

DWMHA Rates for MI Health Link  
Effective August 1, 2016

MHL DWMHA Contract - Service Description	PCPCS Code	Modifier	Rate
Interactive Complexity	90785		\$10.00
Psych Evaluation	90791		\$300.00
Psych Evaluation with Medical Services	90792		\$310.00
Individual Therapy 30 minutes	90832		\$70.00
Individual Therapy 45 minutes	90834		\$115.00
Individual Therapy 60 minutes	90837		\$120.00
Psychotherapy for Crisis First 60 Minutes	90839		\$170.00
Psychotherapy for Crisis Each Additional 30 min (add on to 90839)	90840		\$120.00
Therapy-Family Therapy without Client	90846		\$120.00
Therapy-Family Therapy with Client	90847		\$120.00
Therapy-Group Therapy	90853		\$35.00
Treatment of Speech & Language	92507		\$65.00
Speech & Language Group Therapy	92508		\$28.00
Evaluation of Speech & Language	92521		\$120.00
Evaluation of Speech and Sound Production	92522		\$100.00
Evaluation of Speech Sound Production with Evaluation of Language	92523		\$200.00
Swallowing Evaluation	92610		\$100.00
Psychological Testing	96101		\$160.00
Psychological Testing	96102		\$140.00
Developmental Screening	96110		\$90.00
Developmental Testing	96111		\$90.00
Neurobehavioral Status Exam	96116		\$155.00
Therapeutic Injection	96372		\$35.00
Physical Therapy Evaluation	97001		\$150.00
Physical Therapy Re-evaluation	97002		\$100.00
Occupational Therapy Evaluation	97003		\$150.00
Occupational Therapy Re-evaluation	97004		\$100.00
Therapeutic Professional Procedure each 15 minutes	97110		\$20.00
Therapeutic Professional Procedure Group	97150		\$20.00
Therapeutic activities, one on one each 15 minutes	97530		\$20.00
Sensory Integrative Techniques each 15 minutes	97533		\$15.00
Medical Nutrition Therapy per 15 minutes	97802		\$70.00
Medical Nutrition Re-assessment	97803		\$40.00
Brief New Patient Office Visit / 3 Component Review	99201		\$60.00
Expanded New Patient Office Visit / 3 Component Review	99202		\$100.00
Detailed New Patient Office Visit / 3 Component Review	99203		\$140.00
Comprehensive New Patient Office Visit / 3 Component Review	99204		\$170.00
Psychiatric Evaluation and Medicaid Management	99205		\$300.00
Brief Established Patient Office Visit	99211		\$50.00
Brief Existing Patient Office Visit / 2 Component Review	99212		\$70.00
Existing Patient Office Visit / 2 Component Review 15 min	99213		\$80.00

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Existing Patient Office Visit / 2 Component Review 25 min	99214		\$110.00
Existing Comprehensive Office Visit / 2 Component Review 40 min	99215		\$160.00
Inpatient Psych Consultation 40 min	99252		\$160.00
Inpatient Psych Consultation 55 min	99253		\$175.00
Medication Administration	99506		\$140.00
Non Emergent Transportation by Ambulance	A0120		Based on Charge
Enhanced Medical Equipment-Supplies	E1399		Based on Charge
Family Psycho-education Training/Support 45 min	G0177		\$100.00
Brief Screening to Non-Inpatient Program	H0002		\$45.00
Assessment by Non Physician	H0031		\$120.00
Intake Assessment (Includes Psychosocial)	H0031	TF	\$240.00
SIS Assessment	H0031	HW	\$600.00
Treatment Planning each Professional Staff who attends IPOS	H0032		\$125.00
Treatment Planning for Professional Staff monitoring IPOS Implementation	H0032	TS	\$125.00
Medication Training and Support (consumer living independently) per 15 min	H0034		\$60.00
Certified Peer Directed and Operated MI Support Services 15 min	H0038		\$15.00
Certified Peer Directed and Operated MI Support Services 15 min Group	H0038	TT	\$5.00
Assertive Community Treatment (ACT)	H0039		\$70.00
Respite Care Per Diem Not Home	H0045		Based on Program
Peer Mentor Services DD Consumers	H0046		\$15.00
Peer Mentor Services DD Consumers (Group)	H0046	TT	\$5.00
Behavior Treatment Plan Review/Staff Requirements/ \$100 each/Report 1 encounter per day	H2000		\$100.00
Monitoring Activities for Behavioral Treatment Plan	H2000	TS	\$125.00
Crisis Intervention per 15 min	H2011		\$75.00
Family Training	S5111		\$180.00
RN care in Home per Hour	S9123		\$65.00
LPN care in Home per Hour	S9124		\$45.00
PT education, non-physician, individual per session	S9445		\$75.00
PT education, non-physician, group per session	S9446		\$30.00
Nutritional Counseling per session (Dietitian)	S9470		\$50.00
Private Duty Nursing HAB Waiver	T1000		TBD
Nursing Assessment Evaluation	T1001		\$150.00
RN Services up to 15 min	T1002		\$75.00
Respite Care per 15 min	T1005		\$3.50
Supports Coordination	T1016		\$70.00
Targeted Case Management	T1017		\$60.00
Screening for Inpatient Program	T1023		TBD
Fiscal Intermediary Services	T2025		\$100.00