

IF CLT IS UN-INSURED BUT FALLS IN THE FULL FEE RANGE, PLEASE FOLLOW THE FULL FEE SCHEDULE TAB (THEY WILL HAVE THE UNISURED-FULL FEE COVERAGE PLAN AND FEES WILL ALSO BE DISCOUNTED).

		Full Fee					
		Tier 5, \$5 per day	Tier 15, \$15 per day	Tier 25, \$25 per day			Discounted full fee (see full fee schedule tab). For services such as CM, IOP, Skills Training, Tx planning, Program Eligibility determination, Outreach and Peer services, etc at \$50 per day.
Household / Family Size	At or Below 100%	125%	150%	175%	200%	Above 200%	
1	\$0-\$15,060	\$15,061-\$18,825	\$18,826-\$22,590	\$22,591-\$26,355	\$26,356-\$30,120	\$30,121+	
2	\$0-\$20,440	\$20,441-\$25,550	\$25,551-\$30,660	\$30,661-\$35,770	\$35,771-\$40,880	\$40,881+	
3	\$0-\$25,820	\$25,821-\$32,275	\$32,276-\$38,730	\$38,731-\$45,185	\$45,186-\$51,640	\$51,641+	
4	\$0-\$31,200	\$31,201-\$39,000	\$39,001-\$46,800	\$46,801-\$54,600	\$54,601-\$62,400	\$62,401+	
5	\$0-\$36,580	\$36,581-\$45,725	\$45,726-\$54,870	\$54,871-\$64,015	\$64,016-\$73,160	\$73,161+	
6	\$0-\$41,960	\$41,961-\$52,450	\$52,451-\$62,940	\$62,941-\$73,430	\$73,431-\$83,920	\$83,921+	
7	\$0-\$47,340	\$47,341-\$59,175	\$59,176-\$71,010	\$71,011-\$82,845	\$82,846-\$94,680	\$94,681+	
8	\$0-\$52,720	\$52,721-\$65,900	\$65,901-\$79,080	\$79,081-\$92,260	\$92,261-\$105,440	\$105,441+	
9	\$0-\$58,100	\$58,101-\$72,625	\$72,626-\$87,150	\$87,151-\$101,675	\$101,676-\$116,200	\$116,201+	
10	\$0-\$63,480	\$63,481-\$79,350	\$79,351-\$95,220	\$95,221-\$111,090	\$111,191-\$126,960	\$126,961+	

For families/households with more than 8 person, add \$5,380 for each Additional person.

****Red services not covered by commercial insurances****

Medicaid rate is \$280.45 per clt per day

ProcedureCode	Encounter value	Full fee rate	BillingCode	coding comments
Acute Treatment Unit	Per day	\$1,454.40	H0017/0124	
Alcohol/drugAssess	per session	\$131.00	H0001/90791	
Case Mgmt BH	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	T1017	
Case Mgmt SU	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0006	
Clubhouse Group BH	per 15 minutes, minimum of 8 minutes up to 4 hrs	subject to sliding fee scale or max of \$50 per day.	H2030	Only Non-Facility is POS 99 and must be face to face
Clubhouse Ind BH	per 15 minutes, minimum of 8 minutes up to 4 hrs	subject to sliding fee scale or max of \$50 per day.	H2030	Only Non-Facility is POS 99 and must be face to face
ClubhousePerDiemGrp BH	4 hrs +	subject to sliding fee scale or max of \$50 per day.	H2031	
Clubhse Per Diem Ind BH	4 hrs +	subject to sliding fee scale or max of \$50 per day.	H2031	
Consult-MD lev 2 (BH and SU)	per session	\$65.00	99242	
Consult-MD lev 3 (BH and SU)	per session	\$97.00	99243	
Consult-MD lev 4 (BH and SU)	per session	\$138.00	99244	
Consult-MD lev 5 (BH and SU)	per session	\$180.00	99245	
Crisis Interv BH OP	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2011	
Crisis Psychother BH	31 to 60 Minutes ea additional 30 minutes	\$106.00	90839	
CrisisPsychotherAddO		\$68.00	90840	
Diagnostic Eval BH (and Dx Assessment Review)	per session	\$131.00	90791	
DrugScreenResult Cou	per session	subject to sliding fee scale or max of \$50 per day.	S9445	
EM, EstPt level 2 (BH and SU)	per session	\$48.00	99212	
EM, EstPt level 3 (BH and SU)	per session	\$77.00	99213	
EM, EstPt level 4 (BH and SU)	per session	\$128.00	99214	

