

REGIONAL MENTAL HEALTH CENTER
 SCHEDULE OF SERVICE ACTIVITY CODES - QUICK GUIDE
 EFFECTIVE 08/01/2015
 revised 2/1/2018
 revised 1/2/2019

UB04 Code*	CPT Code*	MRO Code	MRO ONLY LOCATION CODES	SERVICE CODE	DESCRIPTION OF SERVICES	MD	HSP	LICENSED QMHP OMHP
		H0031		157	Behavioral Health Level of Need Redetermination (per service)		160.00	160.00
		T1016		495	Case Management - (per :15 min)	70.00	25.00	25.00
					<i>PFS creates for MRO Guideline Billing</i> M495 Roll-Up Case Management			
		T1016		494	Case Management Coordination - (per :15 min)	70.00	25.00	25.00
					<i>PFS creates for MRO Guideline Billing</i> M495 Roll-Up Case Management			
				101	Consultation by Phone		N/C	
988	99251...55			126	Consultation - Initial Inpatient - (per hour) - MD/DO	180.00		
988	99231...33			127	Consultation - Subsequent Inpatient - (per hour) - MD/DO	180.00		
988	99241...45			123	Consultation - Outpatient - (per hour) - MD/DO	280.00		
916	90847	H0004	2 & 9	185	Couple/Conjoint Therapy - (per hour) MINIMUM FEE 20.00	280.00	160.00	160.00
	99075			115	Court Testimony as an Expert Witness - (per hour) 2 HOUR MINIMUM \$500.00		ea. add'l hour 250.00	
				117	IVB/CMHI COURT SERVICES		160.00	160.00
914	90839 / 90840	H2011		150	Crisis Intervention - (per :15 min)		MINIMUM FEE 20.00 per Service	
					<i>System created if Loc 6 and Credentials for Facility Billing</i> 1050 FACILITY - Crisis Intervention	70.00	40.00	40.00
					<i>PFS creates for Commercial/Managed Care Billing</i> R150 Roll-Up Crisis Intervention			
					<i>PFS creates for MRO Guideline Billing</i> M150 Roll-Up Crisis Intervention			
914	90832 (16-29 MIN)	N/A		151	Crisis Psychotherapy - (per :15 min) Must have credentials to provide Psychotherapy to report, if not use SAC 150		MINIMUM FEE 20.00 per Service	
914	90839 (30-60 MIN)	N/A		151	<i>System created if Loc 6 and Credentials for Facility Billing</i> 1050 FACILITY - Crisis Intervention	70.00	40.00	40.00
914	90840 (61+ MIN)	N/A		152	<i>PFS creates for Commercial/Managed Care Billing</i> R150 Roll-Up Crisis Intervention			
					<i>PFS creates for MRO Guideline Billing</i> M150 Roll-Up Crisis Intervention			
					system will create SAC 152 when appropriate			
914	90792		Non Physician	156	Diagnostic Assessment - Current Client (Per Hour)		MINIMUM FEE 20.00 per Service * = Facility Fee 55.08 Included - MSW ** = Facility Fee 110.16 Included - all others	
	90792		Physician		<i>System created if Loc 6 and Credentials for Facility Billing</i> 1056 FACILITY - Diagnostic Assessment	**388.16	**388.16	*306.08
					<i>PFS creates for Commercial/Managed Care Billing</i> R156 Roll-Up Diagnostic Assessment			
	N/A	H2019		158	Psychiatric Assessment and Intervention (Per Hour) - ACT MD/DO	*280.00		
					Family Therapy With or Without Client Present - (per hour)		MINIMUM FEE 20.00 per Service * = Facility Fee 55.08 Included - MSW ** = Facility Fee 110.16 Included - all others	
916	90847	H0004	2 & 9	180	MENTAL HEALTH	**270.16	**270.16	**270.16
					<i>System created if Loc 6 and Credentials for Facility Billing</i> 1080 FACILITY - Family Therapy, Client Present			
					N1080 FACILITY - Family Therapy, Client Not Present			
					<i>PFS creates for Commercial/Managed Care Billing</i> R180 Roll-Up Family Therapy, Client Present			
					RN180 Roll-Up Family Therapy, Client Not Present			
					<i>PFS creates for MRO Guideline Billing</i> M180 Roll-Up Family Therapy			
					MN180 Roll-Up Family Therapy, Client Not Present			
916	90847	H2035		180	ADDICTIONS	**270.16	**270.16	**270.16
					<i>System creates when Admission Program is equal to 41 and 71</i> S180 S/A Family Therapy, Client Present			
					SN180 S/A Family Therapy, Client Not Present			
					<i>System created if Loc 6 and Credentials for Facility Billing</i> S1080 FACILITY - S/A Family Therapy, Client Present			
					SN1080 FACILITY - S/A Family Therapy, Client Not Present			
