Lapeer County Community Mental Health Procedure Codes with Assigned Rate Structure FY 2023

| | | Posted |
|---|--|--|
| Service Code Description | Unit Type | Rates |
| Interactive Complexity add-on | ENCOUNTER | \$255.45 |
| Diagnostic Evaluation (No Medical) | PER SESSION | \$253.18 |
| Diagnostic Evaluation (No Medical) - | | |
| Physician | PER SESSION | \$253.18 |
| Diagnostic Evaluation (With Medical) | PER SESSION | \$436.87 |
| Individual Therapy (16-37 min.) | PER SESSION | \$110.26 |
| | | |
| Individual Therapy (16-37 min.) Trauma- | | |
| focused Cognitive Behavioral Therapy | PER SESSION | \$110.26 |
| Individual Therapy (38-52 min.) | PER SESSION | \$175.40 |
| | | |
| Individual Therapy (38-52 min.) Trauma- | | |
| focused Cognitive Behavioral Therapy | PER SESSION | \$175.40 |
| Individual Therapy (53 min. or more) | PER SESSION | \$198.50 |
| Individual Therapy (53 min. or more) | | |
| Trauma-focused Cognitive Behavioral | | |
| Therapy | PER SESSION | \$198.50 |
| | | |
| Family Therapy w/o Consumer Present | PER SESSION | \$144.54 |
| Family Therapy w/o Consumer Present - | | |
| (TFCBT) | PER SESSION | \$144.54 |
| Family Therapy w/Consumer Present | PER SESSION | \$140.70 |
| Family Therapy w/Consumer Present - | | |
| (TFCBT) | PER SESSION | \$140.70 |
| Group Therapy | PER SESSION | \$112.06 |
| | nteractive Complexity add-on Diagnostic Evaluation (No Medical) Diagnostic Evaluation (No Medical) - Physician Diagnostic Evaluation (With Medical) ndividual Therapy (16-37 min.) ndividual Therapy (16-37 min.) Trauma- focused Cognitive Behavioral Therapy ndividual Therapy (38-52 min.) ndividual Therapy (38-52 min.) Trauma- focused Cognitive Behavioral Therapy ndividual Therapy (53 min. or more) ndividual Therapy (53 min. or more) ndividual Therapy (53 min. or more) frauma-focused Cognitive Behavioral Therapy = amily Therapy w/o Consumer Present = amily Therapy w/o Consumer Present = amily Therapy w/Consumer Present | Interactive Complexity add-onENCOUNTERDiagnostic Evaluation (No Medical)PER SESSIONDiagnostic Evaluation (No Medical) - PhysicianPER SESSIONDiagnostic Evaluation (With Medical)PER SESSIONDiagnostic Evaluation (With Medical)PER SESSIONndividual Therapy (16-37 min.)PER SESSIONndividual Therapy (16-37 min.) Trauma- focused Cognitive Behavioral TherapyPER SESSIONndividual Therapy (38-52 min.)PER SESSIONndividual Therapy (38-52 min.)PER SESSIONndividual Therapy (53 min. or more)PER SESSIONndividual Therapy (53 min. or more)PER SESSIONndividual Therapy w/o Consumer PresentPER SESSIONFamily Therapy w/o Consumer Present - TFCBT)PER SESSIONFamily Therapy w/Consumer Present - TFCBT)PER SESSIONFamily Therapy w/Consumer Present - TFCBT)PER SESSION |

