

St. Clair County CMHA
Rate Schedule
BASED ON ACTUAL DATA 10/01/22 - 9/30/23
Effective 4/1/2024

CPT CD	SERVICE DESC	UNIT TYPE	Posted Rate
0362T	Behavioral follow-up assessment (Functional Behavior Analysis/FBA)	First 30 Minutes	\$ 36.20
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s), face-to-face	15 Minutes	\$ 30.97
90785	Interactive Complexity	Encounter	\$ 460.63
90791	Psychiatric diagnostic evaluation (no medical services)	Encounter	\$ 334.20
90792	Psychiatric diagnostic evaluation (with medical services)	Encounter	\$ 1,005.91
90832	30 minutes of psychotherapy	30 Minutes	\$ 148.25
90833	30 minutes add on psychotherapy	30 Minutes	\$ 344.28
90834	45 minutes of psychotherapy	45 Minutes	\$ 222.60
90837	60 minutes of psychotherapy	60 Minutes	\$ 321.01
90839	Crisis Psychotherapy 60 Minutes	First 30-74 Min.	\$ 272.40
90840	Crisis Psychotherapy add on 30 minutes	Each Additional 30 Minutes	\$ 156.46
90846	Family therapy, per session	50 Minutes	\$ 249.08
90847	Family psychotherapy (conjoint psychotherapy)	50 Minutes	\$ 273.84
90853UN	Group therapy, adult or child, per session - 2 patients served	Encounter	\$ 161.73
90853UP	Group therapy, adult or child, per session - 3 patients served	Encounter	\$ 112.73
90853UQ	Group therapy, adult or child, per session - 4 patients served	Encounter	\$ 86.05
90853UR	Group therapy, adult or child, per session - 5 patients served	Encounter	\$ 68.49
90853US	Group therapy, adult or child, per session - 6 or more patients served	Encounter	\$ 59.59
96112	Developmental test administration	First Hour	\$ 598.43
96116	Neurobehavioral status exam - Psychologist	Per Hour	\$ 308.10
96121	Neurobehavioral status exam - Psychologist	Each Additional Hour	\$ 247.72
96130	Psychological testing	First Hour	\$ 194.00
96131	Psychological testing	Each Additional Hour	\$ 198.93
96136	Psychological or neuropsychological testing	First 30 Minutes	\$ 146.06
96137	Psychological or neuropsychological testing	Each Additional 30 Minutes	\$ 161.73
96372	Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service	Encounter	\$ 143.98
97110	Therapeutic procedure, one or more areas	15 Minutes	\$ 390.81
97151	Behavior identification assessment by a qualified provider face to face with the individual and caregiver(s); includes interpretation of results and development of the behavioral plan of care	15 Minutes	\$ 114.26
97151U5	Behavior identification assessment by a qualified provider face to face with the individual and caregiver(s); includes interpretation of results and development of the behavioral plan of care - Autism	15 Minutes	\$ 35.43
97153	Adaptive behavior treatment by protocol, face to face with one individual	15 Minutes	\$ 15.56
97155	Clinical observation & direction of adaptive behavior treatment with protocol modification	15 Minutes	\$ 35.69
97156	Family behavior treatment guidance administered by qualified professional	15 Minutes	\$ 35.65
97165	OT evaluation/re-evaluation	Encounter	\$ 1,222.83
97166	OT evaluation/re-evaluation	Encounter	\$ 1,680.14
97167	OT evaluation/re-evaluation	Encounter	\$ 1,753.07
97530	Therapeutic activities, direct	15 Minutes	\$ 393.25
97533	Sensory integrative techniques	15 Minutes	\$ 392.73
97535	Self-care/home management training	15 Minutes	\$ 390.77
97542	Wheelchair management/propulsion training	15 Minutes	\$ 388.77
97802	Medical nutrition therapy; initial assessment and intervention	15 Minutes	\$ 104.07
99202	New Patient 15-29 Minutes	Encounter	\$ 507.16
99203	New Patient 30-44 Minutes	Encounter	\$ 590.95
99204	New Patient 45-59 Minutes	Encounter	\$ 957.42
99205	New Patient 60-74 Minutes	Encounter	\$ 618.99
99211	Established Patient	Encounter	\$ 200.26
99212	Established Patient 10-19 Minutes	Encounter	\$ 394.31
99213	Established Patient 20-29 Minutes	Encounter	\$ 305.67
99214	Established Patient 30-39 Minutes	Encounter	\$ 330.66
99215	Established Patient 40-54 Minutes	Encounter	\$ 409.98
99347	Home Visit - Established Patient - 20 Minutes	Encounter	\$ 173.05
99348	Home Visit - Established Patient - 30 Minutes	Encounter	\$ 297.08
