | 99214 | SA + HW-Adult TJ - Child | \$97.08 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 40 minutes | 10 | 99215 | SA + HW-Adult TJ - Child | \$130.46 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| PROGRESSIVE ASSERTIVE COMMUNITY TREATMENT (PACT) | | | | | | | |
| Progressive Assertive Community Treatment (PACT) | Monthly rate | One (1) | H0040 | HW | \$1,487.81 | Must provide ≥ 2 hours of service per month. The 2 hour minimum requirement does not apply during the month PACT services are initiated. No reimbursement is permitted during the month PACT services are terminated. No billing for consumers in IMD or correctional facility. No PC or PH unless approved; No ICMS, supervised housing or CSS during month billing for PACT. | |
| PACT IN-REACH | Monthly rate | One (1) | H0040 | IR | \$1,487.81 | See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| PACT PRE-ADMISSION | Flat rate | One (1) | H0040 | PA | \$1,598.08 | Must have contact with consumer while admitted to State hospital and consumer must be admitted to PACT at discharge from the State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| PARTIAL CARE | | | | | | | |
| Partial Care (PC) | 1 hour | 125 | Z0170 | HW | \$16.13 | Minimum of two (2) and max of five (5) units per day. Maximum of 25 units per week. No PACT unless approved. | |
| Partial Care Transportation | one-way | 50 | Z0330 | HW | \$6.30 | Must have a PC billing on the same date of service. Maximum of two (2) units per day. | |
| Psychiatric Diagnostic Evaluation without Medical Services | One Evaluation | See Business Rules | 90791 | PC HW | \$150.49 | Can not bill 90792 on the same day. Limited to two (2) evaluations per provider, per client in the calendar year. | X |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| Psychiatric Diagnostic Evaluation with Medical Services | One Evaluation | See Business Rules | 90792 | PC HW | \$394.35 | Can not bill 90791 on the same day. Limited to two (2) evaluations per provider, per client in the calendar year. | X |
| E/M Medication Monitoring - Physician | 5 minutes | 10 | 99211 | PC HW | \$14.40 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 10 minutes | 10 | 99212 | PC HW | \$44.15 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 15 minutes | 10 | 99213 | PC HW | \$73.44 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 25 minutes | 10 | 99214 | PC HW | \$107.87 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - Physician | 40 minutes | 10 | 99215 | PC HW | \$144.96 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 5 minutes | 10 | 99211 | PC HW SA | \$12.60 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 10 minutes | 10 | 99212 | PC HW SA | \$39.74 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 15 minutes | 10 | 99213 | PC HW SA | \$66.10 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 25 minutes | 10 | 99214 | PC HW SA | \$97.08 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| E/M Medication Monitoring - APN | 40 minutes | 10 | 99215 | PC HW SA | \$130.46 | 1 E/M Service Per Consumer/Per Day/Per Provider. | X |
| INTEGRATED CASE MANAGEMENT SERVICES (ICMS) | | | | | | | |
| Integrated Case Management Services (ICMS) | 15 minutes | 50 | Z5006 | HW | \$34.31 | No billing for consumers during psychiatric hospitalization or in correctional facility. Unit is 15 consecutive minutes. Cannot bill with PACT, CSS or Supervised Residential Services. | |
| Integrated Case Management Services (ICMS) IN-REACH | 15 minutes | See Business Rules | Z5006 | QJ | \$34.31 | Total episode maximum of 32 units (8 hours). Consumer must be receiving ICMS services at times of admission to inpatient setting or correctional facility. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| Integrated Case Management Services (ICMS) PRE-ADMISSION | 15 minutes | See Business Rules | Z5006 | PA | \$34.31 | Total episode maximum of 32 units (8 hours). Consumer must be admitted to ICMS services at time of discharge from a State hospital, County hospital or DMHAS contracted Diversion bed. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| Integrated Case Management Services (ICMS) in Excess of 50 units | 15 minutes | 150 | Z5006 | OL | \$34.31 | No billing for consumers during psychiatric hospitalization or in correctional facility. Unit is 15 consecutive minutes. Cannot bill with PACT, CSS or Supervised Residential Services. DMHAS MH FFS Unit approval is required before billing is submitted. | |
| SUPERVISED RESIDENTIAL SERVICES | | | | | | | |
| Supervised Residential Group Homes Level A+ | per diem | # of days in the month | Z7333 | HW | \$241.97 | Cannot bill with PACT, ICMS or CSS service. | |
| Supervised Residential Group Homes: Level A+ 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7333 | QJ | \$241.97 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Group Homes: Level A+ 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7333 | HWU8 | \$241.97 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Apartments: Level A+ | per diem | # of days in the month | Z7333 | 52 HW | \$241.97 | Cannot bill with PACT, ICMS or CSS service. | |
