

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

HOSPITAL BASED SERVICES							
Service	Billing unit	Maximum # of units per month	Revenue Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
HOSPITAL OUTPATIENT SERVICES							
Individual Therapy (30 min units, max units per day)	30 Minutes	10	914	HW - Adult TJ - Child	\$61.39	2 units per day	X
Group Therapy (60 min unit, limit to 3 units per week)	60 Minutes	12	915	HW - Adult TJ - Child	\$24.75	3 units per week, 1 unit per day	X
Medication Monitoring (15 min per unit, 2 units per day)	15 Minutes	4	919	HW - Adult TJ - Child	\$73.44	2 units per day	X
Psychiatric Diagnostic Evaluation	One Evaluation	See Business Rules	90791	HW - Adult TJ - Child	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	One Evaluation	See Business Rules	90792	HW - Adult TJ - Child	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
ACUTE AND PARTIAL CARE HOSPITALIZATION							
Partial Hospital	1 hour	125	912		\$16.13	Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk	
Partial Hospital Transportation	one-way	50	912	HW	\$6.30	Must co-exist with a PH billing on the same date of service. Max of 2/day	
Psychiatric Diagnostic Evaluation	One Evaluation	See Business Rules	90791	PH	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	One Evaluation	See Business Rules	90792	PH	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Acute Partial Hospital	1 hour	125	913		\$58.50	Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk	X
Acute Partial Hospital Transportation	one-way	50	913	HW	\$6.30	Must co-exist with a APH billing on the same date of service. Max of 2/day	X

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
OUTPATIENT							
Psychiatric Diagnostic Evaluation	one evaluation	See Business Rules	90791	HW - Adult TJ - Child	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	one evaluation	See Business Rules	90792	HW - Adult TJ - Child	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Individual Therapy	20 - 30 minutes	9	90832	HW - Adult TJ - Child	\$61.39	1 unit per day	X
Individual Therapy with E/M	20 - 30 minutes	10	90833	HW - Adult TJ - Child	\$63.30	1 unit per day. Can only be billed with codes 99212-99215 on the same date of service.	X
Individual Therapy	45 - 50 minutes	9	90834	HW - Adult TJ - Child	\$81.23	1 unit per day	X
Individual Therapy with E/M	45 - 50 minutes	10	90836	HW - Adult TJ - Child	\$81.23	1 unit per day. Can only be billed with codes 99212-99215 on the same date of service.	X
Special family therapy with patient present	45 - 50 minutes	4	90847	HW - Adult TJ - Child	\$102.55	1 unit per day	X
Group Therapy	90 minutes	9	90853	HW - Adult TJ - Child	\$24.75	1 unit per day	X
Family Conference	25 minutes	4	90887	HW - Adult TJ - Child	\$20.62	1 unit per day	X
E/M Medication Monitoring - Physician	10 minutes	10	99212	HW - Adult TJ - Child	\$44.15	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - Physician	15 minutes	10	99213	HW - Adult TJ - Child	\$73.44	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - Physician	25 minutes	10	99214	HW - Adult TJ - Child	\$107.87	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - Physician	40 minutes	10	99215	HW - Adult TJ - Child	\$144.96	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	10 minutes	10	99212	SA + HW-Adult TJ-Child	\$39.74	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	15 minutes	10	99213	SA + HW-Adult TJ-Child	\$66.10	1 E/M Service Per Consumer/Per Day/Per Provider	X