					<i>PFS creates for Commercial/Managed Care Billing</i> RS180 Roll-Up S/A Family Therapy, Client Present			
					RSN180 Roll-Up S/A Family Therapy, Client Not Present			
					<i>PFS creates for MRO Guideline Billing</i> MS180 S/A Family Therapy			
					MSN180 S/A Family Therapy, Client Not Present			

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					Family Therapy Group With or Without Client Present- (per hour)	MINIMUM FEE 20.00 per Service * = Facility Fee Included		
		H0004	2 & 9	183	MENTAL HEALTH <i>PFS creates for MRO Guideline Billing</i> M183 Roll-Up Family Group MN183 Roll-Up Family Group, Client Not Present		*170.16	*170.16
		H0005		183	ADDICTIONS <i>System creates when Admission Program is equal to 41 and 71</i> S183 S/A Family Therapy Group, Client Present SN183 S/A Family Therapy Group, Client Not Present <i>PFS creates for MRO Guideline Billing</i> MS183 S/A Family Tx Group, Client Present MSN 183 S/A Family Tx Group, Client Not Present		*170.16	*170.16
					Group - (per hour - 2 hour maximum)	MINIMUM FEE 5.00 per Service ** = Facility Fee 110.16 Included - all others		
915	90853	H0004	2 & 9	190	MENTAL HEALTH <i>PFS creates for Commercial/Managed Care Billing</i> R190 Roll-up Group Therapy <i>System created if Loc 6 and Credentials for Facility Billing</i> 1090 FACILITY - Group Therapy		**170.16	**170.16
915	90853	H0005		190	ADDICTIONS <i>System creates when Admission Program is equal to 41 and 71</i> S190 S/A Group Therapy <i>System created if Loc 6 and Credentials for Facility Billing</i> S1090 FACILITY - S/A Group Therapy <i>PFS creates for Commercial/Managed Care Billing</i> RS190 Roll-Up Group Therapy <i>PFS creates for MRO Guideline Billing</i> MS190 S/A Group Therapy		**170.16	**170.16
					Individual Therapy (per hour)	MINIMUM FEE 20.00 per Service * = Facility Fee of \$55.08 Included for MSW ** = Facility Fee of \$110.16 Included all others		
914	90832,34,37	H0004	2 & 9	170	MENTAL HEALTH <i>System created if Loc 6 and Credentials for Facility Billing</i> 1074 FACILITY Individual Therapy 90804 1076 FACILITY Individual Therapy 90806 1078 FACILITY Individual Therapy 90808 <i>PFS creates for Commercial/Managed Care Billing</i> 90804/32 Roll-Up Individual Therapy 90806/34 Roll-Up Individual Therapy 90808/37 Roll-Up Individual Therapy	16-37 MIN. 38-52 MIN. 53-67 MIN.	**240.16 **280.17 **365.16	*185.08 *225.08 *310.08
914	90804,06,08	H2035		170	ADDICTIONS <i>System creates when Admission Program is equal to 41 and 71</i> S170 S/A Individual Therapy <i>System created if Loc 6 and Credentials for Facility Billing</i> S1074 FACILITY - S/A Individual Therapy 90804 S1076 FACILITY - S/A Individual Therapy 90806 S1078 FACILITY - S/A Individual Therapy 90808 <i>PFS creates for Commercial/Managed Care Billing</i> S90804/32 Roll-Up S/A Individual Therapy S90806/34 Roll-Up S/A Individual Therapy S90808/37 Roll-Up S/A Individual Therapy	16-37 MIN. 38-52 MIN. 53-67 MIN.	**240.16 **280.17 **365.16	*185.08 *225.08 *310.08
	90785			175	Interactive Component (per hour) MENTAL HEALTH		*160.00	*160.00
Add on code for SAC's 155, 156, 170, 190 ONLY								
					Evaluation Management - Physician Services (per service)	MINIMUM FEE 20.00 per Service ** = Facility Fee 110.16 Included		
	99211			211	Low Complexity	**230.16	N/A	N/A
	99212			212	Problem Focused	**180.16	N/A	N/A
	99213			213	Expanded Problem Focused	**192.16	N/A	N/A
	99214			214	Detailed	**210.16	N/A	N/A
	99215			215	Comprehensive	*232.00	N/A	N/A

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					Inpatient - Initial Hospital Care - (per service) - MD/DO			
	99221			221	Low Complexity	200.00		
	99222			222	Moderate Complexity	275.00		
	99223			223	High Complexity	410.00		
					Inpatient - Subsequent Care/Rounds - MD/DO			
987	99231			231	Low Complexity	80.00		
987	99232			232	Moderate Complexity	150.00		
987	99233			233	High Complexity	210.00		
					Inpatient - Discharge Day Management - (per event) - MD/DO,NP			
