

Detroit-Wayne Integrated Health Network
Serious Emotional Disturbance Procedure Codes and Modifiers - Standard Rate Sheet
Effective 10/01/2019

Note: Effective 10-01-2019 SED Waiver Providers will continue to utilize this standardized rate sheet to submit claims to DWIHN for Fee-for-Service payment. DWIHN will issue payments to SED Waiver Providers on a bi-weekly pay cycle. See the Payment Processing Schedules posted on the Provider Supports page of our website. If the rate is listed as "Varies" that means the code requires prior authorization and/or a non-standard rate. Be advised that DWIHN has deployed a local modifier, "TV", to denote services provided at a Holiday Rate. Providers are required to report other Informational Modifiers, which do not affect the rate. See "DWIHN Modifiers List" for more detailed information regarding Billing Modifiers and Informational Modifiers required by MDHHS and DWIHN. Claims that are missing a required Informational Modifier may be denied.

Procedure Code & Description	Billing Modifier	Standard Rate
90785 - Psychotherapy Complex Interactive, 10 per Month	--	\$9.04
90791 - Psychiatric Diagnostic Evaluation No Medical Services, 1 per Month	--	\$83.75
90792 - Psychiatric Diagnostic Evaluation With Medical Services, 1 per Month	--	\$94.09
90832 - Psychotherapy With Patient 30 Minutes, 10 per Month	--	\$40.91
90833 - Psychotherapy With Patient W E/M 30 Minutes, 10 per Month	--	\$42.41
90834 - Psychotherapy With Patient 45 Minutes, 10 per Month	--	\$54.47
90836 - Psychotherapy With Patient With E/M 45 Minutes, 10 per Month	--	\$53.61
90837 - Psychotherapy With Patient 60 Minutes, 10 per Month	--	\$81.81
90838 - Psychotherapy With Patient With E/M 60 Minutes, 10 per Month	--	\$70.83
90846 - Family Psychotherapy Without Patient 50 Minutes, 10 per Month	--	\$65.88
90847 - Family Psychotherapy With Patient 50 Minutes, 10 Per Month	--	\$68.47
90853 - Group Psychotherapy, 10 per Month	--	\$16.36
90863 - Pharmacologic Management With Psychotherapy, 10 Month	--	\$15.93
92507 - Speech/Hearing Therapy, 8 per Month	--	\$48.01
92508 - Speech/Hearing Therapy, 8 per Month	--	\$14.43
92521 - Evaluation of Speech Fluency, 1 per 3 Calendar Months	--	\$69.11
92522 - Evaluate Speech Production, 1 per 3 Calendar Months	--	\$55.98
92523 - Speech Sound Lang Comprehen, 1 per 3 Calendar Months	--	\$119.28
92524 - Behavioral and Qualitative Analysis of Voice and Resonance, 1 per 3 Calendar Months	--	\$54.04
96101 - Psychological Testing By Psychiatrist or Physician, Maximum Quantity of 5 once in 90 Days	--	\$50.16
96102 - Psychological Testing By Technician, Maximum Quantity of 5 once in 90 Days	--	\$37.46
96103 - Psychological Testing Administrator By Computer, 1 in 90 Days	--	\$16.79
96116 - Neurobehavioral Status Exam Physician QHP 1st Hr, 8 per Year	--	\$58.13
96118 - Neuropsychological Test By Psychiatrist or Physician	--	\$58.99
96119 - Neuropsychological Testing By Technicians, 1 in 90 Days	--	\$48.44
96120 - Neuropsychological Test Administrator With Computer, 1 in 90 Days	--	\$29.07
96372 - Therapeutic, Prophylactic, and Diagnostic Injections and Infusions SC/IM, 5 per Month	--	\$10.12
97165 - OT Evaluations Low Complexity 30 Minutes, 2 per Year	--	\$55.55
97166 - OT Evaluations Mod Complexity 45 Minutes, 2 per Year	--	\$55.55
97167 - OT Evaluations High Complexity 60 Minutes, 2 per Year	--	\$55.55

