

Detroit Wayne Integrated Health Network
MI Health Link - Outpatient Rate Sheet (Contract: Dual Eligible)
Effective: January 1, 2022 to December 31, 2022

Mental Health Services for Adults

Mental Health - Service Description	Modifier	CY22 Rate
0912 - Partial Hospitalization*		\$288.75
90785 - Interactive Complexity - Add on code; limited use per Code Chart		\$15.09
90791 - Psych Eval (no medical svc)		\$181.37
90792 - Psych Eval (w/medical svc)		\$203.88
90832 - Psychotherapy, 30 (16-37 mins)		\$79.32
90833 - Psychotherapy, 30 minutes, performed with Evaluation & Mangement (add-on code).		\$72.75
90834 - Psychotherapy, 45 (38-52 mins)		\$104.65
90837 - Psychotherapy, 60 (53+ mins)		\$153.15
90839 - Psychotherapy for crisis, 60 min		\$146.79
90840 - Psychotherapy for crisis, each additional 30 minutes		\$74.30
90846 - Family Therapy Without Consumer Present		\$100.18
90847 - Family Therapy With Consumer Present		\$103.64
90853 - Group Therapy		\$27.75
92507 - Speech & Language, Individual		\$79.19
92508 - Speech & Language, Group		\$24.40
92521 - Speech & Language, evluation of fluency		\$137.43
92522 - Speech & Language, evaluation of speech sound production		\$115.66
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension		\$233.82
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function		\$88.60
96110 - Developmental Screening**		\$137.81
96112 - Developmental Testing by physician or qualified healthcare professional, First Hour.		\$131.56
96113 - Developmental Testing by physician or qualified healthcare professional, Each Additional Hour.		\$62.36
96116 - Neurobehavioral Status Exam, First Hour.		\$97.71
96121 - Neurobehavioral Status Exam, Each additional Hour.		\$81.61
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.		\$123.75

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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.		\$92.20
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.		\$134.79
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.		\$104.41
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.		\$45.78
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.		\$40.85
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes.		\$35.41
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes.		\$36.10
96372 - Medication Administration (injection)		\$14.73
97110 - OT/PT Strength ROM - Individual		\$30.50
97150 - OT Group Therapeutic Activities		\$18.19
97166 - OT Moderate Complexity		\$104.49
97167 - OT High Complexity		\$104.49
97168 - OT Evaluation		\$71.69
97530 - OT/PT Individual Therapeutic Activities		\$38.43
97533 - OT/PT Sensory Integrative Techniques, 15 minutes		\$66.38
97802 - Medical Nutrition Therapy, initial assessment and intervention, 15 min.		\$37.75
97803 - Medical Nutrition Therapy, re-assessment and intervention, 15 min.		\$32.91
99202 - E&M visit, new patient, 3 component review, 20 minutes.		\$75.88
99203 - E&M visit, new patient, 3 component review, 30 minutes.		\$117.36
99204 - E&M visit, new patient, 3 component review, 45 minutes.		\$174.52

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99205 - E&M visit, new patient, 3 component review, 60 minutes.		\$230.86
99211 - E&M visit, established patient, brief.		\$23.70
99212 - E&M visit, established patient, 2 component review, 10 minutes		\$58.86
99213 - E&M visit, established patient, 2 component review, 15 minutes.		\$94.07
99214 - E&M visit, established patient, 2 component review, 25 minutes.		\$132.18
99215 - E&M visit, established patient, 2 component review, 40 minutes.		\$187.35
99221 - Inpatient Subsequent Care by a physician		\$105.14
99222 - Inpatient Subsequent Care by a physician		\$139.93
99223 - Inpatient Subsequent Care by a physician		\$204.37
99231 - Inpatient Subsequent Care by a physician		\$40.24
99232 - Subsequent Hospital Care - 25 mins		\$73.38
99233 - Subsequent Hospital Care - 35 minutes		\$105.36
99238 - HOSPITAL DISCHARGE DAY		\$73.84
99305 - NURSING FACILITY SERVICES E&M, new, 3 components, 35 minutes.		\$131.28
99306 - NURSING FACILITY SERVICES E&M, new, 3 components, 45 minutes.		\$168.88
99307 - NURSING FACILITY SERVICES E&M, established, 2 components, 10 min.		\$44.63
99308 - NURSING FACILITY SERVICES E&M, established, 2 components, 15 min.		\$70.73
99309 - NURSING FACILITY SERVICES E&M, established, 2 components, 25 min.		\$92.72
99310 - NURSING FACILITY SERVICES E&M, established, 2 components, 35 min.		\$136.45
99334 - Domiciliary care, Rest Home E&M, established, 2 components, 15 min.		\$62.00
99335 - Domiciliary care, Rest Home E&M, established, 2 components, 25 min.		\$97.22
99336 - Domiciliary care, Rest Home E&M, established, 2 components, 40 min.		\$137.50
99441 - Telephone evaluation and management, established patient, parent or guardian; not related to E & M service in the past 7 days nor leading to an E & M services within the next 24 hours or next available appointment. (5 to 10 minutes of medical discussion.)		\$57.74
99442 - Telephone evaluation and management, established patient, parent or guardian; not related to E & M service in the past 7 days nor leading to an E & M services within the next 24 hours or next available appointment. (11 to 20 minutes of medical discussion.)		\$93.51

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99443 - Telephone evaluation and management, established patient, parent or guardian; not related to E & M service in the past 7 days nor leading to an E & M services within the next 24 hours or next available appointment. (21 to 30 minutes of medical discussion.)		\$132.18
99506 - Medication Administration, home visit for intramuscular injection (non-physician)**		\$176.53

*Based on Hospital Rate. **Based on Adult Outpatient Rate.

MI Health Link Opioid Treatment Program (Effective 01-01-2020)

Opioid Treatment Program - Service Description	Modifier	CY2022 Rate
G2067 - Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$215.67
G2068 - Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$257.08
G2069 - Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$1,880.05
G2070 - Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$5,327.26
G2071 - Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$442.40

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G2072 - Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$5,599.10
G2073 - Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$1,449.22
G2074 - Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)		\$167.42
G2075 - Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual - group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	L5	Varies
G2076 - Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.		\$185.79
G2077 - Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.		\$114.17
G2078 - Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.		\$37.38

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G2079 - Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.		\$78.79
G2080 - Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.		\$32.03