| Supervised Residential Apartments: Level A+ 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7333 | 52 QJ | \$241.97 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Apartments: Level A+ 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7333 | 52 U8 | \$241.97 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Group Homes: Level A | per diem | # of days in the month | Z7334 | HW | \$193.27 | Cannot bill with PACT, ICMS or CSS service. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| Supervised Residential Group Homes: Level A 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7334 | QJ | \$193.27 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Group Homes: Level A 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7334 | U8 | \$193.27 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Apartments: Level A | per diem | # of days in the month. | Z7334 | 52 HW | \$193.27 | Cannot bill with PACT, ICMS or CSS service. | |
| Supervised Residential Apartments: Level A 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7334 | 52 QJ | \$193.27 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Apartments: Level A 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7334 | 52 U8 | \$193.27 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Group Homes: Level B | per diem | # of days in the month | Z7335 | HW | \$150.50 | Cannot bill with PACT, ICMS or CSS service. | |
| Supervised Residential Group Homes: Level B 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7335 | QJ | \$150.50 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Group Homes: Level B 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7335 | U8 | \$150.50 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Apartments: Level B | 15 consecutive minutes | 1,440 | Z7335 | 52 HW | \$12.00 | Cannot bill with PACT, ICMS or CSS service. | |
| Supervised Residential Apartments: Level B 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7335 | 52 U9 | \$22.36 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Apartments: Level B 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7335 | 52 U7 | \$22.36 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| Family Care: Level D | per diem | # of days in the month | Z7337 | HW | \$15.80 | Cannot bill with PACT, ICMS or CSS service. | |
| Family Care: Level D 30 DAY BED HOLD | per diem | maximum of 30 consecutive days | Z7337 | QJ | \$15.80 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Family Care: Level D 30 DAY BED HOLD EXTENSION | per diem | maximum of two (2) 30 day extensions | Z7337 | U8 | \$15.80 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Services - Room and Board | per diem | # of days in the month | Z7333 | U8 | \$27.47 | Cannot bill with PACT, ICMS or CSS service. | |
| Supervised Residential Services - Room and Board OVERNIGHT ABSENCE | per diem | maximum of three (3) per month | Z7333 | U7 | \$27.47 | See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual. | |
| Supervised Residential Services - PRE-ADMISSION | Flat rate | One (1) | Z7333 | PA | \$1,598.08 | Must have contact with consumer while admitted to State hospital and consumer must be admitted to Residential services at discharge from the State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| SUPPORTED EMPLOYMENT (SE) / SUPPORTED EDUCATION (SED) | | | | | | | |
| Supported Employment (SE) | 15 Minutes | 80 | H2024 | HJ | \$23.02 | Cannot be enrolled in PACT to receive SE services. | |
| Supported Employment - Non Face to Face (NF) | 15 Minutes | See Business Rules | H2024 | HJNF | \$23.02 | NF activities include telephone communication as well as research and job, or educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the individual client monthly limit of 80 units. | |
| Supported Employment - Group | 15 Minutes | 80 | H2024 | HJG | \$5.75 | Cannot be enrolled in PACT to receive SE services. Group size limit is six (6) consumers. | |
| Supported Education (SED) | 15 Minutes | 80 | H2024 | HW | \$23.02 | Cannot be enrolled in PACT to receive SED services. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| Supported Education - Non Face to Face (NF) | 15 Minutes | See Business Rules | H2024 | HWNF | \$23.02 | NF activities include telephone communication as well as research and educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the individual client monthly limit of 80 units. | |
| Supported Education - Group | 15 Minutes | 80 | H2024 | HWG | \$5.75 | Cannot be enrolled in PACT to receive SE services. Group size limit is six (6) consumers. | |
| Supported Employment - IN-REACH | 15 minutes | See Business Rules | H2024 | IR | \$23.02 | Total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| Supported Education IN-REACH | 15 minutes | See Business Rules | H2024 | HW IR | \$23.02 | Total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| Supported Employment PRE-ADMISSION | 15 minutes | See Business Rules | H2024 | PA | \$23.02 | Total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| Supported Education - PRE-ADMISSION | 15 minutes | See Business Rules | H2024 | HWPA | \$23.02 | Total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| COMMUNITY SUPPORT SERVICES (CSS) | | | | | | | |
