

**DWMHA Rates for MI Health Link
Effective January 1, 2019 (Version 4)**

Effective 11-07-2018 we removed the procedure codes that begin with a letter (i.e., "Alpha" codes) from the MI Health Link rate sheet. Providers should bill for those Alpha codes through their "MH Adult Outpatient" contract or the "DD Outpatient" contract, as appropriate. This was an unanticipated consequence of the MCPN System Transformation.

Service Description	Modifier	Network Rate	Out of Network Rate
0912 - Partial Hospitalization		\$222.75	\$220.00
90785 - Interactive Complexity - Add on code; limited use per Code Chart		\$12.13	\$11.98
90791 - Psych Eval (no medical svc)		\$112.52	\$111.13
90792 - Psych Eval (w/medical svc)		\$126.39	\$124.83
90832 - Psychotherapy, 30 (16-37 mins)	n/a; HH	\$54.57	\$53.90
90833 - Psychotherapy, 30 minutes, performed with Evaluation & Mangement (add-on code).		\$57.28	\$56.58
90834 - Psychotherapy, 45 (38-52 mins)	n/a; HH	\$73.02	\$72.12
90837 - Psychotherapy, 60 (53+ mins)		\$109.63	\$108.28
90839 - Psychotherapy for crisis, 60 min		\$114.28	\$112.87
90840 - Psychotherapy for crisis, each additional 30 minutes		\$54.57	\$53.90
90846 - Family Therapy Without Consumer Present		\$88.27	\$87.18
90847 - Family Therapy With Consumer Present		\$91.76	\$90.62
90853 - Group Therapy		\$21.94	\$21.67
92507 - Speech & Language, Individual		\$65.46	\$64.66
92508 - Speech & Language, Group		\$19.06	\$18.82
92521 - Speech & Language, evaluation of fluency		\$95.14	\$93.97
92522 - Speech & Language, evaluation of speech sound production		\$77.10	\$76.15
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension		\$164.71	\$162.68
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function		\$71.73	\$70.84
96101 - Psychological Testing		\$69.22	\$68.37
96102 - Psychological Testing, per hour		\$50.96	\$50.33
96110 - Developmental Screening		\$125.00	\$100.00
96111 - Developmental Testing		\$114.15	\$112.74
96112 - Developmental Testing by physician or qualified healthcare professional, First Hour.		\$114.15	\$112.74
96113 - Developmental Testing by physician or qualified healthcare professional, Each Additional Hour.		\$114.15	\$112.74
96116 - Neurobehavioral Status Exam, First Hour.		\$78.86	\$77.89
96121 - Neurobehavioral Status Exam, Each additional Hour.		\$78.86	\$77.89
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.		\$69.22	\$68.37

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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.		\$69.22	\$68.37
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.		\$81.00	\$80.00
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.		\$81.00	\$80.00
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.		\$40.50	\$40.00
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.		\$40.50	\$40.00
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes.		\$28.35	\$28.00
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes.		\$28.35	\$28.00
96372 - Medication Administration (injection)		\$16.99	\$16.78
97110 - OT/PT Strength ROM - Individual		\$75.52	\$74.59
97150 - OT Group Therapeutic Activities		\$15.29	\$15.10
97166 - OT Moderate Complexity		\$75.52	\$74.59
97167 - OT High Complexity		\$51.32	\$50.69
97168 - OT Evaluation		\$33.71	\$33.30
97530 - OT/PT Individual Therapeutic Activities		\$37.51	\$37.05
97533 - OT/PT Sensory Integrative Techniques, 15 minutes		\$28.54	\$28.18
97802 - Medical Nutrition Therapy, initial assessment and intervention, 15 minutes		\$28.84	\$28.49
97803 - Medical Nutrition Therapy, re-assessment and intervention, 15 minutes		\$25.07	\$24.76
99201 - E&M visit, new patient, 3 component review, 10 minutes.		\$37.51	\$37.05
99202 - E&M visit, new patient, 3 component review, 20 minutes.		\$63.07	\$62.30
99203 - E&M visit, new patient, 3 component review, 30 minutes.		\$91.48	\$90.35
99204 - E&M visit, new patient, 3 component review, 45 minutes.		\$139.38	\$137.66
99205 - E&M visit, new patient, 3 component review, 60 minutes.		\$175.66	\$173.50
99211 - E&M visit, established patient, brief.		\$17.85	\$17.63

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99212 - E&M visit, established patient, 2 component review, 10 minutes		\$36.73	\$36.28
99213 - E&M visit, established patient, 2 component review, 15 minutes.		\$61.16	\$60.40
99214 - E&M visit, established patient, 2 component review, 25 minutes.		\$90.20	\$89.09
99215 - E&M visit, established patient, 2 component review, 40 minutes.		\$121.99	\$120.48
99221 - Inpatient Subsequent Care by a physician		\$116.43	\$114.99
99222 - Inpatient Subsequent Care by a physician		\$145.90	\$144.10
99223 - Inpatient Subsequent Care by a physician		\$201.87	\$199.38
99231 - Inpatient Subsequent Care by a physician		\$62.65	\$61.87
99232 - Subsequent Hospital Care - 25 mins		\$91.06	\$89.94
99233 - Subsequent Hospital Care - 35 minutes		\$117.74	\$116.29
99238 - HOSPITAL DISCHARGE DAY		\$91.11	\$89.98
99305 - NURSING FACILITY SERVICES E&M, new, 3 components, 35 minutes.		\$110.24	\$108.88
99306 - NURSING FACILITY SERVICES E&M, new, 3 components, 45 minutes.		\$140.99	\$139.25
99307 - NURSING FACILITY SERVICES E&M, established, 2 components, 10 min.		\$37.61	\$37.14
99308 - NURSING FACILITY SERVICES E&M, established, 2 components, 15 min.		\$58.53	\$57.81
99309 - NURSING FACILITY SERVICES E&M, established, 2 components, 25 min.		\$77.44	\$76.49
99310 - NURSING FACILITY SERVICES E&M, established, 2 components, 35 min.		\$115.06	\$113.64
99334 - Domiciliary care, Rest Home E&M, established, 2 components, 15 minutes		\$50.80	\$50.18
99335 - Domiciliary care, Rest Home E&M, established, 2 components, 25 minutes		\$80.09	\$79.10
99336 - Domiciliary care, Rest Home E&M, established, 2 components, 40 minutes		\$114.72	\$113.30
99506 - Medication Administration, home visit for intramuscular injection		\$30.00	\$24.00