



Contract Program: Intensive Crisis Stabilization Services - Adults

Effective Date: Rates effective 10/1/2024

| Code Description | Modifiers | Fee Schedule Notes | Unit Type | Unit Rate |
|---|-----------|--|------------|-----------|
| H2011 - Crisis Intervention Services | HT;AF | Mobile Crisis; Specialty Physician/ Psychiatrist | 15 Minutes | \$40.23 |
| H2011 - Crisis Intervention Services | HT;AG | Mobile Crisis; Physician | 15 Minutes | \$40.23 |
| H2011 - Crisis Intervention Services | HT;AH | Mobile Crisis; Clinical Psychologist | 15 Minutes | \$40.23 |
| H2011 - Crisis Intervention Services | HT;HN | Mobile Crisis; Bachelor's Level | 15 Minutes | \$40.23 |
| H2011 - Crisis Intervention Services | HT;HO | Mobile Crisis; Master's Level | 15 Minutes | \$40.23 |
| H2011 - Crisis Intervention Services | HT;HP | Mobile Crisis; Doctoral Level | 15 Minutes | \$40.23 |
| H2011 - Crisis Intervention Services | HT;TD | Mobile Crisis; Registered Nurse | 15 Minutes | \$40.23 |
| S9484 - Intensive Crisis Stabilization Team Service | TG | Intensive Crisis Stabilization, first 6 hours (maximim). | Hour | \$131.92 |
| S9484 - Intensive Crisis Stabilization Team Service | TF | Intensive Crisis Stabilization, hours greater than 6 hours. | Hour | \$0.01 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | AF | PAR/ Inpatient Screening; Specialty Physician/ Psychiatrist. | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | AF;PS | PAR Re-Assessment; Specialty Physician; Psychiatrist. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | AG | PAR/ Inpatient Screening; Physician | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | AG;PS | PAR Re-Assessment; Physician. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | AH | PAR/ Inpatient Screening; Clinical Psychologist | Encounter | \$396.75 |

| | | | | |
|---|-------|--|-----------|----------|
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | AH;PS | PAR Re-Assessment; Clinical Psychologist. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | HN | PAR/ Inpatient Screening; Bachelor's Level | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | HN;PS | PAR Re-Assessment; Bachelor's Level. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | HO | PAR/ Inpatient Screening; Master's Level | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | HO;PS | PAR Re-Assessment; Master's Level. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | HP | PAR/ Inpatient Screening; Doctoral Level | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | HP;PS | PAR Re-Assessment; Doctoral Level. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | SA | PAR/ Inpatient Screening; PA, NP, CNS | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | SA;PS | PAR Re-Assessment; PA, NP, CNS. | Encounter | \$198.38 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | TD | PAR/ Inpatient Screening; Registered Nurse | Encounter | \$396.75 |
| T1023 - Screening to Determine Appropriateness of Inpatient Hospitalization | TD;PS | PAR Re-Assessment; Registered Nurse. | Encounter | \$198.38 |
| T2003 - Non-Emergency Transportation; Encounter/Trip. Refer to code descriptions. | N/A | Non-Emergency Transportation | Encounter | \$97.10 |