Procedure Codes with Assigned Rate Structure

| 90853 UN | Group Therapy (2 Consumers Served) | PER SESSION | \$243.48 |
|----------|--|----------------|----------|
| 90853 UP | Group Therapy (3 Consumers Served) | PER SESSION | \$162.32 |
| 90853 UQ | Group Therapy (4 Consumers Served) | PER SESSION | \$121.74 |
| 90853 UR | Group Therapy (5 Consumers Served) | PER SESSION | \$97.39 |
| 90853 US | Group Therapy (6 or more Consumers Served) | PER SESSION | \$81.16 |
| 90853 ST | Group Therapy (Trauma-focused Cognitive Behavioral Therapy) | PER SESSION | \$112.06 |
| 96112 | Mental Health Assessment - ADOS | PER HOUR | \$93.03 |
| 96113 | Developmental Testing Additional 30 Minutes | Per 30 Minute | \$46.52 |
| 96130 | Psych Testing Evaluation | First Hour | \$438.11 |
| 96131 | Psych Testing , Additional Hour | Additional Hou | \$438.11 |
| 96372 | Therapeutic Injection | PER SESSION | \$61.12 |
| 97151 | Behavior Identification Assessment | PER 15 MINS | \$38.95 |
| 97151 U5 | Behavior Identification Assessment - Autism | PER 15 MINS | \$24.58 |
| 97153 U5 | Adaptive Behavior Treatment - Autism | PER 15 MINS | \$24.58 |
| 97155 | Adaptive Behavior Treatment with Protocol Modification - Autism | PER 15 MINS | \$24.57 |
| 97156 | Family Adaptive Behavior Treatment Guidance - Autism | PER 15 MINS | \$24.59 |

Procedure Codes with Assigned Rate Structure

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|----------|---------------------------------------|-------------|---------|
| | Mulitple-family Grp Adaptive Behavior | | |
| 97157 | Treatment Guidance | PER 15 MINS | \$24.58 |
| | | | |
| | Mulitple-family Grp Adaptive Behavior | | |
| 97157 UN | Treatment Guidance (2 Served) | PER 15 MINS | \$24.58 |
| | | | |
| | Mulitple-family Grp Adaptive Behavior | | |
| 97157 UP | Treatment Guidance (3 Served) | PER 15 MINS | \$24.58 |
| | | | |
| | Mulitple-family Grp Adaptive Behavior | | |
| 97157 UQ | Treatment Guidance (4 Served) | PER 15 MINS | \$24.58 |
| | | | |
| | Mulitple-family Grp Adaptive Behavior | | |
| 97157 UR | Treatment Guidance (5 Served) | PER 15 MINS | \$24.58 |
| | | | |
| | Mulitple-family Grp Adaptive Behavior | | |
| 97157 US | Treatment Guidance (6 or more) | PER 15 MINS | \$24.58 |
| 97162 | PT Eval. Mod Complex | | \$36.31 |
| | Occupational Therapy: OT Eval Low | | |
| 97165 | Complex 30 Minutes | PER SESSION | \$18.15 |
| | Occupational Therapy: OT Eval Mod | | |
| 97166 | Complex 60 Minutes | PER SESSION | \$27.23 |
| | Occupational Therapy: OT Eval High | | |
| 97167 | Complex | | \$26.24 |
| | Office or other Outpatient Visit, | | |
| 99212 | Established, 10 minutes | PER SESSION | \$89.94 |

Procedure Codes with Assigned Rate Structure

| | Office or other Outpatient Visit, | | |
|----------|--|-------------|----------|
| 99213 | Established, 15 minutes | PER SESSION | \$123.20 |
| | Office or other Outpatient Visit, | | |
| 99214 | Established, 25 minutes | PER SESSION | \$168.95 |
| | Office or other Outpatient Visit, | | |
| 99215 | Established, 40 minutes | PER SESSION | \$199.44 |
| | Mental Health Assessment, by non- | | |
| H0031 | physician | PER SESSION | \$270.88 |
| | Mental Health Assessment, by non- | | |
| H0031 ST | physician (TFCBT) | PER SESSION | \$270.88 |
| | Mental Health Assessment, by non- | | |
| H0031 WY | physician - SIS Assessment | ENCOUNTER | \$270.88 |
| | Mental Health Service Plan | | |
| H0032 | Development by non-Physician | PER SESSION | \$147.00 |
| | Mental Health Service Plan | | |
| H0032 TS | Development by non-Physician | PER SESSION | \$152.61 |
| H0036 | Community Psychiatric Supportive Tx | PER 15 MIN | \$86.63 |
| | Community Psychiatric Supportive Tx (2 | | |
| H0036 UN | Consumers Served) | PER 15 MIN | \$86.63 |
| | Community Psychiatric Supportive Tx (3 | | |
| H0036 UP | Consumers Served) | PER 15 MIN | \$86.63 |
| | Community Psychiatric Supportive Tx (4 | | |
| H0036 UQ | Consumers Served) | PER 15 MIN | \$86.63 |
| | Community Psychiatric Supportive Tx (5 | | |
| H0036 UR | Consumers Served) | PER 15 MIN | \$86.63 |
| | Community Psychiatric Supportive Tx (6 | | |
| H0036 US | or more Consumers Served) | PER 15 MIN | \$86.63 |
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Procedure Codes with Assigned Rate Structure