987	99238			131	31 Min or more	220.00		
987	99239			131	30 Min or less	150.00		
	99234			132	Inpatient - Observation-Low Complex (per event) - MD/DO	270.00		
	99235			133	Inpatient - Observation-Moderate Complex (per event) - MD/DO	340.00		
	99236			134	Inpatient - Observation-High Complex (per event) - MD/DO	440.00		
				135	Inpatient Restraint Authorization	N/C		
				159	History & Physical-NP (per hour)	180.00		
914	90791	Non Physician		155	Intake - Diagnostic Interview and Assessment (per hour)			MINIMUM FEE 20.00 per Service * = Facility Fee 55.08 Included - MSW
	90791	Physician		155	System created if Loc 6 and Credentials for Facility Billing	**361.16	**361.16	*306.08
					1055 FACILITY - Diagnostic Interview and Assessment			
					PFS creates for Commercial/Managed Care Billing			
					R155 Roll-Up Diagnostic Interview and Assessment			
					Medication Training and Support - (per :15 min)	MD/DO	APN, RN, PA, LPN	
		H0034		487	INDIVIDUAL	40.00	40.00	
					PFS creates for MRO Guideline Billing			
					M487 Roll-Up Medication Training and Support, Individual			
		H0034		486	FAMILY/COUPLE -INDIVIDUAL SETTING			
					System Created if Client Not Present			
					N486 Medication Training, Family/Couple, (Individual Setting), Client Not Present			
					PFS creates for MRO Guideline Billing			
					M486 Roll-Up Medication Training, Family/Couple, (Individual Setting), Client Present			
					MN486 Roll-Up Medication Training, Family/Couple, (Individual Setting), Client Not Present			
		H0034		484	GROUP			
					PFS creates for MRO Guideline Billing			
					M484 Roll-Up Medication Training, Group			
		H0034		485	FAMILY GROUP	10.00		
					System Created if Client Not Present			
					N485 Medication Training, Family Group, Client Not Present			
					PFS creates for MRO Guideline Billing			
					M485 Roll-Up Medication Training, Family Group, Client Present			
					MN485 Roll-Up Medication Training, Family Group, Client Not Present			
					APN, RN, PA, LPN	10.00		
		H0038		475	PEER RECOVERY - (PER HOUR)	40.00		
					TESTING			* = Facility Fee Included
	96130			96130	Testing - Psychological - (first hour)		*241.35	
					System created if Loc 6 and Credentials for Facility Billing			
					F96130 FACILITY - Psychological Testing			
					PFS creates for Commercial/Managed Care Billing			
					R96130 Roll-Up Psychological Testing			
	96131			96131	Each additional hour		90.46	
	96136			96136	Psychological administration and scoring (first 30 minutes) - physician or qualified healthcare professional		47.93	
	96137			96137	Each additional 30 minutes		44.33	
	96138			96138	Psychological administration and scoring (first 30 minutes) - technician		38.92	
	96139			96139	Each additional 30 minutes		38.92	
	96146			96146	Automated Test Administration		8.64	
					Skills Training and Development - (per :15 min)			
		H2014		490	INDIVIDUAL		50.00	50.00
					PFS creates for MRO Guideline Billing			
					M490 Roll-Up Skills Training and Development			
		H2014		476	FAMILY (Individual Family)		50.00	50.00
					System Created if Client Not Present			
					N476 Skills Training and Development, Family, Client Not Present			
					PFS creates for MRO Guideline Billing			

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		H2014		493	M476 Roll-Up Skills Training and Development, Family, Client Present MN476 Roll-Up Skills Training and Development, Family, Client Not Present GROUP <i>PFS creates for MRO Guideline Billing</i>		10.00	10.00
		H2014		477	M493 Roll-Up Skills Training and Development, Group FAMILY GROUP <i>System Created if Client Not Present</i> N477 Skills Training and Development, Family Group, Client Not Present <i>PFS creates for MRO Guideline Billing</i>		10.00	10.00
				450	PRTF Non Medical Treatment - Consult (per :15 Min)		22.50	22.50
				451	Mentoring (per :15 Min)		21.40	21.40
				452	Tutoring (per :15 Min)		21.40	21.40