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
E/M Medication Monitoring - APN	25 minutes	10	99214	SA + HW-Adult TJ-Child	\$97.08	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	40 minutes	10	99215	SA + HW-Adult TJ-Child	\$130.46	1 E/M Service Per Consumer/Per Day/Per Provider	X
PROGRESSIVE ASSERTIVE COMMUNITY TREATMENT (PACT)							
Progressive Assertive Community Treatment (PACT)	Monthly rate	1	H0040	HW	\$1,487.81	Must provide ≥ 2 hours of service per month. The two hour minimum requirement does not apply during the month PACT services are initiated. No reimbursement is permitted during the month PACT services are terminated. No billing for consumers in IMD or correctional facility. No PC or PH unless approved; No ICMS, supervised housing or CSS during month billing for PACT.	
PACT In-Reach	Monthly rate	1	H0040	IR	\$1,487.81	The requirements and limitations are set forth in Section III of the In-reach Guidelines.	
PACT Pre-Admission	Flat rate	1	H0040	PA	\$1,598.08	Must have contact with consumer while admitted to State hospital and consumer must be admitted to PACT at discharge from the State hospital. See Pre-admission Guidelines for additional requirements and limitations.	
PARTIAL CARE							
Partial Care (PC)	1 hour	125	Z0170	HW	\$16.13	Minimum of 2 and max of 5 units per day, Maximum of 25 units per week. No PACT unless approved.	
Partial Care Transportation	one-way	50	Z0330	HW	\$6.30	Must have a PC billing on the same date of service. Maximum of 2 units per day	
Psychiatric Diagnostic Evaluation	One Evaluation	See Business Rules	90791	PC HW	\$142.15	Can not bill 90792 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
Psychiatric Diagnostic Evaluation with Medical Services	One Evaluation	See Business Rules	90792	PC HW	\$292.50	Can not bill 90791 on the same day. Limited to 2 evaluations per provider, per client in the calendar year.	X
E/M Medication Monitoring - Physician	10 minutes	10	99212	PC HW	\$44.15	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - Physician	15 minutes	10	99213	PC HW	\$73.44	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - Physician	25 minutes	10	99214	PC HW	\$107.87	1 E/M Service Per Consumer/Per Day/Per Provider	X

