

ATTACHMENT 36



**Department of
Civil Service**

**Non-Network Estimated Cost per Unit by
Service
RFP entitled:
“Mental Health and Substance Use (MHSU)”**

Code	Type of Code	Description	Estimated Cost
0114	Revenue Code	PSTAY (PSYCH)/PVT	\$1,960.04
0124	Revenue Code	PSTAY (PSYCH)/2 BED	\$2,863.83
0126	Revenue Code	DETOX/2 BED	\$3,247.01
0128	Revenue Code	REHAB/2 BED	\$2,328.24
0204	Revenue Code	ICU/PSYCHIATRIC	\$2,868.30
0450	Revenue Code	EMERGENCY ROOM	\$1,986.86
0901	Revenue Code	ELECTROSHOCK TREATMENT	\$778.64
0905	Revenue Code	INTENSIVE OUTPT SERVICES - PSYCH	\$1,655.17
0906	Revenue Code	INTENSIVE OUTPT SERVICES - CHEM DEP	\$1,716.11
0907	Revenue Code	COMMUNITY BEHAVIORAL HEALTH PROGRAM	\$2,405.84
0912	Revenue Code	BH/PARTIAL HOSP - LESS INTENSIVE	\$2,163.33
0913	Revenue Code	BH/PARTIAL HOSP - INTENSIVE	\$2,397.50
0919	Revenue Code	OTHER BEHAVIORAL HEALTH SERVICE	\$1,076.47
0944	Revenue Code	DRUG REHABILITATION	\$2,362.44
1001	Revenue Code	BH R&B RESIDENTIAL - PSYCH	\$2,089.07
1002	Revenue Code	BH R&B RESIDENTIAL - CHEM DEP	\$2,951.18
80300	Procedure Code	DRUG SCREEN LIST A ANY NMBR NON TLC DEVICES	\$1,166.48
80307	Procedure Code	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	\$1,047.96
90785	Procedure Code	PSYCHOTHERAPY COMPLEX INTERACTIVE	\$38.72
90791	Procedure Code	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$52.74
90792	Procedure Code	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	\$126.55
90832	Procedure Code	PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$45.25
90833	Procedure Code	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	\$44.55
90834	Procedure Code	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$109.41
90836	Procedure Code	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	\$112.59
90837	Procedure Code	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$101.07
90838	Procedure Code	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	\$261.08
90839	Procedure Code	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	\$183.96
90840	Procedure Code	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	\$138.71
90845	Procedure Code	PSYCHOANALYSIS	\$206.80
90846	Procedure Code	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	\$153.08
90847	Procedure Code	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	\$132.21
90849	Procedure Code	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	\$132.59
90853	Procedure Code	GROUP PSYCHOTHERAPY	\$190.10
90868	Procedure Code	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	\$186.34
90870	Procedure Code	ELECTROCONVULSIVE THERAPY	\$113.14
90876	Procedure Code	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	\$304.69
90901	Procedure Code	BIOFEEDBACK TRAINING ANY MODALITY	\$56.51
96132	Procedure Code	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	\$188.27
96133	Procedure Code	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	\$270.87

Code	Type of Code	Description	Estimated Cost
96137	Procedure Code	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	\$197.35
96139	Procedure Code	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	\$191.25
97151	Procedure Code	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	\$85.57
97153	Procedure Code	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	\$52.67
97155	Procedure Code	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	\$59.42
97156	Procedure Code	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	\$114.46
99205	Procedure Code	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	\$131.50
99211	Procedure Code	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	\$74.70
99212	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	\$68.56
99213	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	\$72.27
99214	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	\$93.73
99215	Procedure Code	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	\$172.77
99223	Procedure Code	INITIAL HOSPITAL CARE/DAY 70 MINUTES	\$150.28
99231	Procedure Code	SBSQ HOSPITAL CARE/DAY 15 MINUTES	\$50.40
99232	Procedure Code	SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$82.56
99233	Procedure Code	SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$94.63
99284	Procedure Code	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	\$302.70
99285	Procedure Code	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	\$613.34
A0425	Procedure Code	GROUND MILEAGE, PER STATUTE MILE	\$131.91
A0427	Procedure Code	AMB SVC, ALS, EMERGENCY TRANSPORT, LEVEL 1	\$943.81
A0428	Procedure Code	AMBULANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT	\$372.93
A0429	Procedure Code	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY	\$802.75
H0004	Procedure Code	BEHAV HEALTH COUNSELING & TREATMENT PER 15 MIN	\$234.47
H0005	Procedure Code	ALCOHOL/DRUG SERVICES-GROUP COUNSEL BY CLINICIAN	\$902.04
H0015	Procedure Code	ALCOHOL DRUG SVC-INTENSIVE OUTPATIENT PROGRAM	\$1,685.56
H0032	Procedure Code	MENTAL HEALTH SVC PLAN DEVELOPED BY NON-PHYS	\$86.80