Standard Rate Schedule: Non-Medicaid

101 - Physician
109 - Licensed Psychologist
110 - LCSW, LPC, LMFT
111 - Certified Clinical Nurse Specialist
112 - Certified Nurse Practitioner
128 - Licensed Psychological Associate
129 - LCAS, CCS
210 - Physician's Assistant

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Service	EffectiveDate	EndDate	ALL	101	109	110	111	112	128	129	210
90785 - INTERACTIVE COMPLEXITY	7/1/2020	6/30/2021		$ 3.96	$ 3.96	$ 2.97	$ 3.37	$ 3.84	$ 2.97	$ 2.97	$ 2.85
90791 - Psychiatric Diagnostic Evaluation	7/1/2020	6/30/2021		$ 120.39	$ 120.39	$ 89.04	$ 101.58	$ 116.63	$ 89.04	$ 89.04	$ 90.39
90792 - PSYCHIATRIC DIAGNOSTIC EVAL W/ MED	7/1/2020	6/30/2021		$ 99.58				$ 96.44			$ 75.00
90832 - PSYCHOTHERAPY 30 MN	7/1/2020	6/30/2021		$ 47.24	$ 47.24	$ 34.18	$ 39.40	$ 45.67	$ 34.18	$ 34.18	$ 37.61
90833 - PSYCHOTHERAPY 30 MIN ADD ON TO E&M	7/1/2020	6/30/2021		$ 29.91				$ 28.86			$ 25.04
90834 - PSYCHOTHERAPY 45 MN	7/1/2020	6/30/2021		$ 62.85	$ 62.85	$ 45.89	$ 52.67	$ 60.81	$ 45.89	$ 45.89	$ 48.68
90836 - PSYCHOTHERAPY 45 MIN ADD ON TO E&M	7/1/2020	6/30/2021		$ 51.72				$ 50.02			$ 40.68
90837 - PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		$ 94.42	$ 94.42	$ 69.57	$ 79.51	$ 91.44	$ 69.57	$ 69.57	$ 71.29
90837SR - IN-HOME PSYCHOTHERAPY 60 MN	7/1/2020	6/30/2021		$ 112.00	$ 112.00	$ 112.00	$ 112.00	$ 112.00	$ 112.00	$ 112.00	$ 112.00
90838 - PSYCHOTHERAPY 60 MIN ADD ON TO E&M	7/1/2020	6/30/2021		$ 86.59				$ 83.84			$ 65.51
90839 - PSYCHOTHER FOR CRISIS 60 MIN	7/1/2020	6/30/2021		$ 120.28	$ 120.28	$ 88.96	$ 101.49	$ 116.52	$ 88.96	$ 88.96	$ 120.28
90840 - PSYCHOTHER FOR CRISIS ADDÆL 30 MN	7/1/2020	6/30/2021		$ 105.47	$ 105.47	$ 79.10	$ 89.65	$ 97.31	$ 79.10	$ 79.10	$ 65.41
90846 - FAMILY THER W/O PT	7/1/2020	6/30/2021		$ 68.71	$ 67.24	$ 49.17	$ 56.40	$ 66.50	$ 49.17	$ 49.17	$ 68.71
90846SR - In-home Family Ther W/O PT	7/1/2020	6/30/2021		$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88
90847 - FAMILY THER W/ PT	7/1/2020	6/30/2021		$ 86.53	$ 84.70	$ 62.28	$ 71.24	$ 83.78	$ 62.28	$ 62.28	$ 86.53
90847SR - In-home Family Ther W/ PT	7/1/2020	6/30/2021		$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88	$ 136.88
90849 - MULTI-FAM GROUP	7/1/2020	6/30/2021		$ 22.45	$ 21.90	$ 15.18	$ 17.87	$ 21.63	$ 15.18	$ 15.18	$ 22.45
90853 - GROUP THER	7/1/2020	6/30/2021		$ 24.43	$ 24.43	$ 24.43	$ 24.43	$ 24.43	$ 24.43	$ 24.43	$ 24.43
96110 - DEVEL TST LMT	7/1/2020	6/30/2021		$ 8.75	$ 8.58			$ 7.30	$ 6.43		$ 8.75