99349	Home Visit - Established Patient - 40 Minutes	Encounter	\$ 471.92
99350	Home Visit - Established Patient - 60 Minutes	Encounter	\$ 595.99
99415	Prolonged E&M - first hour	Encounter	\$ 291.88
99416	Prolonged E&M - additional 30 minutes	Encounter	\$ 145.94
99417	Prolonged E&M - each 15 minutes of total time	Encounter	\$ 7.82
99441	Telephone Evaluation and Management Service	Encounter	\$ 86.50
99442	Telephone Evaluation and Management Service	Encounter	\$ 129.71
99443	Telephone Evaluation and Management Service	Encounter	\$ 219.13

		Item	Specific Amount
E1399	DME, miscellaneous (single room air conditioner)		
H0001	Alcohol and/or drug assessment (done by provider)	Encounter	\$ 464.51
H0004	Behavioral health counseling and therapy	15 Minutes	\$ 166.85
H0005	Alcohol and/or drug services; group counseling by a clinician	#N/A	\$ 32.00
H0005UN	Alcohol and/or drug services; group counseling by a clinician - 2 patients served	Encounter	\$ 32.00
H0005UP	Alcohol and/or drug services; group counseling by a clinician - 3 patients served	Encounter	\$ 32.00
H0005UQ	Alcohol and/or drug services; group counseling by a clinician - 4 patients served	Encounter	\$ 32.00
H0005UR	Alcohol and/or drug services; group counseling by a clinician - 5 patients served	Encounter	\$ 32.00
H0005US	Alcohol and/or drug services; group counseling by a clinician - 6 or more patients served	Encounter	\$ 32.00
H0006	Services provided to link clients to other essential medical, social and/or other services.	Encounter	\$ 122.81
H0018	Alcohol and/or drug services; short term residential	Day	Specific Amount
	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)	Face to Face Contact	\$ 179.86
H0025			
H0031	Mental health assessment, by non-physician	Encounter	\$ 1,047.96
H0031WX	Mental health assessment, by non-physician - LOCUS Assessment	Encounter	\$ 25.03
H0031WY	Mental health assessment, by non-physician - SIS Face to Face Assessment	Encounter	\$ 3,449.00
H0032	Mental health service plan development by non-physician	Encounter	\$ 217.38
H0032TS	Mental health service plan development by non-physician - Monitoring Treatment Plans	Encounter	\$ 105.08
H0036	Community psychiatric supportive treatment	15 Minutes	\$ 53.63
H0036ST	Community psychiatric supportive treatment - Related to trauma or injury	15 Minutes	\$ 69.57
H0036UN	Community psychiatric supportive treatment - 2 patients served	15 Minutes	\$ 18.35
H0036UP	Community psychiatric supportive treatment - 3 patients served	15 Minutes	\$ 13.06
H0036UQ	Community psychiatric supportive treatment - 4 patients served	15 Minutes	\$ 14.12
H0036UR	Community psychiatric supportive treatment - 5 patients served	15 Minutes	\$ 12.05
H0036US	Community psychiatric supportive treatment - 6 or more patients served	15 Minutes	\$ 11.14
H0038	Peer-specialist	15 Minutes	\$ 77.49
H0038UN	Peer-specialist - 2 patients served	15 Minutes	\$ 40.91
H0038UP	Peer-specialist - 3 patients served	15 Minutes	\$ 27.02
H0038UQ	Peer-specialist - 4 patients served	15 Minutes	\$ 20.43
H0038UR	Peer-specialist - 5 patients served	15 Minutes	\$ 16.84
H0038US	Peer-specialist - 6 or more patients served	15 Minutes	\$ 13.81
H0039	ACT	15 Minutes	\$ 95.74
H0045	Respite out-of-home	Day	Specific Amount
H0046	Peer mentor services provided by a DD peer mentor	Encounter	\$ 316.30
H0050	Alcohol and/or drug services, brief intervention	15 Minutes	\$ 20.00
H2000	Comprehensive multidisciplinary evaluation	Encounter	\$ 4.40
H2011	Crisis intervention service	15 Minutes	\$ 530.87
H2011HT	Crisis intervention service - Mobile Crisis	15 Minutes	\$ 38.99
H2014	Skills training and development	15 minutes	\$ 5.44
H2014UN	Skills training and development - 2 patients served	15 minutes	\$ 22.71
H2014UP	Skills training and development - 3 patients served	15 minutes	\$ 20.75
H2014UQ	Skills training and development - 4 patients served	15 minutes	\$ 7.30
H2014UR	Skills training and development - 5 patients served	15 minutes	\$ 6.26
H2014US	Skills training and development - 6 or more patients served	15 minutes	\$ 5.01
