

**Detroit Wayne Integrated Health Network**  
**MI Health Link - Outpatient Rate Sheet (Contract: Dual Eligible)**  
**Effective October 1, 2019 (Version 6)**

Service Description	Modifier	Rate
0912 - Partial Hospitalization		\$222.75
90785 - Interactive Complexity - Add on code; limited use per Code Chart		\$12.13
90791 - Psych Eval (no medical svc)		\$112.52
90792 - Psych Eval (w/medical svc)		\$126.39
90832 - Psychotherapy, 30 (16-37 mins)	n/a; HH	\$54.57
90833 - Psychotherapy, 30 minutes, performed with Evaluation & Mangement (add-on code).		\$57.28
90834 - Psychotherapy, 45 (38-52 mins)	n/a; HH	\$73.02
90837 - Psychotherapy, 60 (53+ mins)		\$109.63
90839 - Psychotherapy for crisis, 60 min		\$114.28
90840 - Psychotherapy for crisis, each additional 30 minutes		\$54.57
90846 - Family Therapy Without Consumer Present		\$86.61
90847 - Family Therapy With Consumer Present		\$91.76
90853 - Group Therapy		\$21.94
92507 - Speech & Language, Individual		\$65.46
92508 - Speech & Language, Group		\$19.06
92521 - Speech & Language, evlauation of fluency		\$95.14
92522 - Speech & Language, evaluation of speech sound production		\$77.10
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension		\$164.71
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function		\$71.73
96110 - Developmental Screening		\$125.00
96112 - Developmental Testing by physician or qualified healthcare professional, <b>First Hour.</b>		\$114.15
96113 - Developmental Testing by physician or qualified healthcare professional, <b>Each Additional Hour.</b>		\$114.15
96116 - Neurobehavioral Status Exam, <b>First Hour.</b>		\$78.86
96121 - Neurobehavioral Status Exam, <b>Each additional Hour.</b>		\$78.86
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; <b>First hour.</b>		\$69.22
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; <b>Each additional Hour.</b>		\$69.22
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; <b>First hour.</b>		\$81.00

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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; <b>Each additional hour.</b>		\$81.00
96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; <b>First 30 minutes.</b>		\$40.50
96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; <b>Each additional 30 minutes.</b>		\$40.50
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>First 30 minutes.</b>		\$28.35
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>Each additional 30 minutes.</b>		\$28.35
96372 - Medication Administration (injection)		\$14.92
97110 - OT/PT Strength ROM - Individual		\$27.70
97150 - OT Group Therapeutic Activities		\$15.29
97166 - OT Moderate Complexity		\$75.52
97167 - OT High Complexity		\$51.32
97168 - OT Evaluation		\$33.71
97530 - OT/PT Individual Therapeutic Activities		\$35.80
97533 - OT/PT Sensory Integrative Techniques, 15 minutes		\$28.54
97802 - Medical Nutrition Therapy, initial assessment and intervention, 15 min.		\$28.84
97803 - Medical Nutrition Therapy, re-assessment and intervention, 15 minutes		\$25.07
99201 - E&M visit, new patient, 3 component review, 10 minutes.		\$37.51
99202 - E&M visit, new patient, 3 component review, 20 minutes.		\$63.07
99203 - E&M visit, new patient, 3 component review, 30 minutes.		\$91.48
99204 - E&M visit, new patient, 3 component review, 45 minutes.		\$139.38
99205 - E&M visit, new patient, 3 component review, 60 minutes.		\$175.66
99211 - E&M visit, established patient, brief.		\$17.85
99212 - E&M visit, established patient, 2 component review, 10 minutes		\$36.73
99213 - E&M visit, established patient, 2 component review, 15 minutes.		\$61.16
99214 - E&M visit, established patient, 2 component review, 25 minutes.		\$90.20
99215 - E&M visit, established patient, 2 component review, 40 minutes.		\$121.99
99221 - Inpatient Subsequent Care by a physician		\$93.96
99222 - Inpatient Subsequent Care by a physician		\$125.79
99223 - Inpatient Subsequent Care by a physician		\$201.87
99231 - Inpatient Subsequent Care by a physician		\$36.17
99232 - Subsequent Hospital Care - 25 mins		\$66.55
99233 - Subsequent Hospital Care - 35 minutes		\$95.06
99238 - HOSPITAL DISCHARGE DAY		\$66.61
99305 - NURSING FACILITY SERVICES E&M, new, 3 components, 35 minutes.		\$110.24
99306 - NURSING FACILITY SERVICES E&M, new, 3 components, 45 minutes.		\$140.99
99307 - NURSING FACILITY SERVICES E&M, established, 2 components, 10 min.		\$37.61

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99308 - NURSING FACILITY SERVICES E&M, established, 2 components, 15 min.		\$58.53
99309 - NURSING FACILITY SERVICES E&M, established, 2 components, 25 min.		\$77.44
99310 - NURSING FACILITY SERVICES E&M, established, 2 components, 35 min.		\$115.06
99334 - Domiciliary care, Rest Home E&M, established, 2 components, 15 min.		\$50.80
99335 - Domiciliary care, Rest Home E&M, established, 2 components, 25 min.		\$80.09
99336 - Domiciliary care, Rest Home E&M, established, 2 components, 40 min.		\$114.72
99506 - Medication Administration, home visit for intramuscular injection		\$30.00