96112 - DEVEL TST EXT	7/1/2020	6/30/2021		$ 118.53	$ 116.16				$ 87.12		
96113 - add on DEVEL TST EXT	7/1/2020	6/30/2021		$ 52.90	$ 51.84				$ 38.88		
96116 - NEUROBEHAV EXAM	7/1/2020	6/30/2021		$ 79.14	$ 77.56				$ 58.18		
96121 - add on NEUROBEHAV EXAM	7/1/2020	6/30/2021		$ 72.19	$ 70.75				$ 53.06		
96130 - PSYCH TESTING CLINICAL PSYCH	7/1/2020	6/30/2021		$ 103.06	$ 101.00				$ 75.75		
96131 - add on PSYCH TESTING CLINICAL PSYCH	7/1/2020	6/30/2021		$ 78.47	$ 76.90				$ 57.68		
96132 - NEUROPSYCH TST- CLIN PSYCH	7/1/2020	6/30/2021		$ 115.34	$ 113.03				$ 84.77		
96133 - add on NEUROPSYCH TST- CLIN PSYCH	7/1/2020	6/30/2021		$ 87.99	$ 86.23				$ 64.67		
96136 - PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	7/1/2020	6/30/2021		$ 40.55	$ 39.74				$ 29.80		
96137 - add on PSYCH OR NEUROPSYCH TESTING CLINICAL PSYCH TST ADMIN AND SCORING	7/1/2020	6/30/2021		$ 37.46	$ 36.71				$ 27.53		
96372 - Therapeutic prophylactic or diagnostic injection	7/1/2020	6/30/2021		$ 17.04				$ 14.19			$ 17.04
99201 - OP E/M New Patient (10mn)	7/1/2020	6/30/2021		$ 33.18				$ 33.18			$ 33.18
99202 - Op Visit Expanded New Pat 20 M	7/1/2020	6/30/2021		$ 52.54				$ 50.81			$ 52.54
99203 - Op Visit Detailed New Pat 30 M	7/1/2020	6/30/2021		$ 78.36				$ 75.86			$ 78.36
99204 - Op Visit Com/Mod New 45 M	7/1/2020	6/30/2021		$ 124.27				$ 120.39			$ 129.27
99205 - Op Visit Com/High New 60 M	7/1/2020	6/30/2021		$ 158.41				$ 153.51			$ 158.41
99211 - Op Visit Eval/Mgt Est Pat 5 Mn	7/1/2020	6/30/2021		$ 11.82				$ 11.82			$ 11.82
99212 - Op Visit Exp Est Pat 10 Min	7/1/2020	6/30/2021		$ 28.50				$ 27.50			$ 28.50
99213 - Op Visit Exp Est Pat 15 M	7/1/2020	6/30/2021		$ 50.94				$ 49.26			$ 55.94
99214 - Op Visit Exp Est Pat 25 M	7/1/2020	6/30/2021		$ 79.29				$ 76.76			$ 84.29
99215 - Op Visit Exp Est Pat 40 Min	7/1/2020	6/30/2021		$ 109.00				$ 105.58			$ 109.00
99406 - smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes, up to 10 minutes	7/1/2020	6/30/2021		$ 11.93				$ 11.93			$ 11.93

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99407 - smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	7/1/2020	6/30/2021		$ 23.05				$ 23.05			$ 23.05
H0010 - DETOX-NON-HSP-MED	7/1/2020	6/30/2021	$ 325.58								
H0012HB - Community Residential Tx-Adult	7/1/2020	6/30/2021	$ 155.81								
H0013 - SA Med Mon Community Residential Tx	7/1/2020	6/30/2021	$ 241.81								
H0014 - AMBULATORY DETOX	7/1/2020	6/30/2021	$ 21.25								
H0015 - SA IOP	7/1/2020	6/30/2021	$ 131.56								