EM, EstPt level 5 (BH and SU)	per session	\$153.00	99215	
EM, Psychotherapy Add on Code BH and SU	16 to 37 Minutes	\$65.00	90833	
EM, Psychotherapy Add on Code BH and SU	38 to 52 Minutes	\$75.00	90836	
EM, Psychotherapy Add on Code BH and SU	53 to 1440 Minutes	\$99.00	90838	
Family Ther w pt BH	per session , minimum of 26 Minutes	\$269.86	90847	
Family Ther w pt SU	per 15 minutes, minimum of 8 minutes	\$90.26	H0004/90847	Commercial use rate for 90847
FamTherWout pt BH	per session , minimum of 26 Minutes	\$100.00	90846	
FamTherWout pt SU	per 15 minutes, minimum of 8 minutes	\$100.00	H0004/90846	Commercial use rate for 90846
Group Ther-BH	20 yrs and younger, minimum of 30 min, 21+ yrs minimum of 45 minutes	\$40.00	90853	
Group Ther-OP SU	minimum of 31 minutes, charge per hour	\$40.00	H0005/90853	
Injection (BH and SU)	per session	\$12.00	96372	
Interactive compl BH	per session, minimum of 16 minutes	\$14.00	90785	
InterdisTeamConfwoPt	per session, minimum of 30 Minutes	\$83.00	99368	
InterdisTeamConfwPt	per session, minimum of 30 Minutes	\$83.00	99366	
IOP BH Group Per Diem	60+ minutes		S9480	subject to sliding fee scale or max of \$50 per day.
IOP BH ind/fam Per Diem	60+ minutes		S9480	subject to sliding fee scale or max of \$50 per day.
Med Training/Supp (BH and SU)	per 15 minutes, minimum of 8 minutes		H0034	subject to sliding fee scale or max of \$50 per day.
MHNA-RNs BH SDA	per encounter		H0031	subject to sliding fee scale or max of \$50 per day.

Multi-Fam GrpTher BH	per session, minimum of 30 Minutes	\$40.00	90849
NeuroPsych Testing Eval Services	1st hour	\$87.00	96132
NeuroPsych Testing Eval Services Add on Code	each additonal hour	\$84.00	96133
Ongoing Support to Maintain Employment Ind BH and SU	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2025
Outrch Serv Grp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0023
OutrchServInd/fam (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0023
Peer Serv Grp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0038
Peer Serv Ind (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0038
PrevEducat IndFam (BH and SU)	per session	subject to sliding fee scale or max of \$50 per day.	H0025
PrevEducation-Grp (BH and SU)	per session	subject to sliding fee scale or max of \$50 per day.	H0025
Prog Elig Determ (BH and SU)	per session	subject to sliding fee scale or max of \$50 per day.	H0002
Psych Testing Eval Services	1st hour	\$120.00	96130
Psych Testing Eval Services Add on Code	each additonal hour	\$86.00	96131
Psych/NeuroPsych Testing Administration and scoring	1st 30 minutes	\$43.00	96136
Psych/NeuroPsych Testing Administration and scoring Add on Code	each additional 30 minutes	\$39.00	96137
Psyched Serv-Grp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2027
PsychEdServInd/fam (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2027
Psychiatric Eval BH and SU (and Psychiatric Eval Review BH and SU)	per session	\$130.00	90792
Psychosocial Rehab Services Group BH	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2017

Psychosocial Rehab Services Ind/Fam BH	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2017	
Psychotherapy BH LT 75 min	16 to 37 Minutes	\$57.00	90832	
Psychotherapy BH LT 75 min	38 to 52 Minutes	\$75.00	90834	
Psychotherapy BH LT 75 min	53 to 74 Minutes	\$110.00	90837	
Psychotherapy BH 75+ min	75 + min	\$110.00	90834, 2 units	(For Medicaid, commercial is still 90837)
Psychotherapy SU	16 to 37 Minutes	\$57.00	90832	Medicaid uses H0004 per 15 min units
Psychotherapy SU	38 to 52 Minutes	\$75.00	90834	Medicaid uses H0004 per 15 min units
Psychotherapy SU	53 to 74 Minutes	\$110.00	90837	Medicaid uses H0004 per 15 min units
SkillTrainDevGrp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2014	
SkillTrainDevInd (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2014	
Supported Employment Ind BH and SU	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2023	
Tx/Serv Planning BH and SU (also Treatment Plan Review)	per session	subject to sliding fee scale or max of \$50 per day.	H0032	
Wrap-Around BH	per 15 minutes, minimum of 8 minutes, up to 4 hrs and 7 minutes	subject to sliding fee scale or max of \$50 per day.	H2021	