

**Detroit-Wayne Integrated Health Network
DD Outpatient - Contract Program
Standard Rates - Effective 10/01/2020 (Version 4)**

Note: Residential services were moved to the "I/DD Residential" contract program (i.e., H2015, T2027, H2016 and T1020.) MDHHS has discontinued the use of the non-licensed residential per diem code, H0043, effective 09/30/2020. Daytime Activities for Adults, which are part of the School/Vocational service array, are reported with procedure code H2015 through the DD Outpatient contract program. Effective 04-01-21, DWIHN deployed a Bundled Authorization Only code for all H2015 services.

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 - in Office.	--	\$120.00
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension - in Home.	WS	\$146.00
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
96111 - Assessment - Developmental Testing	--	\$80.00
96130 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour.	--	\$90.00
96131 - Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each additional Hour.	--	\$90.00
96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; First hour.	--	\$90.00

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96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; Each additional hour.	--	\$90.00
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes.	--	\$45.00
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes.	--	\$45.00
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes.	--	\$31.25
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes.	--	\$31.25
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 - in Office.	--	\$20.00
97530 - OT/PT Individual Therapeutic Activities - in Home.	WS	\$35.00
97533 - OT/PT Individual Sensory Integrative Techniques -in Office.	--	\$20.00
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
99205 - E&M visits. New Patient, typically 60 minutes	--	\$185.00
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
99308 - NURSING FACILITY SERVICES E&M, 15 minutes	--	\$150.00
99309 - NURSING FACILITY SERVICES E&M, 25 minutes	--	\$160.00
99310 - NURSING FACILITY SERVICES E&M, 35 minutes	--	\$170.00
99506 - Home Visit for Injection (Intramuscular)	--	\$31.25

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Procedure Code & Description	Billing Modifier	Standard Rate
A0120 - Non-emergency Transportation; Mini-Bus	--	\$40.00
A0130 - Non-Emergency Transportation; Wheelchair Van	--	\$40.00
E1399 - Durable Medical Equipment, Miscellaneous, per Service.	--	Varies
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; AT)	*	\$138.00
H0031 - Mental Health Assessment, by Non-Physician - LOCUS Assessment. (See DWIHN 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
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. (Multiple Members served)	TT; L1	\$3.00
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based. (Individual)	L1	\$3.76
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019) (Multiple Members served)	TT; DW; L1	\$1.55
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019) (Individual)	DW; L1	\$1.95
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based. (Multiple Members served)	TT; L2	\$3.90
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based. (Individual)	L2	\$4.88
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair. (Multiple Members served)	TT; L3	\$4.40
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair. (Individual)	L3	\$5.51

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Procedure Code & Description	Billing Modifier	Standard Rate
H2X15 - Comprehensive Community Support Services - Bundled, Authorization Only (Daytime Activity, Adults Only). Use this code to authorized all H2015 services below.	--	\$0.00
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - One Member/One Staff	S1	\$4.64
H2015 - Community Living Support Services (Daytime Activity, Adults Only) - Two Staff/One Member	21	\$9.28
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 2 Members, 1 Staff	UN; S1	\$2.32
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 2 Members, 2 Staff	UN; S2	\$4.64
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 2 Members, 3 Staff	UN; S3	\$6.96
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 2 Members, 4 Staff	UN; S4	\$9.28
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 3 Members, 1 Staff	UP; S1	\$1.55
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 3 Members, 2 Staff	UP; S2	\$3.09
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 3 Members, 3 Staff	UP; S3	\$4.64
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 3 Members, 4 Staff	UP; S4	\$6.19
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 4 Members, 1 Staff	UQ; S1	\$1.16
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 4 Members, 2 Staff	UQ; S2	\$2.32
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 4 Members, 3 Staff	UQ; S3	\$3.48
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 4 Members, 4 Staff	UQ; S4	\$4.64
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 5 Members, 1 Staff	UR; S1	\$0.93
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 5 Members, 2 Staff	UR; S2	\$1.86
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 5 Members, 3 Staff	UR; S3	\$2.78
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 5 Members, 4 Staff	UR; S4	\$3.71
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 6 or More Members, 1 Staff	US; S1	\$0.77
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 6 or More Members, 2 Staff	US; S2	\$1.55

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H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 6 or More Members, 3 Staff	US; S3	\$2.32
H2015 - Comprehensive Community Support Services (Daytime Activity, Adults Only) - 6 or More Members, 4 Staff	US; S4	\$3.09
H2023 - Supported Employment - Individual	--	\$7.71
H2023 - Supported Employment - ENCLAVE with Competitive Wage	TT	\$5.48
H2030 - Mental Health Clubhouse Services	--	\$2.50
S5111 - Family Training	--	\$60.00
S5165 - Home Modifications, Per Service.	--	Varies
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	--	\$4.07
T1005 - Respite, Multiple members served	TT	\$3.05
T1016 - Supports Coordination	--	\$96.44
T1016 - Supports Coordination (HSW Only) (Effective 07-01-2020)	HK	\$103.19
T1017 - Nursing Home Mental Health Monitoring	SE	\$60.00
T1017 - Targeted Case Management	--	\$85.00
T1999 - Miscellaneous Therapeutic Items & Supplies, NOC, per Service.	--	Varies
T2015 - Out of Home Pre-Vocational (HSW Only)	HK	\$9.77
T2015 - Out of Home Pre-Vocational (HSW Only) Deviated Wage (Effective 01-01-2019)	DW; HK	\$6.27
T2028 - Specialized Supply, NOS, per Service.	--	Varies
T2036 - Therapeutic Camping, Overnight, per Service.	--	Varies
T2037 - Therapeutic Camping, Day	--	Varies
T2038 - Community Transition, Per Service	--	Varies
T2039 - Vehicle Modifications, Per Service	--	Varies