H0020 - Outpatient Opioid Treatment	7/1/2020	6/30/2021	$ 16.60								
H0038 - Peer Support Services (PSS) - individual	7/1/2020	6/30/2021	$ 12.00								
H0038HQ - Peer Support Services (PSS) - group	7/1/2020	6/30/2021	$ 2.88								
H0040 - ACTT	7/1/2020	6/30/2021	$ 304.18								
H004022 - ACTT > 4 events per month	7/1/2020	6/30/2021	$ 0.01								
H2011 - CRISIS SERVICES	7/1/2020	6/30/2021	$ 33.68								
H2012HA - DAY TREATMENT CHILD	7/1/2020	6/30/2021	$ 31.41								
H2014U1 - DEVELOPMENTAL TX PARA GROUP	7/1/2020	6/30/2021	$ 2.01								
H2015HTHF - CST - SA Professional - Community Support Team	7/1/2020	6/30/2021	$ 25.91								
H2015HTHM - CST - Paraprofessional - Community Support Team	7/1/2020	6/30/2021	$ 25.91								
H2015HTHN - CST - QP/AP - Community Support Team	7/1/2020	6/30/2021	$ 25.91								
H2015HTHO - CST - Team Lead - Community Support Team	7/1/2020	6/30/2021	$ 25.91								
H2015HTU1 - CST - PSS - Community Support Team	7/1/2020	6/30/2021	$ 25.91								
H2017 - PSYCHOSOCIAL REHAB	7/1/2020	6/30/2021	$ 2.69								
H2034 - SA Half-way House	7/1/2020	6/30/2021	$ 55.29								
H2035 - SA Comprehensive Outpatient Trt Prog	7/1/2020	6/30/2021	$ 45.35								
Q3014GT - TELEHEALTH ORIG SITE FEE	7/1/2020	6/30/2021	$ 21.25								
S9484 - FAC BASED CRISIS HR	7/1/2020	6/30/2021	$ 15.93								
T1023 - DIAGNOSTIC-ASSESSMENT	7/1/2020	6/30/2021	$ 231.30								
YA125 - Hourly Respite(CMSED)	7/1/2020	6/30/2021	$ 5.00								
YA213 - Community Respite(CMSED)	7/1/2020	6/30/2021	$ 150.00								
YA301 - Case Support	7/1/2020	6/30/2021		$ 22.66	$ 22.66	$ 22.66	$ 22.66	$ 22.66	$ 22.66	$ 22.66	$ 22.66
YA302 - Community Guide-State	7/1/2020	6/30/2021	$ 150.00								
YA313 - Crisis Respite	7/1/2020	6/30/2021	$ 214.38								
YA323 - ASSERTIVE ENGAGEMENT	7/1/2020	6/30/2021	$ 15.00								
YA331 - Jail Assessment	7/1/2020	6/30/2021	$ 175.00								
YA332 - Outpatient Commit followup	7/1/2020	6/30/2021	$ 22.65								
YA334 - Forensic Evaluation	7/1/2020	6/30/2021	$ 200.00								
YA335 - Jail Coordination	7/1/2020	6/30/2021	$ 12.82								
YA336 - Hospital dschg plg and tx	7/1/2020	6/30/2021	$ 22.65								
YA355 - DD DIVERSION EMERGENCY RESPITE	7/1/2020	6/30/2021	$ 200.00								
YA368 - ASSERTIVE ENGAGEMENT	7/1/2020	6/30/2021	$ 15.00								
YA383 - LONG TERM VOCATIONAL SUPPORT(GROUP)	7/1/2020	6/30/2021	$ 3.00								
YA384 - SAFETY & SUPERVISION PER DIEM	7/1/2020	6/30/2021	$ 60.00								
YA385 - SAFETY & SUPERVISION-HOURLY	7/1/2020	6/30/2021	$ 7.50								
