

DWMHA Rates

| Service Description | HCPCS Code | Modifer | Rate |
|---|------------|---------|----------|
| Interactive Complexity | 90785 | | \$10.00 |
| Evaluation of Speech & Language | 92521 | | \$120.00 |
| Psych Evaluation | 90791 | | \$300.00 |
| Psych Evaluation with Medical Services | 90792 | | \$310.00 |
| Individual Therapy 30 minutes | 90832 | | \$70.00 |
| Individual Therapy 45 minutes | 90834 | | \$115.00 |
| Individual Theraphy 60 minutes | 90837 | | \$120.00 |
| Psychotherapy for Crisis First 60 Minutes | 90839 | | \$170.00 |
| Psychotherapy for Crisis Each Additional 30 min (add on to 90839) | 90840 | | \$120.00 |
| Therapy-Family Therapy without Client | 90846 | | \$120.00 |
| Therapy-Family Therapy with Client | 90847 | | \$120.00 |
| Therapy-Group Therapy | 90853 | | \$35.00 |
| Treatment of Speech & Language | 92507 | | \$65.00 |
| Speech & Language Group Therapy | 92508 | | \$28.00 |
| Evaluation of Speech and Sound Production | 92522 | | \$100.00 |
| Evaluation of Speech Sound Production with Evaluation of Language | 92523 | | \$200.00 |
| Swallowing Evaluation | 92610 | | \$100.00 |
| Psychological Testing | 96101 | | \$160.00 |
| Psychological Testing | 96102 | | \$140.00 |
| Developmental Screening | 96110 | | \$90.00 |
| Developmental Testing | 96111 | | \$90.00 |
| Neurobehavioral Status Exam | 96116 | | \$155.00 |
| Therapeutic Injection | 96372 | | \$35.00 |
| Physical Therapy Evaluation | 97001 | | \$150.00 |
| Physical Therapy Re-evaluation | 97002 | | \$100.00 |
| Occupational Therapy Evaluation | 97003 | | \$150.00 |
| Occupational Therapy Re-evaluation | 97004 | | \$100.00 |
| Therapeutic Professional Procedure each 15 minutes | 97110 | | \$20.00 |
| Therapeutic Professional Procedure Group | 97150 | | \$20.00 |
| Therapeutic activities, one on one each 15 minutes | 97530 | | \$20.00 |
| Sensory Integrative Techniques each 15 minutes | 97533 | | \$15.00 |
| Medical Nutrition Therapy per 15 minutes | 97802 | | \$70.00 |
| Medical Nutrition Re-assessment | 97803 | | \$40.00 |
| Brief New Patient Office Visit / 3 Component Review | 99201 | | \$60.00 |
| Expanded New Patient Office Visit / 3 Component Review | 99202 | | \$100.00 |
| Detailed New Patient Office Visit / 3 Component Review | 99203 | | \$140.00 |
| Comprehensive New Patient Office Visit / 3 Component Review | 99204 | | \$170.00 |
| Psychiatric Evaluation and Medicaid Management | 99205 | | \$300.00 |
| Brief Established Patient Office Visit | 99211 | | \$50.00 |
| Brief Existing Patient Office Visit / 2 Component Review | 99212 | | \$70.00 |
| Existing Patient Office Visit / 2 Component Review 15 min | 99213 | | \$80.00 |
| Existing Patient Office Visit / 2 Component Review 25 min | 99214 | | \$110.00 |

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| Existing Comprehensive Office Visit / 2 Component Review 40 min | 99215 | | \$160.00 |
| Inpatient Psych Consultation 40 min | 99252 | | \$160.00 |
| Inpatient Psych Consultation 55 min | 99253 | | \$175.00 |
| Medication Administration | 99506 | | \$140.00 |
| Non Emergent Transportation by Ambulance | A0120 | | Based on Charge |
| Enhanced Medical Equipment-Supplies | E1399 | | Based on Charge |
| Family Psycho-education Training/Support 45 min | G0177 | | \$100.00 |
| Brief Screening to Non-Inpatient Program | H0002 | | \$45.00 |
| Assessment by Non Physician | H0031 | | \$120.00 |
| Intake Assessment (Includes Psychosocial) | H0031 | TF | \$240.00 |
| SIS Assessment | H0031 | HW | \$600.00 |
| Treatment Planning each Professional Staff who attends IPOS | H0032 | | \$125.00 |
| Treatment Planning for Professional Staff monitoring IPOS Implementation | H0032 | TS | \$125.00 |
| Medication Training and Support (consumer living independantly) per 15 min | H0034 | | \$60.00 |
| Certified Peer Directed and Operated MI Support Services 15 min | H0038 | | \$15.00 |
| Certified Peer Directed and Operated MI Support Services 15 min Group | H0038 | TT | \$5.00 |
| Assertive Community Treatment (ACT) | H0039 | | \$70.00 |
| Respite Care Per Diem Not Home | H0045 | | Program |
| Peer Mentor Services DD Consumers | H0046 | | \$15.00 |
| Peer Mentor Services DD Consumers (Group) | H0046 | TT | \$5.00 |
| Behavior Treatment Plan Review/Staff Requirements/ \$100 each/Report 1 encounter per day | H2000 | | \$100.00 |
| Monitoring Activities for Behavioral Treatment Plan | H2000 | TS | \$125.00 |
| Crisis Intervention per 15 min | H2011 | | \$75.00 |
| Supportive Employment - Evidence Based | H2023 | TG | \$50.00 |
| Family Training | S5111 | | \$180.00 |
| RN care in Home per Hour | S9123 | | \$65.00 |
| LPN care in Home per Hour | S9124 | | \$45.00 |
| PT education, non physcian, individual per session | S9445 | | \$75.00 |
| PT education, non physcian, group per session | S9446 | | \$30.00 |
| Nutritional Counseling per session (Dietitian) | S9470 | | \$50.00 |
| Private Duty Nursing HAB Waiver | T1000 | | TBD |
| Nursing Assessment Evaluation | T1001 | | \$150.00 |
| RN Services up to 15 min | T1002 | | \$75.00 |
| Respite Care per 15 min | T1005 | | \$3.50 |
| Supports Coordination | T1016 | | \$70.00 |
| Targeted Case Management | T1017 | | \$60.00 |
| Screening for Inpatient Program | T1023 | | TBD |
| Fiscal Intermediary Services | T2025 | | \$100.00 |