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
E/M Medication Monitoring - Physician	40 minutes	10	99215	PC HW	\$144.96	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	10 minutes	10	99212	PC HW SA	\$39.74	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	15 minutes	10	99213	PC HW SA	\$66.10	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	25 minutes	10	99214	PC HW SA	\$97.08	1 E/M Service Per Consumer/Per Day/Per Provider	X
E/M Medication Monitoring - APN	40 minutes	10	99215	PC HW SA	\$130.46	1 E/M Service Per Consumer/Per Day/Per Provider	X
INTEGRATED CASE MANAGEMENT SERVICES (ICMS)							
Integrated Case Management Services (ICMS)	15 minutes	50	Z5006	HW	\$34.31	No billing for consumers during psychiatric hospitalization or in correctional facility. Unit is 15 consecutive minutes. Cannot bill with PACT, CSS or Supervised Residential Services.	
Integrated Case Management Services (ICMS) In-Reach	15 minutes	See Business Rules	Z5006	QJ	\$34.31	Total episode maximum of 32 units (8 hours). Consumer must be receiving ICMS services at times of admission to inpatient setting or correctional facility. See In-Reach Guidelines for additional requirements and limitations.	
Integrated Case Management Services (ICMS) Pre-Admission	15 minutes	See Business Rules	Z5006	PA	\$34.31	Total episode maximum of 32 units (8 hours). Consumer must be admitted to ICMS services at time of discharge from a State or county hospital. See Pre Admission Guidelines for additional requirements and limitations.	
SUPERVISED RESIDENTIAL SERVICES							
Supervised Residential Group Homes Level A+	per diem	# of days in the month	Z7333	HW	\$241.97	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Group Homes: Level A+ 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7333	QJ	\$241.97	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level A+ 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7333	HWU8	\$241.97	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A+	per diem	# of days in the month	Z7333	52 HW	\$241.97	Cannot bill with PACT, ICMS or CSS service.	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Supervised Residential Apartments: Level A+ (per diem) 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7333	52 QJ	\$241.97	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A+ (per diem) 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7333	52 U8	\$241.97	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level A	per diem	# of days in the month	Z7334	HW	\$193.27	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Group Homes: Level A 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7334	QJ	\$193.27	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level A 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7334	U8	\$193.27	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level B	per diem	# of days in the month	Z7335	HW	\$150.50	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Group Homes: Level B 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7335	QJ	\$150.50	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level B 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7335	U8	\$150.50	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level B	15 consecutive minutes	1,440	Z7335	52 HW	\$12.00	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Apartments: Level B 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7335	52 U9	\$22.36	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level B 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7335	52 U7	\$22.36	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Family Care: Level D	per diem	# of days in the month	Z7337	HW	\$15.80	Cannot bill with PACT, ICMS or CSS service.	
Family Care: Level D 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	Z7337	QJ	\$15.80	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Family Care: Level D 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	Z7337	U8	\$15.80	See Bed Hold Guidelines: follow procedures in Appendix B (page 27) of the MHFFS Program Provider Manual.	
Supervised Residential Services - Room and Board	per diem	# of days in the month	Z7333	U8	\$27.47	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Services - Room and Board OVERNIGHT ABSENCE	per diem	maximum of 3 per month	Z7333	U7	\$27.47	See Bed Hold and Overnight Absence Reimbursement Guidelines - Appendix B of MHFFS Program Provider Manual.	
Supervised Residential - Pre-admission	Flat rate	1	Z7333	PA	\$1,598.08	Must have contact with consumer while admitted to State hospital and consumer must be admitted to Residential services at discharge from the State hospital. See Pre Admission Guidelines for additional requirements and limitations.	
SUPPORTED EMPLOYMENT (SE) / SUPPORTED EDUCATION (SED)							
Supported Employment	15 Minutes	80	H2024	HJ	\$23.02	Cannot be enrolled in PACT to receive SE services.	
Supported Employment - Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	HJNF	\$23.02	NF activities include telephone communication as well as research and job, or educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the individual client monthly limit of 80 units. All claims for NF activities must be submitted on a separate NJ state voucher and required Excel worksheet to John.Fogliano@doh.nj.gov in the DMHAS Fiscal Office.	
Supported Education	15 Minutes	80	H2024	HW	\$23.02	Cannot be enrolled in PACT to receive SED services.	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Supported Education - Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	HWNF	\$23.02	NF activities include telephone communication as well as research and educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the individual client monthly limit of 80 units. All claims for NF activities must be submitted on a separate NJ state voucher and required Excel worksheet to John.Fogliano@doh.nj.gov in the DMHAS Fiscal Office.	
Supported Employment - In-Reach	15 minutes	See Business Rules	H2024	IR	\$23.02	Total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See In-Reach Guidelines for additional requirements and limitations.	
Supported Employment - In-Reach Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	IRNF	\$23.02	NF activities include telephone communication as well as research or educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the SE In-Reach per episode maximum of 32 units. All claims for NF activities must be submitted on a separate NJ state voucher and required Excel worksheet to John.Fogliano@doh.nj.gov in the DMHAS Fiscal Office.	