| BAND 1 - Community Support Services Physician | 15 Minutes | 8 daily | H2000 | HE | \$94.20 | Cannot be enrolled in ICMS, PACT or Community Residences. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| BAND 1 - Community Support Services Physician IN-REACH | 15 Minutes | * | H2000 | IR | \$94.20 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 2 - Community Support Services APN | 15 Minutes | 12 daily | H2000 | HESA | \$48.53 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 2 - Community Support Services APN IN-REACH | 15 Minutes | * | H2000 | HEIR | \$48.53 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 3 - Community Support Services Master's Degree No Clinical License | 15 Minutes | | H2015 | HE | \$28.28 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 3 - Community Support Services Master's Degree No Clinical License IN-REACH | 15 Minutes | * | H2015 | HEIR | \$28.28 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 3 - Community Support Services RN | 15 Minutes | | H2015 | HETD | \$28.28 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 3 - Community Support Services RN IN-REACH | 15 Minutes | * | H2015 | TDIR | \$28.28 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 3 - Community Support Services Psychologist | 15 Minutes | | H2015 | AHHE | \$48.53 | Cannot be enrolled in ICMS, PACT or Community Residences. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| BAND 3 - Community Support Services Psychologist IN-REACH | 15 Minutes | * | H2015 | AHIR | \$48.53 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| Band 3 - Community Support Services Licensed Clinical | 15 Minutes | | H2015 | HEHO | \$32.27 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| Band 3 - Community Support Services Licensed Clinical IN-REACH | 15 Minutes | * | H2015 | IR | \$32.27 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 4 -Community Support Services Bachelor Degree Group | 15 Minutes | | H0039 | HNHQ | \$6.24 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 4 - Community Support Services Bachelor Degree Individual | 15 Minutes | | H0039 | HN | \$24.97 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 4 - Community Support Services Bachelor Degree Individual IN-REACH | 15 Minutes | * | H0039 | IR | \$24.97 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 4 - Community Support Services LPN Group | 15 Minutes | | H0039 | HQTE | \$6.24 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 4 - Community Support Services LPN Individual | 15 Minutes | | H0039 | TE | \$24.97 | Cannot be enrolled in ICMS, PACT or Community Residences. | |

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| BAND 4 - Community Support Services LPN Individual IN-REACH | 15 Minutes | * | H0039 | TEIR | \$6.24 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 5 - Community Support Services Peer Group | 15 Minutes | | H0036 | HQ52 | \$3.74 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 5 - Community Support Services Peer Individual | 15 Minutes | | H0036 | 52 | \$14.96 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 5 - Community Support Services Peer Individual IN-REACH | 15 Minutes | * | H0036 | 52IR | \$14.96 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 5 - Community Support Services High School Group | 15 Minutes | | H0036 | HQ | \$3.74 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 5 - Community Support Services High School Individual | 15 Minutes | | H0036 | | \$14.96 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 5 - Community Support Services High School Individual IN-REACH | 15 Minutes | * | H0036 | IR | \$14.96 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| BAND 5 - Community Support Services 2 yr Associate Degree Group | 15 Minutes | | H0036 | HMHQ | \$3.74 | Cannot be enrolled in ICMS, PACT or Community Residences. | |
| BAND 5 - Community Support Services 2 yr Associate Degree Individual | 15 Minutes | | H0036 | HM | \$14.96 | Cannot be enrolled in ICMS, PACT or Community Residences. | |

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| SERVICE | Billing unit | Maximum # of units per month | Procedure Code | Modifiers | DMHAS STATE ONLY RATE | Business Rules | TPL |
| BAND 5 - Community Support Services 2 yr Associate Degree Individual IN-REACH | 15 Minutes | * | H0036 | HMIR | \$14.96 | Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| Community Support Services PRE-ADMISSION | Flat rate | One (1) per admission | H0036 | PA | \$1,598.08 | Must have contact with consumer while admitted to State hospital and consumer must be admitted to CSS at discharge from the State hospital. Cannot bill for more than one episode of care in a six (6) month period per consumer, per provider. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. | |
| NOTE: The total number of units for bands 1-5 can not exceed 28 units daily | | | | | | | |
| * All CSS In Reach is limited to 8 units per month across all bands and credentials with a maximum of 32 units per episode | | | | | | | |