YA389 - LONG-TERM VOCATIONAL SUPPORT - I/DD	7/1/2020	6/30/2021	$ 11.21								
YA390 - SUPPORTED EMP IND - I/DD	7/1/2020	6/30/2021	$ 11.21								
YA393 - Indiv Community Activity and Employment Transition	7/1/2020	6/30/2021	$ 9.65								
YA394 - Group Community Activity and Employment Transition	7/1/2020	6/30/2021	$ 3.75								
YM755 - Family Living High	7/1/2020	6/30/2021	$ 100.00								
YM812 - MR/MI SUPERVISED LIV 2 RES	7/1/2020	6/30/2021	$ 161.99								
YM813 - MR/MI SUPERVISED LIV 3 RES	7/1/2020	6/30/2021	$ 116.15								
YM814 - MR/MI SUPERVISED LIV 4 RES	7/1/2020	6/30/2021	$ 93.17								
YM815 - MR/MI SUPERVISED LIV 5 RES	7/1/2020	6/30/2021	$ 77.67								
YM816 - MR/MI SUPERVISED LIV 6 RES	7/1/2020	6/30/2021	$ 68.83								

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YP010 - HOURLY RESPITE CARE DD	7/1/2020	6/30/2021	$ 3.75								
YP011 - RESPITE HOURLY DD GROUP	7/1/2020	6/30/2021	$ 1.67								
YP020 - INDIVIDUAL HABILITATION	7/1/2020	6/30/2021	$ 4.46								
YP021 - INDIVIDUAL HABILITATION - GROUP	7/1/2020	6/30/2021	$ 1.49								
YP620 - MR/MI ADVP	7/1/2020	6/30/2021	$ 1.57								
YP640 - SUPPORTED EMP GROUP - I/DD	7/1/2020	6/30/2021	$ 2.53								
YP710 - APARTMENT LIVING	7/1/2020	6/30/2021	$ 23.00								
YP720 - SUPERVISED LIVING MODERATE	7/1/2020	6/30/2021	$ 29.00								
YP740 - FAMILY LIVING - LOW INTENSITY	7/1/2020	6/30/2021	$ 55.00								
YP750 - Family Living Moderate	7/1/2020	6/30/2021	$ 77.50								
YP760 - GROUP LIVING LOW	7/1/2020	6/30/2021	$ 30.00								
YP770 - GROUP LIV MODERATE NON-GRANT	7/1/2020	6/30/2021	$ 45.00								
YP780 - GROUP LIVING HIGH	7/1/2020	6/30/2021	$ 141.15								
YP820 - PSYCH IP DAY & PHYS ROUND	7/1/2020	6/30/2021	$ 637.00								
YP821 - INPATIENT PSYCHI	7/1/2020	6/30/2021	$ 750.00								
YP830 - ALCL &/or DRUG ASSESSMENT - NON LIC	7/1/2020	6/30/2021	$ 13.87								
YP831 - SA INDIV TX > 30MIN - NON LIC	7/1/2020	6/30/2021	$ 19.81								
YP832 - ALCOHOL & DRUG GROUP - NON LIC	7/1/2020	6/30/2021	$ 7.30								
YP833 - BH Family Therapy w/ Client- Non Licensed SA	7/1/2020	6/30/2021	$ 19.81								
YP834 - BH FAMILY THERAPY W/O CLIENT- NON LICENSED SA	7/1/2020	6/30/2021	$ 19.67								
YP835 - ALCL & DRUG GROUP - NON LIC	7/1/2020	6/30/2021	$ 5.12								
YP836 - MH ASSESSMENT BY NON-LICENSED	7/1/2020	6/30/2021	$ 13.87								
YP851 - PSYCHIATRIST ADMIN	7/1/2020	6/30/2021	$ 25.00								
YP852 - PSYCHIATRIST CONSULT	7/1/2020	6/30/2021	$ 35.00								