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97168 - OT Re-Evaluations Established Plan Care, 2 per Year	--	\$38.11
97533 - Sensory Integration, 1 Session per Calendar Week; Each Session up to 4 Units	--	\$26.05
97802 - Medical Nutrition Therapy, Individual, Initial, 2 Sessions per Year; Each session up to 4 Units	--	\$22.61
97803 - Medical Nutrition Therapy, Subsequent, 5 Sessions per Year; Each session up to 4 Units	--	\$19.59
99201 - Office/Outpatient Visit New Patient, 10 Minutes	--	\$27.77
99202 - Office/Outpatient Visit New Patient, 20 Minutes	--	\$46.29
99203 - Office/Outpatient Visit New Patient, 30 Minutes	--	\$65.67
99204 - Office/Outpatient Visit New Patient, 45 Minutes	--	\$99.68
99205 - Office/Outpatient Visit New Patient, 60 Minutes	--	\$125.30
99211 - Office/Outpatient Visit Established, Brief	--	\$13.78
99212 - Office/Outpatient Visit Established, 10 Minutes	--	\$27.34
99213 - Office/Outpatient Visit Established, 15 Minutes	--	\$45.00
99214 - Office/Outpatient Visit Established, 25 Minutes	--	\$65.88
99215 - Office/Outpatient Visit Established, 40 Minutes	--	\$88.27
G0176 - Activity Therapy, 12 Sessions per Month	--	\$66.54
H0001 - Alcohol And/Or Drug Assess, 1 in 90 Days	--	\$159.62
H0002 - Alcohol And/Or Drug Screenin, Limited to 1 in 90 Days	--	\$80.00
H0004 - Alcohol And/Or Drug Services, Limited to 26 Units per Month	--	\$23.51
H0005 - Alcohol And/Or Drug Services, Maximum of 5 Sessions per Month	--	\$57.51
H0015 - Alcohol And/Or Drug Services, 1 per Day	--	\$103.21
H0018 - Alcohol And/Or Drug Services, 14 per Calendar Month	--	\$202.56
H0031 - Mental Health Assessment By Non-Physician, Limited to 1 in 90 Days	--	\$297.47
H0036 - Comm Psy Face-Face per 15 Minutes, 90 Units per Month	--	\$66.74
H2011 - Crisis Interven SVC, 15 Minutes,48 Units per Month	--	\$59.38
H2015 - Comprehensive Community Support Services, 15 Minutes, 744 Units per	--	\$6.40
H2015 - Comprehensive Community Support Services, 15 Minutes, Holiday Rate	TV	\$9.60
H2015 -Comprehensive Community Support Services, 15 Minutes, 744 Units per	TT	\$4.80
H2015 - Comprehensive Community Support Services, 15 Minutes, Holiday Rate	TT, TV	\$7.20
H2022 - Community Wrap-Around Service, Pre DIEM, 4 per Month	--	\$340.00
H2022 - Community Wrap-Around Service, Pre DIEM, 4 per Month	TT	\$255.00
S0215 - Non-Emergency Transportation Mileage	--	\$0.36
S5111 - Family Homecare Training Session, Maximum of 4 per Month	--	\$150.00
S5111 - Family Homecare Training Session, 1 per Day allowed with a Maximum of 4 per Month	HM	\$80.00
S5116 - Nonfamily Homecare Training Session, Up to 4 Sessions per Calendar Month	--	\$62.09
S5145 - Child Fostercare Therapeutic per DIEM	--	\$110.00
S9470 - Nutritional Counseling, Dietician, 13 per Month	--	\$24.48
T1001 - Nursing Assessment/Evaluation, 1 in 90 Days	--	\$46.17
T1005 - Respite Care Service 15 Minutes, 1248 Units per Month	--	\$6.40

