

PROPOSED FY20 FEE SCHEDULE ANALYSIS

DRAFT

Service	Billing Procedure Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Effective February 1, 2019	Effective February 1, 2020
Adult Day Treatment - MH	H0035-HB		Yes	\$34.78 per unit	\$34.78 per unit
A New Beginning Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50 per day	\$393.50 per day
Case Management - MH	H0023		Yes	\$326.50 per month	\$326.50 per month
Case Management - DD	T1017		Yes	\$326.50 per month	\$326.50 per month
Case Management - SA	H0006		Yes	\$243.00 per month	\$243.00 per month
Cornerstones Adult Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes		\$393.50 per day
Residential Treatment - Intermediate Rehabilitation/Reentry Services	H2034		Yes		\$175.00 per day
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry			Yes	\$163 per day	\$163 per day
Crisis Intervention - Addl 30 Min	90840		Yes	\$71.28 each	\$71.28 each
Crisis Intervention	H0036 or 90839		Yes	\$37.30 per 15 minutes	\$37.30 per 15 minutes
Crisis Stabilization - Adult Residential	H2019	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$89 per hour	\$89 per hour / \$583 per diem (Facility only)
Crossroads Adult Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50 per day	\$393.50 per day
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$750 per day	\$750 per day
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$750 per day	\$750 per day
Drop-In Support Services, ID	-		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.
Family Therapy w/out client (50 minutes)	90846		Yes	\$115.19 per event	\$115.19 per event
Family Therapy w/ client (50 minutes)	90847		Yes	\$119.82 per event	\$119.82 per event
Group Therapy/Counseling (per group, per person)	90853		Yes	\$28.74 per event	\$28.74 per event
Head Start - Services to	-		No	\$25 per 15 minutes	\$25 per 15 minutes
Independent Evaluations	-		No	\$75 each	\$75 each
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$71.28 per event	\$71.28 per event
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$95.33 per event	\$95.33 per event
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$143.01 per event	\$143.01 per event
Initial Evaluation/Assessment	90791		Yes	\$150 per event	\$150 per event
Injection Procedure	96372		Yes	\$30.20 per event	\$30.20 per event
Intensive Community Treatment	H0039		Yes	\$153 per hour	\$153 per hour
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00 per day	\$250.00 per day
Interactive Complexity*	90785		Yes	\$15.90 add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	\$15.90 add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service
Lab Tests	-		No	Actual Cost	Actual Cost
Late Cancellation or No Show	-		Yes	\$25.00	\$25.00
Legal Testimony	-		Yes	\$25 per 15 minutes	\$25 per 15 minutes
Mental Health Skill-building Service	H0046		Yes	\$91 per unit	\$91 per unit
Multi-Family Group Therapy	90849		Yes	\$41.78 per event	\$41.78 per event
Neurological Testing			Yes	\$1168 per event	\$1168 per event
New Generations Residential Treatment	H0010		Yes	\$393.50 per day	\$393.50 per day
Nursing Assessment - New Patient	99201		Yes		\$29 per event
Nursing Subsequent Care - Established Patient	99211		Yes	\$29 per event	\$29 per event
Peer Support Services - Individual/SA	T1012		Yes	\$6.50 per 15 minutes	\$6.50 per 15 minutes
Peer Support Services - Group/SA	S9445		Yes	\$2.70 per 15 minutes	\$2.70 per 15 minutes
Peer Support Services - Individual/MH	H0024		Yes	\$6.50 per 15 minutes	\$6.50 per 15 minutes
Peer Support Services - Group/MH	H0025		Yes	\$2.70 per 15 minutes	\$2.70 per 15 minutes
Physical Exam (Physician)	99385-99387		Yes	\$167 per event	\$167 per event
Psychiatric Evaluation, Medical Services	90792		Yes	\$219 per event	\$219 per event
Psychiatric Evaluation & Management Low Complexity - New Patient	99203		Yes	\$124.43 per event	\$124.43 per event