Supported Education In-Reach	15 minutes	See Business Rules	H2024	HW IR	\$23.02	Total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See In-Reach Guidelines for additional requirements and limitations.	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Supported Education - In-Reach Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	HWIRNF	\$23.02	NF activities include telephone communication as well as research and educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the SED In-Reach per episode maximum of 32 units. All claims for NF activities must be submitted on a separate NJ state voucher and required Excel worksheet to John.Fogliano@doh.nj.gov in the DMHAS Fiscal Office.	
Supported Employment Pre-Admission	15 minutes	See Business Rules	H2024	PA	\$23.02	Total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Pre-Admission Guidelines for additional requirements and limitations.	
Supported Employment - Pre-Admission Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	PANF	\$23.02	NF activities include telephone communication as well as research and job, or educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the SE Pre-Admission per episode maximum of 32 units. Consumer must be discharged to SE services from a State hospital. All claims for NF activities must be submitted on a separate NJ state voucher and required Excel worksheet to John.Fogliano@doh.nj.gov in the DMHAS Fiscal Office.	
Supported Education - Pre-Admission	15 minutes	See Business Rules	H2024	HWPA	\$23.02	Total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Pre-Admission Guidelines for additional requirements and limitations.	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Supported Education - Pre-Admission Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	HWPANF	\$23.02	NF activities include telephone communication as well as research and educational search tasks on behalf of the consumer. NF billing activities, in combination with Face to Face (FF) activities, cannot exceed the SED Pre-Admission per episode maximum of 32 units. Consumer must be discharged to SED services from a State hospital. All claims for NF activities must be submitted on a separate NJ state voucher and required Excel worksheet to John.Fogliano@doh.nj.gov in the DMHAS Fiscal Office.	
COMMUNITY SUPPORT SERVICES (CSS)							
BAND 1 - Community Support Services Physician	15 Minutes	8 daily	H2000	HE	\$94.20	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 1 - Community Support Services Physician IN REACH	15 Minutes	*	H2000	IR	\$94.20	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 2 - Community Support Services APN	15 Minutes	12 daily	H2000	HESA	\$48.53	Cannot be enrolled in ICMS or PACT	
BAND 2 - Community Support Services APN IN REACH	15 Minutes	*	H2000	HEIR	\$48.53	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	
BAND 3 - Community Support Services Master's Degree No Clinical Lic.	15 Minutes		H2015	HE	\$28.28	Cannot be enrolled in ICMS, PACT, Community Residences	
BAND 3 - Community Support Services Master's Degree No Clinical Lic. IN REACH	15 Minutes	*	H2015	HEIR	\$28.28	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 3 - Community Support Services RN	15 Minutes		H2015	HETD	\$28.28	Cannot be enrolled in ICMS or PACT	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
BAND 3 - Community Support Services RN IN REACH	15 Minutes	*	H2015	TDIR	\$28.28	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 3 - Community Support Services Psychologist	15 Minutes		H2015	AHHE	\$48.53	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 3 - Community Support Services Psychologist IN REACH	15 Minutes	*	H2015	AHIR	\$48.53	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	
Band 3 - Community Support Services Licensed Clinical	15 Minutes		H2015	HEHO	\$32.27	Cannot be enrolled in ICMS, PACT or Community Residences.	
Band 3 - Community Support Services Licensed Clinical IN REACH	15 Minutes	*	H2015	IR	\$32.27	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 4 -Community Support Services Bachelor Degree Group	15 Minutes		H0039	HNHQ	\$6.24	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 - Community Support Services Bachelor Degree Individual	15 Minutes		H0039	HN	\$24.97	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 - Community Support Services Bachelor Degree Individual IN REACH	15 Minutes	*	H0039	IR	\$24.97	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	
BAND 4 - Community Support Services LPN Group	15 Minutes		H0039	HQTE	\$6.24	Cannot be enrolled in ICMS or PACT	
BAND 4 - Community Support Services LPN Individual	15 Minutes		H0039	TE	\$24.97	Cannot be enrolled in ICMS or PACT	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
BAND 4 - Community Support Services LPN Individual IN REACH	15 Minutes	*	H0039	TEIR	\$6.24	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 5 - Community Support Services Peer Group	15 Minutes		H0036	HQ52	\$3.74	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services Peer Individual	15 Minutes		H0036	52	\$14.96	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services Peer Individual IN REACH	15 Minutes	*	H0036	52IR	\$14.96	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
BAND 5 - Community Support Services High School Group	15 Minutes		H0036	HQ	\$3.74	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services High School Individual	15 Minutes		H0036		\$14.96	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services High School Individual IN REACH	15 Minutes	*	H0036	IR	\$14.96	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS or PACT. See In Reach Guidelines for additional requirements and limitations.	
BAND 5 - Community Support Services 2 yr Associate Degree Group	15 Minutes		H0036	HMHQ	\$3.74	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services 2 yr Associate Degree Individual	15 Minutes		H0036	HM	\$14.96	Cannot be enrolled in ICMS, PACT or Community Residences.	

Mental Health Fee-For-Service (MH FFS) RATES CHART (revised 04/19/2018)

NON-HOSPITAL BASED SERVICES							
SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
BAND 5 - Community Support Services 2 yr Associate Degree Individual IN REACH	15 Minutes	*	H0036	HMIR	\$14.96	Consumer must be receiving CSS at the time of admission to inpatient setting or correctional facility. Cannot be enrolled in ICMS, PACT or Community Residences. See In Reach Guidelines for additional requirements and limitations.	
Community Support Services Pre-Admission	Flat rate	1 per admission	H0036	PA	\$1,598.08	Must have contact with consumer while admitted to State hospital and consumer must be admitted to CSS at discharge from the State hospital. Cannot bill for more than one episode of care in a six (6) month period per consumer, per provider. See Pre Admission Guidelines for additional requirements and limitations.	
* The total number of units for bands 1-5 can not exceed 28 units daily							
* All CSS In Reach is limited to 8 units per month across all bands and credentials with a maximum of 32 units per episode							