

Detroit-Wayne Mental Health Authority
I/DD Procedure Codes and Modifiers - Standard Rate Sheet
Effective 10/01/2018 (Version 2)

Note: This Rate Sheet only applies to services that were formerly billed to an MCPN and are now billed to DWMHA, effective 10-01-2018. It contains only Billing Modifiers, which affect the rate paid for a service. Providers are required to report other Informational Modifiers, which do not affect the rate. See "DWMHA Modifiers List" for more detailed information regarding Billing Modifiers and Informational Modifiers required by MDHHS and DWMHA. Claims that are missing a required Informational Modifier may be denied.

Procedure Code & Description	Billing Modifier	Standard Rate
90791 - Psych Eval (no medical svc)	--	\$180.00
90792 - Psych Eval (w/medical svc)	--	\$180.00
90832 - Psychotherapy, 30 (16-37 mins)	--	\$60.00
90834 - Psychotherapy, 45 (38-52 mins)	--	\$90.00
90837 - Psychotherapy, 60 (53+ mins)	--	\$120.00
90839 - Psychotherapy for crisis, 60 min	--	\$120.00
90840 - Psychotherapy for crisis, each additional 30 minutes	--	\$60.00
90846 - Family Therapy Without Consumer Present	--	\$110.00
90847 - Family Therapy With Consumer Present	--	\$110.00
90849 - MULTIPLE FAMILY GROUP PS	--	\$20.00
90853 - Group Therapy	--	\$40.00
90887 - Psychiatric Evaluation interpretive interview	--	\$65.00
92507 - Speech & Language, Individual - in Office.	--	\$65.00
92507 - Speech & Language, Individual - in Home.	WS	\$105.00
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension	--	\$150.00
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function - in Office.	--	\$120.00
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function - in Home.	WS	\$146.00
96101 - Psychological Testing by Psychologist or Physician	--	\$90.00
96102 - Psychological Testing by technician	--	\$62.50
96111 - Assessment - Developmental Testing	--	\$80.00
96372 - Medication Administration (injection)	--	\$15.00
97110 - OT/PT Strength ROM - Individual - in Office	--	\$20.00
97110 - OT/PT Strength ROM - Individual - in Home	WS	\$35.00
97161 - PT Low Complexity	--	\$100.00
97162 - PT Moderate Complexity	--	\$150.00
97163 - PT High Complexity	--	\$195.00
97164 - PT Re-Evaluation	--	\$120.00
97165 - OT Low Complexity	--	\$100.00
97166 - OT Moderate Complexity	--	\$150.00
97167 - OT High Complexity	--	\$225.00
97168 - OT Re-Evaluation	--	\$120.00
97530 - OT/PT Individual Therapeutic Activities	--	\$20.00
97533 - OT/PT Individual Sensory Integrative Techniques (In Office)	--	\$20.00

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97533 - OT/PT Individual Sensory Integrative Techniques (In Home)	WS	\$35.00
99202 - E&M visits. New Patient, typically 20 minutes	--	\$65.00
99203 - E&M visits. New Patient, typically 30 minutes	--	\$97.50
99204 - E&M visits. New Patient, typically 45 minutes	--	\$138.50
99211 - E&M visit, Established Patient, brief	--	\$20.00
99212 - E&M visit, Established Patient, 10 minutes	--	\$32.50
99213 - E&M visit, Established Patient, 15 minutes	--	\$48.75
99214 - E&M visit, Established Patient, 25 minutes	--	\$81.25
99215 - E&M visit, Established Patient, 40 minutes	--	\$130.00
99309 - NURSING FACILITY SERVICES E&M, 25 minutes	--	\$173.08
99310 - NURSING FACILITY SERVICES E&M, 35 minutes	--	\$173.08
99506 - Home Visit for Injection (Intramuscular)	--	\$31.25
A0120 - Non-emergency Transportation; Mini-Bus	--	\$40.00
A0130 - Non-Emergency Transportation; Wheelchair Van	--	\$40.00
E1399 - Durable Medical Equipment, Miscellaneous	--	Varies, per Service.
H0031 - Mental Health Assessment, by Non-Physician. Does NOT include the LOCUS Assessment. (*See DWMHA Bulletin #18-001; one modifier is required: BI; DE; FA; FS; JF; PE; PY; ST; VO)	*	\$138.00
H0031 - Mental Health Assessment, by Non-Physician - LOCUS Assessment. (See DWMHA Bulletin #18-001)	LO	\$60.00
H0032 - Treatment Plan Development by Non-Physician	--	\$180.00
H0032 - Treatment Plan Monitoring of speciality service	TS	\$120.00
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	--	\$42.00
H0043 - Community Living Supports	L1	\$109.74
H0043 - Community Living Supports	L2	\$164.61
H0043 - Community Living Supports	L3	\$228.63
H0043 - Community Living Supports	L4	\$320.08
H0043 - Community Living Supports	L5	Varies
H0045 - Respite Care Services, not in the home, licensed residential setting	HK	\$230.00
H0045 - Respite Care Services, not in the home, licensed residential setting	--	\$180.00
H0046 - Peer mentor services provided by a DD Peer Mentor (Encounter)	--	\$30.00
H0046 - Peer mentor services provided by a DD Peer Mentor (Encounter)	TT	\$10.00
H2000 - Behavioral Management Review (Committee)	--	\$225.00
H2000 - Behavioral Management Review - Monitoring	TS	\$80.00
H2011 - Crisis Intervention Services (Not C.O.P.E. program)	--	\$50.00
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based.	L1	\$2.95
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019)	DW; L1	\$1.50