| | Community Psychiatric Supportive Tx | | |
|----------|---------------------------------------|------------|---------|
| | (Trauma-focused Cognitive Behavioral | | |
| H0036 ST | Therapy) | PER 15 MIN | \$86.63 |
| H0038 | Peer Support Specialist | PER 15 MIN | \$51.01 |
| | Peer Support Specialist (2 Consumers | | |
| H0038 UN | Served) add WT for Children | PER 15 MIN | \$35.86 |
| | Peer Support Specialist (3 Consumers | | |
| H0038 UP | Served) add WT for Children | PER 15 MIN | \$23.91 |
| | Peer Support Specialist (4 Consumers | | |
| H0038 UQ | Served) add WT for Children | PER 15 MIN | \$17.93 |
| | Peer Support Specialist (5 Consumers | | |
| H0038 UR | Served) add WT for Children | PER 15 MIN | \$14.34 |
| | Peer Support Specialist (6 or more | | |
| H0038 US | Consumers) add WT for Children | PER 15 MIN | \$11.95 |
| | Assertive Community Treatment Face to | | |
| H0039 | Face | PER 15 MIN | \$89.64 |
| | Assertive Community Treatment Face to | | |
| H0039 UN | Face (2 Consumers Served) | PER 15 MIN | \$44.82 |
| | Assertive Community Treatment Face to | | |
| H0039 UP | Face (3 Consumers Served) | PER 15 MIN | \$29.88 |
| | Assertive Community Treatment Face to | | |
| H0039 UQ | Face (4 Consumers Served) | PER 15 MIN | \$22.41 |
| | Assertive Community Treatment Face to | | |
| H0039 UR | Face (5 Consumers Served) | PER 15 MIN | \$17.93 |
| | Assertive Community Treatment Face to | | |
| H0039 US | Face (6 or more Consumers) | PER 15 MIN | \$14.94 |

Lapeer County Community Mental Health Procedure Codes with Assigned Rate Structure FY 2023

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|----------|--|-------------|---------|
| | | | |
| | Assertive Community Treatment Face to | | |
| H0039 WN | Face (Pre-Admission Screening) | PER 15 MIN | \$89.64 |
| | BRMC-Comprehensive Multidisciplinary | | |
| H2000 | Evaluation | PER SESSION | \$5.23 |
| H2011 | Crisis Intervention Service | PER 15 MIN | \$69.05 |
| | | | |
| H2011 HT | Crisis Intervention Service - Children | PER 15 MIN | \$69.05 |
| | Crisis Intervention Service (Law | | |
| H2011 QJ | Enforcement) | PER 15 MIN | \$69.05 |
| H2014 | Skills Training and Development | PER 15 MIN | \$7.36 |
| | Skills Training and Development (2 | | |
| H2014 UN | Consumers Served) | PER 15 MIN | \$3.68 |
| | Skills Training and Development (3 | | |
| H2014 UP | Consumers Served) | PER 15 MIN | \$2.45 |
| | Skills Training and Development (4 | | |
| H2014 UQ | Consumers Served) | PER 15 MIN | \$1.84 |
| | Skills Training and Development (5 | | |
| H2014 UR | Consumers Served) | PER 15 MIN | \$1.47 |
| | Skills Training and Development (6 or | | |
| H2014 US | more Consumers Served) | PER 15 MIN | \$1.23 |
| | Comprehensive Community Support | | |
| H2015 | Services | PER 15 MIN | \$6.90 |
| | Comprehensive Community Support | | |
| H2015 UN | Services (2 Consumers Served) | PER 15 MIN | \$3.45 |
| | Comprehensive Community Support | | |
| H2015 UP | Services (3 Consumers Served) | PER 15 MIN | \$2.30 |
| | services (5 consumers served) | PER TO MIIN | ې۲.3۱ |

