

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

	Tier 5	Tier 15	Tier 25			Discounted Full Fee See DiversusHealth.com
	\$5 per day	\$15 per day	\$25 per day			
Household / Family Size	At or Below 100%	125%	150%	175%	200%	Above 200%
<b>1</b>	\$0-\$15,650	\$15,651-\$19,563	\$19,564-\$23,475	\$23,476-\$27,388	\$27,389-\$31,300	\$31,301+
<b>2</b>	\$0-\$21,150	\$21,151-\$26,438	\$26,439-\$31,725	\$31,726-\$37,013	\$37,014-\$42,300	\$42,301+
<b>3</b>	\$0-\$26,650	\$26,651-\$33,313	\$33,314-\$39,975	\$39,976-\$46,638	\$46,639-\$53,300	\$53,301+
<b>4</b>	\$0-\$32,150	\$32,151-\$40,188	\$40,189-\$48,225	\$48,226-\$56,263	\$56,264-\$64,300	\$64,301+
<b>5</b>	\$0-\$37,650	\$37,651-\$47,063	\$47,064-\$56,475	\$56,476-\$65,888	\$65,889-\$75,300	\$75,301+
<b>6</b>	\$0-\$43,150	\$43,151-\$53,938	\$53,939-\$64,725	\$64,726-\$75,513	\$75,514-\$86,300	\$86,301+
<b>7</b>	\$0-\$48,650	\$48,651-\$60,813	\$60,814-\$72,975	\$72,976-\$85,138	\$85,139-\$97,300	\$97,301+
<b>8</b>	\$0-\$54,150	\$54,151-\$67,688	\$67,689-\$81,225	\$81,226-\$94,763	\$94,764-\$108,300	\$108,301+
<b>9</b>	\$0-\$59,700	\$59,701-\$74,625	\$74,626-\$89,550	\$89,551-\$104,475	\$104,476-\$119,400	\$119,401+
<b>10</b>	\$0-\$65,250	\$65,251-\$81,563	\$81,564-\$97,875	\$97,876-\$114,188	\$114,189-\$130,500	\$130,501+

For families/housholds with more than 10 person, add \$5,550 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	minutes	\$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	\$100.00	90847	
Family Ther w pt SU	per 15 minutes, minimum of 8 minutes	\$100.00	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	subject to sliding fee scale or max of \$50 per day.	S9480	
IOP BH ind/fam Per Diem	60+ minutes	subject to sliding fee scale or max of \$50 per day.	S9480	

Med Training/Supp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0034
MHNA-RNs BH SDA	per encounter per session, minimum of 30 Minutes	subject to sliding fee scale or max of \$50 per day.	H0031
Multi-Fam GrpTher BH		\$40.00	90849
NeuroPsych Testing Eval Services	1st hour	\$87.00	96132
NeuroPsych Testing Eval Services Add on Code	each additional 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 additional 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	\$167.00	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	