				496	Wrap around Tech (per :15 Min)		26.14	26.14
HOSPITAL/FACILITY SERVICES						FACILITY FEES		
124				511	Inpatient Psychiatric Room & Board MINIMUM FEE R&B \$25.00		1,100.00	
762				510	Inpatient Intensive Observation (per hour)		80.00	
				563	CAF System of Care Per Diem FS 8004		27.50	
				751	Injection		45.00	
				752	Collect Urine Specimen		5.00	
				753	Breathalyzer		7.50	
				754	Mantoux		N/C	
				756	Sweat Patch Removal		8.00	
				757	On-Site Drug Testing		20.00	
TRANSITIONAL and RESIDENTIAL SERVICES						FACILITY FEES		
				521	Supervised Group Living - Stepping Stone		70.00	
				522	Supervised Group Living - Pathway		70.00	
				523	Supervised Group Living - HUD (The Residence)		70.00	
				524	Phoenix House Daily Charge		200.00	
				526	Fredericks House Daily Charge		70.00	
				531	Semi-Independent Living (SILP)		45.00	
SUBSTANCE ABUSE REHABILITATION						FACILITY FEES		
				527	Stark Substance Abuse Rehabilitation 3.5		722.00	
1002				528	Strawhun Substance Abuse Rehabilitation 3.5 MINIMUM FEE \$20.00		722.00	
				529	Stark Substance Abuse Rehabilitation 3.1		260.00	
912		H0015		542	Addictions IOT (per hour) MINIMUM FEE \$5.00		80.00	
PARTIAL HOSPITALIZATION						FACILITY FEES		
912				551	Acute Adult Partial Hospital (per hour)		40.00	
912		H2012		552	(AIRS) Adult Intensive Rehabilitative Services (per hour) MINIMUM FEE \$5.00		40.00	
912		H0015		541	Addictions Partial Hospital (per hour)**Billed to MRO as IOT** MINIMUM FEE \$5.00		80.00	
PASSAR - Nursing Home Evals - (per hour, up to maximum fee listed)								
				840	Initial Screening	322.00	322.00	322.00
				841	Update Initial Screening	143.50	143.50	143.50
				842	Annual Review	322.00	322.00	322.00
				843	Inappropriate Screening Referral	180.00	120.00	120.00
TRANSPORTATION						FACILITY FEES		
direct bill	direct bill			765	Ambulance Service		INVOICE	
542	T2003			761	Transportation, initial passenger		10.00	
542	T2004			762	Transportation, multiple passenger		5.00	
542	A0425U3			763	Mileage - per mile, per one way trip		1.25	
ADMINISTRATIVE SERVICES								
				785	Consultation Report - (per hour)	280.00	160.00	160.00
				802	Agency Counsultation - (per hour)	280.00	160.00	160.00
				782	Disability Form 251A	35.00		
				783	Social Security Disability Form AT-100			40.00
				784	SSI Evaluation	85.00		
OTHER ACTIVITIES (NON-BILLABLE)						FACILITY FEES		
				51	Itemized Statement		10.00	
				53	Court/Attorney Collection Fees		INVOICE	
				52	Returned Check Fee		25.00	
				99	BLOCK TIME			

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					VOCATIONAL REHABILITATION (per event unless noted)		FACILITY FEES	
				719	Discovery Vocational Testing		42.00	
				720	Discovery Job Shadow		42.00	
				721	Discovery Situational Assessment		42.00	
				722	Discovery Work Experience Development		42.00	
				723	Discovery Work Experience 1-5 hours per week		200.00	
				724	Discovery Work Experience 6-10 hours per week		325.00	
				725	Discovery Work Experience 11+ hours per week		450.00	
				726	Discovery Other Activities		42.00	
				727	Employment Services Job Readiness Training		42.00	
				728	Job Search Assistance/ Job Placement Assistance		42.00	
				729	Employment Services Outcome Milestone 1 Job Placement and Development		1,300.00	
				730	VR, Travel		0.00	
				731	Employment Services Outcome Milestone 2 Support and Short Term Retention		1,500.00	
				732	Employment Services Outcome Milestone 3 Retention		1,300.00	
				733	On the Job Supports - Short Term		42.00	
				734	Supported Employment Level 1, 1-5 Hours per Month		176.00	
				735	Supported Employment Level 2, 6-10 Hours per Month		352.00	
				736	Supported Employment Level 3, 11-15 Hours per Month		528.00	
				737	Supported Employment Level 4, 16-20 Hours per Month		720.00	
				738	Supported Employment Level 5, 21-25 Hours per Month		920.00	
				739	Supported Employment Level 6, 26-30 Hours per Month		1,120.00	
				740	SE Hourly		42.00	