Procedure Codes with Assigned Rate Structure

| | Comprehensive Community Support | | |
|----------|-------------------------------------|------------|----------|
| H2015 UQ | Services (4 Consumers Served) | PER 15 MIN | \$1.72 |
| | Comprehensive Community Support | | |
| H2015 UR | Services (5 Consumers Served) | PER 15 MIN | \$1.38 |
| | Comprehensive Community Support | | |
| H2015 US | Services (6 or more Served) | PER 15 MIN | \$1.15 |
| H2019 | DBT Individual Therapy | PER 15 MIN | \$63.75 |
| | DBT Individual Therapy (2 Consumers | | |
| H2019 UN | Served) | PER 15 MIN | \$31.88 |
| | DBT Individual Therapy (3 Consumers | | |
| H2019 UP | Served) | PER 15 MIN | \$21.25 |
| | DBT Individual Therapy (4 Consumers | | |
| H2019 UQ | Served) | PER 15 MIN | \$15.94 |
| | DBT Individual Therapy (5 Consumers | | |
| H2019 UR | Served) | PER 15 MIN | \$12.75 |
| | DBT Individual Therapy (6 or more | | |
| H2019 US | Consumers Served) | PER 15 MIN | \$10.63 |
| H2021 | Wraparound | PER 15 MIN | \$38.62 |
| | Community-Based Wrap-Around, per | | |
| H2022 | diem - SED Waiver | PER DAY | \$135.42 |
| | Community-Based Wrap-Around, per | | |
| H2022 UN | diem - SED Waiver (2 Consumers) | PER DAY | \$135.42 |
| | Community-Based Wrap-Around, per | | |
| H2022 UP | diem - SED Waiver (3 Consumers) | PER DAY | \$135.42 |
| | Community-Based Wrap-Around, per | | |
| H2022 UQ | diem - SED Waiver (4 Consumers) | PER DAY | \$135.42 |