H2015	Comprehensive Community Support Services	15 Minutes	\$ 10.63
H2015UJ	Comprehensive Community Support Services - Overnight Health & Safety	15 Minutes	\$ 5.43
H2015UN	Comprehensive Community Support Services - 2 patients served	15 Minutes	\$ 8.18
H2015UP	Comprehensive Community Support Services - 3 patients served	15 Minutes	\$ 7.26
H2015UQ	Comprehensive Community Support Services - 4 patients served	15 Minutes	\$ 6.52
H2015UR	Comprehensive Community Support Services - 5 patients served	15 Minutes	\$ 7.74
H2015US	Comprehensive Community Support Services - 6 or more patients served	15 Minutes	\$ 6.09
H2016	Community Living Supports	Per Diem	Specific Amount
H2019	Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT)	15 Minutes	\$ 81.10
	Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 2 patients served	15 Minutes	\$ 39.11
H2019UN			
	Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 3 patients served	15 Minutes	\$ 26.37
H2019UP			
	Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 4 patients served	15 Minutes	\$ 19.64
H2019UQ			
	Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 5 patients served	15 Minutes	\$ 15.72
H2019UR			
	Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 6 or more patients served	15 Minutes	\$ 13.10
H2019US			
H2021	Specialize Wraparound Facilitation	15 Minutes	\$ 99.98
H2022	Community-based Wrap-Around services	Day	\$ 363.51
H2023	Supported employment	15 Minutes	\$ 111.47
H2030	Mental Health Clubhouse	15 Minutes	\$ 9.48
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S5111	Home care training, family per session	Encounter	\$ 236.43
S5111UN	Home care training, family per session - 2 patients served	Encounter	\$ 206.70
S5111UP	Home care training, family per session - 3 patients served	Encounter	\$ 144.43
S5111UQ	Home care training, family per session - 4 patients served	Encounter	\$ 103.16
S5111UR	Home care training, family per session - 5 patients served	Encounter	\$ 80.97
S5111US	Home care training, family per session - 6 or more patients served	Encounter	\$ 76.41
S5165	Home modifications, per service.	Service	Specific Amount

S9124	Nursing care, in the home, by licensed practical nurse	Hour	\$	59.33
S9445	Pt education NOC nonphysician indiv per session	Encounter	\$	312.22
S9446	Pt education NOC nonphysician group, per session	Encounter	\$	384.02
S9470	Nutritional counseling dietician visit	Encounter	\$	278.97
S9482	Infant Mental Health	15 minutes	\$	126.08
T1001	Nursing/Nutrition Assessment	Encounter	\$	38.16
T1002	RN services	Up to 15 min	\$	83.84
T1005	Respite care services	15 Minutes	\$	7.05
T1005UN	Respite care services - 2 patients served	15 Minutes	\$	5.33
T1007	Alcohol and/or substance abuse services, Treatment Plan development and/or modification	Encounter	\$	439.89
T1012	Recovery Supports	Encounter	\$	12.00
T1012UN	Recovery Supports - 2 patients served	Encounter	\$	12.00
T1012UP	Recovery Supports - 3 patients served	Encounter	\$	12.00
T1012UQ	Recovery Supports - 4 patients served	Encounter	\$	12.00
T1012UR	Recovery Supports - 5 patients served	Encounter	\$	12.00
T1012US	Recovery Supports - 6 or more patients served	Encounter	\$	12.00
T1017	Targeted Case management (face to face) & Supports Coordination	15 minutes	\$	135.33
T1020	Personal Care- Licensed Specialized Residential	Day		Specific Amount
T1023	Screening for inpatient programs	Encounter	\$	2,684.21
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Item		Specific Amount
T2025	Use for services performed by a fiscal intermediary.	Month	\$	151.69
T2027	Overnight Health and Safety	15 Minutes	\$	7.28
T2027UN	Overnight Health and Safety - 2 patients served	15 Minutes	\$	5.52
T2028	Specialized supply, not otherwise specified, waiver (allergy control supplies)	Item		Specific Amount
T2036	Therapeutic camping overnight.(one night = one session)	Per session. One night = one session	\$	118.67
T2038	Community transition, waiver, per service	Service	\$	685.51
T2039	Van lifts & wheelchair tie down system	Item		Specific Amount