

Detroit-Wayne Integrated Health Network
MH Adult Outpatient and MH Child Outpatient - Contract Programs
Standard Rate Sheet - Effective 02/01/2021

Note: The residential support codes H2015, H2016, and T1020 were removed from the Outpatient contract programs and were added to the Residential contract programs. Effective 10-01-2020, MDHHS discontinued the use of the residential per diem code H0043.

CPT Code	CPT Description	Adult Rate	Child Rate
90791	Psych Eval (no medical svc)	\$165.00	\$220.00
90792	Psych Eval (w/medical svc)	\$205.00	\$285.00
90832	Psychotherapy, 30 (16-37 mins)	\$65.00	\$90.00
90833	Psych Eval - add on 30 (16-37 mins)	\$57.28	n/a
90834	Psychotherapy, 45 (38-52 mins)	\$125.00	\$150.00
90836	Psych Eval - add on , 45 (38-52 mins)	\$72.03	n/a
90837	Psychotherapy, 60 (53+ mins)	\$165.00	\$200.00
90839	Psychotherapy for crisis, 60 min	\$105.00	\$120.00
90840	Psychotherapy for crisis, 30 min	\$60.00	\$100.00
90846	FAMILY PSYTX W/O PATIENT	\$115.00	\$125.00
90847	FAMILY PSYTX W/PATIENT	\$115.00	\$135.00
90849	Multi-family Group	\$20.00	\$52.50
90853	GROUP PSYCHOTHERAPY	\$40.00	\$52.50
90887	CONSULTATION WITH FAMILY	\$65.00	\$65.00
96110	Developmental Test, Limited	\$125.00	\$125.00
96112	Developmental Testing by physician or qualified healthcare professional, First Hour.	\$210.00	n/a
96113	Developmental Testing by physician or qualified healthcare professional, Each Additional Hour.	\$210.00	n/a
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.	\$125.00	\$125.00
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.	\$125.00	\$125.00
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.	\$130.10	\$125.00
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.	\$130.10	\$125.00

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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.	\$62.50	\$62.50
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.	\$62.50	\$62.50
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes.	\$43.75	\$43.75
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes.	\$43.75	\$43.45
96372	Injection Administration	\$25.00	\$25.00
97530	OT/PT Therapeutic Activities, Individual	\$35.00	n/a
99201	99201 - E&M visits. New Patient, typically 10 minutes	\$55.00	\$55.00
99202	99202 - E&M visits. New Patient, typically 20 minutes	\$80.00	\$90.00
99203	99203 - E&M visits. New Patient, typically 30 minutes	\$105.00	\$125.00
99204	99204 - E&M visits. New Patient, typically 45 minutes	\$138.50	\$160.00
99205	99205 - E&M visits. New Patient, typically 60 minutes	\$185.00	\$190.00
99211	99211 - E&M visit, Established Patient, brief	\$35.00	\$50.00
99212	99212 - E&M visit, Established Patient, 10 minutes	\$65.00	\$95.00
99213	99213 - E&M visit, Established Patient, 15 minutes	\$100.00	\$155.00
99214	99214 - E&M visit, Established Patient, 25 minutes	\$125.00	\$180.00
99215	99215 - E&M visit, Established Patient, 40 minutes	\$150.00	\$195.00
99308	E & M - Nursing Facility	\$40.00	n/a
99309	E & M - Nursing Facility	\$65.00	n/a
99310	E & M - Nursing Facility	\$80.00	n/a
99334	REST HOME VISIT - 15 Minutes	\$60.00	n/a
99335	REST HOME VISIT - 25 Minutes	\$85.00	n/a
99336	REST HOME VISIT - 45 Minutes	\$100.00	n/a
99506	HOME VISIT, IM INJECTION	\$160.12	n/a
A0120	NON-ER TRANSPORT:MINI-BUS	\$9.59	n/a
A0130	Non-ER Wheelchair Van	\$10.00	n/a
G0177	TRNG & EDU-PT W/MENTAL PROB	\$96.04	\$60.00
H0023	BEHAVIORAL HEALTH OUTREACH	\$92.79	n/a
H0031 (Modifier)	Assessment, by non Phys; (See DWMHA Bulletin #18-001; one modifier is required: BI; DE; FA; FS; JF; PE; PY; ST; VO)	\$140.00	\$195.00
H0031 LO	Assessment, by non Phys; LOCUS	\$60.00	n/a
H0032	Treatment Plan Development by Non-Physician	\$140.00	\$195.00
H0032 TS	Treatment Plan Monitoring of speciality service	\$93.34	\$130.00
H0034	Med training and supp, 15 min	\$32.50	n/a
H0036	Home Based Services	n/a	\$70.00
H0038	Self-Help/Peer Services - Individual (Child = TJ modifier)	\$8.75	\$8.00

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H0038 TT	Self-Help/Peer Services - Multiple members served (Child = TJ modifier)	\$2.50	\$2.50
H0039	Assertive Comm Treatment, 15 min	\$48.50	n/a
H0045	Respite Care, Out of Home, day.	\$150.00	\$150.00
H2000	Comprehensive multidisciplinary (Behavior Tx Plan Committee)	\$85.00	\$110.00
H2000 TS	Comprehensive multidisciplinary (Behavior Tx Plan Monitoring)	\$30.00	\$39.00
H2011	Crisis Intervention	\$27.50	\$37.50
H2014	Skills training and development - Individual	\$4.89	\$4.89
H2014 TT	Skills training and development - Multiple members served	\$4.33	\$4.33
H2019	Dialectical Behavior Therapy - Individual	\$57.00	\$57.00
H2019 TT	Dialectical Behavior Therapy - Multiple members served	\$17.25	\$17.25
H2021	Specialized Wraparound, 15 minutes	n/a	\$95.00
H2023	Supported employment per 15 minutes (Not Evidenced-Based)	\$8.99	n/a
H2023 TT	Supported employment per 15 minutes (Not Evidenced-Based)	\$6.69	n/a
H2030	Mental Health Clubhouse	\$4.25	n/a
H2033	Home-Based, Multisystemic therapy	n/a	\$105.00
S5111	Home care training, fam; session	\$150.00	\$185.00
S9445	Patient education non-phys, Individual	\$57.50	\$75.00
S9446	Patient education non-phys, Group	\$40.00	\$50.00
S9470	Nutritional Counseling, Dietitian	\$65.00	n/a
T1001	Nursing assessment / evaluation	\$105.00	\$105.00
T1002	RN services, up to 15 minutes	\$37.50	\$37.50
T1005	Respite Care, 15 minutes	\$5.31	\$5.31
T1016	Case management, 15 min	\$56.50	\$56.50
T1017	Targeted case mgmt, 15 min	\$56.50	\$75.00
T1999	Misc. Therapeutic Items	Varies	Varies
T2038	Community Transition, actual costs	Varies	n/a