

ATTACHMENT 25



MHSU Disorder Provider Non-Medicare Fee Schedule and Administrative Fee Form RFP entitled: "Mental Health and Substance Use (MHSU) Disorder Program"

Code	Type of Code	Description	Proposed Per Service In Network Fee				
			Year 1	Year 2	Year 3	Year 4	Year 5
0100	Revenue Code	ALL-INCLUSIVE R&B/ ANCILLARY					
0114	Revenue Code	PSTAY (PSYCH)/PVT					
0124	Revenue Code	PSTAY (PSYCH)/2 BED					
0126	Revenue Code	DETOX/2 BED					
0128	Revenue Code	REHAB/2 BED					
0134	Revenue Code	PSTAY (PSYCH)/3&4 BED					
0259	Revenue Code	OTHER PHARMACY					
0513	Revenue Code	PSYCHIATRIC CLINIC					
0901	Revenue Code	ELECTROSHOCK TREATMENT					
0905	Revenue Code	INTENSIVE OUTPT SERVICES - PSYCH					
0906	Revenue Code	INTENSIVE OUTPT SERVICES - CHEM DEP					
0907	Revenue Code	COMMUNITY BEHAVIORAL HEALTH PROGRAM					
0912	Revenue Code	BH/PARTIAL HOSP - LESS INTENSIVE					
0913	Revenue Code	BH/PARTIAL HOSP - INTENSIVE					
0944	Revenue Code	DRUG REHABILITATION					
1001	Revenue Code	BH R&B RESIDENTIAL - PSYCH					
1002	Revenue Code	BH R&B RESIDENTIAL - CHEM DEP					
90791	Procedure Code	PSYCHIATRIC DIAGNOSTIC EVALUATION					
90792	Procedure Code	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES					
90832	Procedure Code	PSYCHOTHERAPY W/PATIENT 30 MINUTES					
90833	Procedure Code	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN					
90834	Procedure Code	PSYCHOTHERAPY W/PATIENT 45 MINUTES					
90836	Procedure Code	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN					
90837	Procedure Code	PSYCHOTHERAPY W/PATIENT 60 MINUTES					
90838	Procedure Code	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN					
90839	Procedure Code	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES					
90846	Procedure Code	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS					
90847	Procedure Code	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS					
90849	Procedure Code	MULTIPLE FAMILY GROUP PSYCHOTHERAPY					
90853	Procedure Code	GROUP PSYCHOTHERAPY					
90867	Procedure Code	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M					
90868	Procedure Code	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG					
90870	Procedure Code	ELECTROCONVULSIVE THERAPY					
96116	Procedure Code	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR					
96121	Procedure Code	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR					
96130	Procedure Code	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR					
96131	Procedure Code	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR					
96132	Procedure Code	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR					
96133	Procedure Code	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR					
96137	Procedure Code	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN					
97151	Procedure Code	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN					
97153	Procedure Code	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN					
97154	Procedure Code	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN					
97155	Procedure Code	ADAPT BHV TX PRCL MODIFCAJ PHYS/QHP EA 15 MIN					
97156	Procedure Code	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN					
99204	Procedure Code	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES					
99205	Procedure Code	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES					
99212	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN					
99213	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN					
99214	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN					
99215	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN					
99222	Procedure Code	INITIAL HOSPITAL CARE/DAY 50 MINUTES					
99223	Procedure Code	INITIAL HOSPITAL CARE/DAY 70 MINUTES					
99231	Procedure Code	SBSQ HOSPITAL CARE/DAY 15 MINUTES					
99232	Procedure Code	SBSQ HOSPITAL CARE/DAY 25 MINUTES					
99233	Procedure Code	SBSQ HOSPITAL CARE/DAY 35 MINUTES					
99238	Procedure Code	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<					
99442	Procedure Code	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN					
99443	Procedure Code	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN					
A0425	Procedure Code	GROUND MILEAGE, PER STATUTE MILE					
A0427	Procedure Code	AMB SVC, ALS, EMERGENCY TRANSPORT, LEVEL 1					
A0428	Procedure Code	AMBULANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT					
A0429	Procedure Code	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY					
H0005	Procedure Code	ALCOHOL/DRUG SERVICES-GROUP COUNSEL BY CLINICIAN					
H0020	Procedure Code	ALCOHOL/DRUG SVC-METHADONE ADMIN/SERVICE					
H0032	Procedure Code	MENTAL HEALTH SVC PLAN DEVELOPED BY NON-PHYS					
Proposed Per Enrollee Per Month Administrative Fee			\$	\$	\$	\$	\$