



**Contract Program:** MI Health Link (Dual Eligible) - Mental Health Services for Adults

**Effective Date:** Rates effective 10/1/2024

**Change summary :** These rates include the MDHHS-required DCW wage increase, effective 10-01-2024.

<b>Mental Health - Service Description</b>	<b>Modifier</b>	<b>CY23 Rate</b>
0912 - Partial Hospitalization		\$ 288.75
90785 - Interactive Complexity - Add on code; limited use per Code Chart		\$ 15.11
90791 - Psych Eval (no medical svc)		\$ 176.80
90791 BI - Psychiatric Evaluation - Biopsychosocial		\$ 216.86
90792 - Psych Eval (w/medical svc)		\$ 200.24
90832 - Psychotherapy, 30 (16-37 mins)		\$ 76.34
90833 - Psychotherapy, 30 minutes, performed with Evaluation & Mangement (add-on code).		\$ 70.70
90834 - Psychotherapy, 45 (38-52 mins)		\$ 101.15
90837 - Psychotherapy, 60 (53+ mins)		\$ 148.63
90839 - Psychotherapy for crisis, 60 min		\$ 143.32
90840 - Psychotherapy for crisis, each additional 30 minutes		\$ 71.83
90846 - Family Therapy Without Consumer Present		\$ 97.06
90847 - Family Therapy With Consumer Present		\$ 101.12
90853 - Group Therapy		\$ 27.18
92507 - Speech & Language, Individual		\$ 77.92
92508 - Speech & Language, Group		\$ 24.19
92522 - Speech & Language, evaluation of speech sound production		\$ 113.40
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension		\$ 233.82
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function		\$ 86.32
96110 - Developmental Screening		\$ 137.81
96110 AN Assesment - Develepmantal Screenening, Physiciaing IBPS Re-Admission		\$ 108.43



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96110 PS Assesment - Develepmental Screenening, Physiciaing IBPS Re-Admission		\$ 108.43
96116 - Neurobehavioral Status Exam, First Hour.		\$ 94.79
96121 - Neurobehavioral Status Exam, Each additional Hour.		\$ 76.68
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.		\$ 122.33
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.		\$ 87.51
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.		\$ 132.08
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.		\$ 99.61
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.		\$ 42.97
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.		\$ 39.35



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96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes.		\$ 34.18
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes.		\$ 35.19
96372 - Medication Administration (injection)		\$ 14.40
97110 - OT/PT Strength ROM - Individual		\$ 29.93
97150 - OT Group Therapeutic Activities		\$ 18.13
97166 - OT Moderate Complexity		\$ 102.19
97167 - OT High Complexity		\$ 102.19
97168 - OT Evaluation		\$ 70.77
97530 - OT/PT Individual Therapeutic Activities		\$ 37.66
97533 - OT/PT Sensory Integrative Techniques, 15 minutes		\$ 64.23
97802 - Medical Nutrition Therapy, initial assessment and intervention, 15 min.		\$ 37.02
97803 - Medical Nutrition Therapy, re-assessment and intervention, 15 min.		\$ 32.29
98960 - Community Health Worker - Education and Training for Patient Self-Management; <b>Individual Patient</b> . 15 Minutes DT:8/day, Max of 128/month. NON-CERTIFIED		\$ 9.19
98960 - Community Health Worker - Education and Training for Patient Self-Management; <b>Individual Patient</b> . 15 Minutes DT:8/day, Max of 128/month. CERTIFIED	TG	\$ 10.21
98961 - Community Health Worker - Education and Training for Patient Self-Management; <b>2 to 4 Patients</b> . 15 Minutes DT:8/day, Max of 128/month. NON-CERTIFIED		\$ 3.40



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<b>Mental Health - Service Description</b>	<b>Modifier</b>	<b>CY23 Rate</b>
98961 -Community Health Worker - Education and Training for Patient Self-Management; <b>2 to 4 Patients</b> . 15 Minutes DT:8/day, Max of 128/month. CERTIFIED	TG	\$ 3.06
98962 -Community Health Worker - Education and Training for Patient Self-Management; <b>5 to 8 Patients</b> . 15 Minutes DT:8/day, Max of 128/month. NON-CERTIFIED		\$ 1.57
98962 -Community Health Worker - Education and Training for Patient Self-Management; <b>5 to 8 Patients</b> . 15 Minutes DT:8/day, Max of 128/month. CERTIFIED	TG	\$ 1.41
99202 - E&M visit, new patient, 3 component review, 20 minutes.		\$ 74.36
99203 - E&M visit, new patient, 3 component review, 30 minutes.		\$ 116.28
99204 - E&M visit, new patient, 3 component review, 45 minutes.		\$ 172.05
99205 - E&M visit, new patient, 3 component review, 60 minutes.		\$ 227.25
99211 - E&M visit, established patient, brief.		\$ 23.47
99212 - E&M visit, established patient, 2 component review, 10 minutes		\$ 58.04
99213 - E&M visit, established patient, 2 component review, 15 minutes.		\$ 92.74
99214 - E&M visit, established patient, 2 component review, 25 minutes.		\$ 131.14
99215 - E&M visit, established patient, 2 component review, 40 minutes.		\$ 183.86
99221 - Inpatient Subsequent Care by a physician		\$ 87.27
99222 - Inpatient Subsequent Care by a physician		\$ 135.18
99223 - Inpatient Subsequent Care by a physician		\$ 179.37
99231 - Inpatient Subsequent Care by a physician		\$ 51.98
99232 - Subsequent Hospital Care - 25 mins		\$ 81.85
99233 - Subsequent Hospital Care - 35 minutes		\$ 123.12



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99238 - HOSPITAL DISCHARGE DAY		\$ 83.28
99305 - NURSING FACILITY SERVICES E&M, new, 3 components, 35 minutes.		\$ 137.26
99306 - NURSING FACILITY SERVICES E&M, new, 3 components, 45 minutes.		\$ 186.86
99307 - NURSING FACILITY SERVICES E&M, established, 2 components, 10 min.		\$ 40.44
99308 - NURSING FACILITY SERVICES E&M, established, 2 components, 15 min.		\$ 76.61
99309 - NURSING FACILITY SERVICES E&M, established, 2 components, 25 min.		\$ 109.17
99310 - NURSING FACILITY SERVICES E&M, established, 2 components, 35 min.		\$ 157.41
99341 - Home Visist E&M New 15 min.		\$ 49.60
99342 - Home Visist E&M New 30 min.		\$ 79.60
99344 - Home Visist E&M New 60 min.		\$ 147.78
99345 - Home Visist E&M New 75 min.		\$ 207.82
99347 - Home visit, E&M established patient, 20 minutes.		\$ 45.54
99348 - Home visit, E&M established patient, 30 minutes.		\$ 77.88
99349 - Home visit, E&M established patient, 40 minutes.		\$ 131.30
99350 - Home Visit E&M ESTABLISHED 60 min.		\$ 191.61
99417 - Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time.		\$ 61.16
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.)		\$ 56.91



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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.)		\$ 92.74
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.)		\$ 130.01
99506 - Medication Administration, home visit for intramuscular injection (non-physician)		\$ 176.53
G0317 - Prolonged Nursing Facility Evaluation 15 min.		\$ 32.68
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)		\$ 248.75
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)		\$ 289.98
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)		\$ 1,954.28



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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)		\$ 5,412.69
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)		\$ 483.61
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)		\$ 5,648.16
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)		\$ 1,557.02
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)		\$ 198.17



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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.		\$ 192.85
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.		\$ 118.51
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.		\$ 39.29





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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.		\$ 80.53
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.		\$ 33.25