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Effective 10-01-2019, some of the rates were reduced in order to comply with the requirement that our rates can not exceed 80% of the Medicare rate for our region. 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. (Note: Changes highlighted in yellow.)

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 &		\$57.28	\$56.58
Mangement (add-on code).			
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		\$86.61	\$85.74
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, evlauation 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 comprehen		\$164.71	\$162.68
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function		\$71.73	\$70.84
96110 - Developmental Screening		\$125.00	\$100.00
96112 - Developmental Testing by physician or qualified healthcare professional, First Hour.		\$114.15	\$112.74
96113 - Developmental Testing by physician or qualified healthcare		\$114.15	\$112.74
professional, Each Additional Hour.			·
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		\$69.22	\$68.37
qualified health care professional, including interpretation of standardized			
test results and clinical data, clinical decision making, treatment planning and			
report; First hour.			

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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)		\$14.92	\$14.77
97110 - OT/PT Strength ROM - Individual		\$27.70	\$27.42
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		\$35.80	\$35.44
97533 - OT/PT Sensory Integrative Techniques, 15 minutes		\$28.54	\$28.18
97802 - Medical Nutrition Therapy, initial assessment and intervention, 15		\$28.84	\$28.49
minutes			
97803 - Medical Nutrition Therapy, re-assessment and intervention, 15 minutes		\$25.07	\$24.76
99201 - E&M visit, new paitient, 3 component review, 10 minutes.		\$37.51	\$37.05
99202 - E&M visit, new paitient, 3 component review, 20 minutes.		\$63.07	\$62.30
99203 - E&M visit, new paitient, 3 component review, 30 minutes.		\$91.48	\$90.35
99204 - E&M visit, new paitient, 3 component review, 45 minutes.		\$139.38	\$137.66
99205 - E&M visit, new paitient, 3 component review, 60 minutes.		\$175.66	\$173.50
99211 - E&M visit, established patient, brief.		\$17.85	\$17.63

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Service Description	Modifier	Network Rate	Out of Network Rate
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		\$93.96	\$93.02
99222 - Inpatient Subsequent Care by a physician		\$125.79	\$124.53
99223 - Inpatient Subsequent Care by a physician		\$201.87	\$199.38
99231 - Inpatient Subsequent Care by a physician		\$36.17	\$35.81
99232 - Subsequent Hospital Care - 25 mins		\$66.55	\$65.88
99233 - Subsequent Hospital Care - 35 minutes		\$95.06	\$94.11
99238 - HOSPITAL DISCHARGE DAY		\$66.61	\$65.94
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

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