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Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204		Yes	\$188.16 per event	\$188.16 per event
Psychiatric Evaluation & Management Low Complexity - Established Patient	99213		Yes	\$83.92 per event	\$83.92 per event
Psychiatric Evaluation & Management Moderate Complexity - Established Patient	99214		Yes	\$123.44 per event	\$123.44 per event
Psychological Testing	-		No	\$150 per event	\$150 per event
Psychological Testing Battery	96101		Yes	\$851 per event	\$851 per event
Psychosocial Rehabilitation (1 unit = 2.0-3.99 hrs; 2 units = 4-6.99 hrs; 3 units = 7+ hrs)	H2017		Yes	\$24.23 per unit	\$24.23 per unit
Psychological Assessment, Adult Therapeutic Day Treatment	H0032 - U7		Yes	\$36.53 Per event	\$36.53 Per event
Psychological Assessment, Psychosocial Rehab	H0032 - U6		Yes	\$24.23 per event	\$24.23 per event
Psychological Assessment, Intensive Community Treatment	H0032 - U9		Yes	\$153.00 per event	\$153.00 per event
Psychological Assessment, Mental Health Skill Building	H0032 - U8		Yes	\$91.00 per event	\$91.00 per event
Release of Information: Individual	-		No	18c per pg up to 50 pgs; 25c per pg for > = 51 pgs	18c per pg up to 50 pgs; 25c per pg for > = 51 pgs
Release of Information: Research	-		No	\$10.00	\$10.00
Release of Information: Third Party	-		No	\$10 admin fee 37c per pg up to 50 pgs; 18c per pg for > = 51 pgs	\$10 admin fee 37c per pg up to 50 pgs; 18c per pg for > = 51 pgs
Release of Information: Worker's Compensation	-		No	\$15.00	\$15.00
Residential Fee ID Community Living Services	-		No	75% of gross income	75% of gross income
Residential Fee MH/SA Community Living Services	-		No	30% of gross income	30% of gross income
Returned Check (due to insufficient funds or closed account)	-		No	\$50.00	\$50.00
Skilled Nursing Waiver LPN Services	T1003		No	\$7.99 per 15 min	\$7.99 per 15 min
Skilled Nursing Waiver RN Services	T1002		No	\$9.22 per 15 min	\$9.22 per 15 min
Telehealth Facility Fee	GT Modifier		No	\$20.00	\$20.00
Transportation	-		No	\$100 per month	\$100 per month
Turning Point Program	-		Yes	\$285.71 per month	\$285.71 per month
Urine Collection & Drug Screening- Retests Only	-		Yes	\$25.00	\$25.00
Wraparound Fairfax	-		No	\$1270 per month	\$1270 per month
DDW Case Management	T2023		No	\$242.73 per month	\$242.73 per month
DDW Group Home Residential 5 person Tier 1	H2022-U2		No	\$221.80 per day	\$221.80 per day
DDW Group Home Residential 5 person Tier 2	H2022-U2		No	\$249.07 per day	\$249.07 per day
DDW Group Home Residential 5 person Tier 3	H2022-U2		No	\$276.33 per day	\$276.33 per day
DDW Group Home Residential 5 person Tier 4	H2022-U2		No	\$325.40 per day	\$325.40 per day
DDW Group Home Residential 6 person Tier 1	H2022-U3		No	\$214.99 per day	\$214.99 per day
DDW Group Home Residential 6 person Tier 2	H2022-U3		No	\$238.84 per day	\$238.84 per day
DDW Group Home Residential 6 person Tier 3	H2022-U3		No	\$266.10 per day	\$266.10 per day
DDW Group Home Residential 6 person Tier 4	H2022-U3		No	\$316.88 per day	\$316.88 per day
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes		\$500 per diem
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes		\$500 per diem
PERS Medication Monitoring	S5185		No	\$58.41	\$58.41
PERS Monitoring	S5161		No	\$35.05	\$35.05
PERS Installation	S5160		No	\$58.41	\$58.41
PERS Installation & Medication Monitoring	S5160-U1		No	\$87.62	\$87.62
DDW Skilled Nursing, Registered Nurse	S9123		No	\$11.28 per 15 min	\$11.28 per 15 min
DDW Skilled Nursing, Licensed Practicle Nurse	S9124		No	\$9.78 per 15 min	\$9.78 per 15 min
DDW Transition Services	T2038		No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit
DDW Assistive Technology, Maintenance Costs Only	T1999-U5		No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit
DDW Environmental Mods	S5165		No	Unit varies/\$5000 yearly limit	Unit varies/\$5000 yearly limit