Procedure Codes with Assigned Rate Structure

| Community-Based Wrap-Around, per | | |
|---------------------------------------|--|--|
| diem - SED Waiver (5 Consumers) | PER DAY | \$135.42 |
| Community-Based Wrap-Around, per | | |
| diem - SED Waiver (6 or more | | |
| consumers) | PER DAY | \$135.42 |
| | | |
| Supported Employment - 1Y, 2Y, 3Y, 4Y | PER 15 MIN | \$88.79 |
| | | |
| Supported Employment - Job Coarching | PER 15 MIN | \$88.79 |
| Mental Health Club House Services | PER 15 MIN | \$7.77 |
| Telemedicine Facility Fee | ENCOUNTER | \$168.24 |
| Family Skills Training | ENCOUNTER | \$162.41 |
| Family Skills Training (2 Consumers | | |
| Served) | ENCOUNTER | \$162.41 |
| Family Skills Training (3 Consumers | | |
| Served) | ENCOUNTER | \$162.41 |
| Family Skills Training (4 Consumers | | |
| Served) | ENCOUNTER | \$162.41 |
| Family Skills Training (5 Consumers | | |
| Served) | ENCOUNTER | \$162.41 |
| Family Skills Training (6 or more | | |
| Consumers Served) | ENCOUNTER | \$162.41 |
| Home Care Training | ENCOUNTER | \$162.41 |
| PT EducationNOC nonphysician Indiv. | | |
| Per session | ENCOUNTER | \$202.00 |
| PT Education NOC nonphysician Group, | | |
| Per session | ENCOUNTER | \$265.00 |
| | diem - SED Waiver (5 Consumers) Community-Based Wrap-Around, per diem - SED Waiver (6 or more consumers) Supported Employment - 1Y, 2Y, 3Y, 4Y Supported Employment - Job Coarching Mental Health Club House Services Telemedicine Facility Fee Family Skills Training Family Skills Training (2 Consumers Served) Family Skills Training (3 Consumers Served) Family Skills Training (4 Consumers Served) Family Skills Training (5 Consumers Served) Family Skills Training (6 or more Consumers Served) Home Care Training PT EducationNOC nonphysician Indiv. Per session PT Education NOC nonphysician Group, | diem - SED Waiver (5 Consumers)PER DAYCommunity-Based Wrap-Around, per diem - SED Waiver (6 or more consumers)PER DAYSupported Employment - 1Y, 2Y, 3Y, 4YPER 15 MINSupported Employment - Job CoarchingPER 15 MINSupported Employment - Job CoarchingPER 15 MINMental Health Club House ServicesPER 15 MINTelemedicine Facility FeeENCOUNTERFamily Skills TrainingENCOUNTERFamily Skills Training (2 Consumers Served)ENCOUNTERFamily Skills Training (3 Consumers Served)ENCOUNTERFamily Skills Training (4 Consumers Served)ENCOUNTERFamily Skills Training (5 Consumers Served)ENCOUNTERFamily Skills Training (6 or more Consumers Served)ENCOUNTERFamily Skills Training (6 or more Consumers Served)ENCOUNTERFamily Skills Training PER DAYENCOUNTERFamily Skills Training (6 or more Consumers Served)ENCOUNTERFamily Skills Training PER DAYENCOUNTERFamily Skills Training PER DAYENCOUNTERFamily Skills Training MERENCOUNTERFamily Skills Training MERENCOUNTERFamily Skills Training MERENCOUNTERFamily Skills Training MERENCOUNTERPT EducationNOC nonphysician Indiv. Per sessionENCOUNTERPT Education NOC nonphysician Group,ENCOUNTER |

Lapeer County Community Mental Health Procedure Codes with Assigned Rate Structure

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|----------|--|--------------|----------|
| S9482 | Infant Mental Health | PER 15 MIN | \$41.12 |
| | Intensive Crisis Stabilization (Enrolled | | |
| S9484 | Crisis Team) | PER HOUR | \$154.16 |
| T1001 | Nursing Assessment/Evaluation | ENCOUNTER | \$146.10 |
| T1002 | RN Services, up to 15 minutes | UP TO 15 MIN | \$61.61 |
| | Respite Care Services (Modifiers | | |
| T1005 | TD=RN; TE-LPN) | UP TO 15 MIN | \$11.18 |
| | Respite Care Services (Modifiers | | |
| T1005 UN | TD=RN; TE-LPN) (2 Consumers) | UP TO 15 MIN | \$11.18 |
| | Respite Care Services (Modifiers | | |
| T1005 UP | TD=RN; TE-LPN) (3 Consumers) | UP TO 15 MIN | \$11.18 |
| | Respite Care Services (Modifiers | | |
| T1005 UQ | TD=RN; TE-LPN) (4 Consumers) | UP TO 15 MIN | \$11.18 |
| | Respite Care Services (Modifiers | | |
| T1005 UR | TD=RN; TE-LPN) (5 Consumers) | UP TO 15 MIN | \$11.18 |
| | | | |
| | Respite Care Services (Modifiers | | |
| T1005 US | TD=RN; TE-LPN) (6 or more Consumers) | UP TO 15 MIN | \$11.18 |
| | Targeted Case Management, Face to | | |
| T1017 | Face | PER 15 MIN | \$130.37 |
| | | | |
| T1023 | Screening for Inpatient Hospitalization | PER SESSION | \$266.27 |
| | Screening for Inpatient Hospital | | |
| T1023 QJ | Placement (Jail) | PER SESSION | \$266.27 |
| T2025 | Fiscal Intermediary Services | PER MOTH | \$137.00 |
| T2027 | Overnight health & Safety | UP TO 15 MIN | \$6.00 |