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H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based.	L2	\$3.85
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair.	L3	\$4.35
H2015 - Comprehensive Community Support Services - Individual	--	\$4.54
H2015 - Comprehensive Community Support Services - Multiple members served	TT	\$3.40
H2016 - Comprehensive Community Supports Services per Diem	L1	\$109.74
H2016 - Comprehensive Community Supports Services per Diem	L2	\$164.61
H2016 - Comprehensive Community Supports Services per Diem	L3	\$228.63
H2016 - Comprehensive Community Supports Services per Diem	L4	\$320.08
H2016 - Comprehensive Community Supports Services per Diem	L5	Varies
H2023 - Supported Employment - Individual	--	\$7.64
H2023 - Supported Employment - ENCLAVE with Competitive Wage	TT	\$5.43
H2023 - Supported Employment - ENCLAVE with DEVIATED WAGE (Expires 03/31/2019)	DW; TT	\$3.85
H2030 - Mental Health Clubhouse Services	--	\$2.50
S5111 - Family Training	--	\$60.00
S5165 - Home Modifications, Per Service.	--	Varies, per
S9445 - Patient Education, NOC, Non-Physician, Individual - in Home.	WS	\$75.00
S9445 - Patient Education, NOC, Non-Physician, Individual - in Office.	--	\$40.00
S9446 - Patient Education, NOC, Non-Physician, Group	--	\$13.00
T1001 - Nursing Assessment - in Home.	WS	\$145.00
T1001 - Nursing Assessment - in Office.	--	\$80.00
T1002 - RN services	--	\$12.50
T1005 - Respite, Individual	--	\$4.00
T1005 - Respite, Multiple members served	TT	\$3.00
T1016 - Supports Coordination	--	\$96.44
T1017 - Nursing Home Mental Health Monitoring	SE	\$60.00
T1017 - Targeted Case Management	--	\$85.00
T1020 - Personal Care Per Diem	L1	\$18.29
T1020 - Personal Care Per Diem	L2	\$36.58
T1020 - Personal Care Per Diem	L3	\$54.87
T1020 - Personal Care Per Diem	L4	\$73.16
T1020 - Personal Care Per Diem	L5	Varies
T1999 - Miscellaneous Therapeutic Items & Supplies, NOC	--	Varies, per Service.
T2015 - Out of Home Pre-Vocational (HSW Only)	HK	\$9.50
T2015 - Out of Home Pre-Vocational (HSW Only) Deviated Wage (Effective 01-01-2019)	DW; HK	\$6.00
T2025 - FISCAL INTERMEDIARY SERVICES - Enrollment/Start-up	--	\$60.00
T2025 - FISCAL INTERMEDIARY SERVICES - Monthly Fee (Payroll)	UJ	\$65.00

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T2025 - FISCAL INTERMEDIARY SERVICES - Background Checks	UL	\$10.00
T2025 - FISCAL INTERMEDIARY SERVICES - Driver's License Checks	UM	\$15.00
T2025 - FISCAL INTERMEDIARY SERVICES - Worker's Compensation Insurance	UN	Varies, per premium.
T2028 - Specialized Supply, NOS	--	Varies, per Service.
T2036 - Therapeutic Camping, Overnight	--	Varies, per Service.
T2037 - Therapeutic Camping, Day	--	Varies, per Service.
T2038 - Community Transition, Per Service	--	Varies, per Service.
T2039 - Vehicle Modifications, Per Service	--	Varies, per Service.