

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 Minutes	10	914	HB - Adult HBTJ - Child	\$67.53	2 units per day.	X
Group Therapy	60 Minutes	12	915	HB - Adult HBTJ - Child	\$25.99	3 units per week, 1 unit per day.	X
Initial Evaluation	30 Minutes	4	918	HB - Adult HBTJ - Child	\$59.05	Maximum four (4) units per consumer per month.	X
Medication Monitoring	15 Minutes	4	919	HB - Adult HBTJ - Child	\$80.79	2 units per day.	X
ACUTE AND PARTIAL HOSPITALIZATION							
Partial Hospital	1 hour	125	912		\$16.94	Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk.	
Partial Hospital Telehealth Services	1	See Business Rules	H0035	GTUC-PH	\$84.70	Extended to August 15, 2022 - For delivery of Partial Hospital Telehealth Services via ECAS Only. Per-diem rate is one (1) unit per day - minimum 15 minutes of contact, and a maximum of 5 units per week. Cannot be billed on the same day the consumer receives PH services on-site.	
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.	
Acute Partial Hospital	1 hour	125	913		\$61.43	Minimum of 2 hrs, max of 5 hrs per day with a max of 25 hrs/wk.	X
Acute Partial Hospital Telehealth Services	1	See Business Rules	H0035	GTUC-APH	\$307.15	Extended to August 15, 2022 - For delivery of Acute Partial Hospital Telehealth Services via ECAS Only. Per-diem rate is one (1) unit per day - minimum 15 minutes of contact, and a maximum of 5 units per week. Cannot be billed on the same day the consumer receives PH services on-site.	
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
Initial Evaluation	30 Minutes	4	918	HB - Adult HBTJ - Child	\$59.05	Maximum four (4) units per consumer per month.	X

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 without Medical Services	One Evaluation	See Business Rules	90791	HW - Adult TJ - Child	\$162.68	Can not bill 90792 on the same day. Limited to two (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	\$414.07	Can not bill 90791 on the same day. Limited to two (2) evaluations per provider, per client in the calendar year.	X
Individual Therapy	20 - 30 minutes	9	90832	HW - Adult TJ - Child	\$67.53	1 unit per day.	X
Individual Therapy with E/M	20 - 30 minutes	10	90833	HW - Adult TJ - Child	\$69.63	1 unit per day. Must be billed concurrently with codes 99211-99215 on the same date of service.	X
Individual Therapy	45 - 50 minutes	9	90834	HW - Adult TJ - Child	\$89.35	1 unit per day.	X
Individual Therapy with E/M	45 - 50 minutes	10	90836	HW - Adult TJ - Child	\$89.35	1 unit per day. Must be billed concurrently with codes 99211-99215 on the same date of service.	X
Special family therapy with patient present	45 - 50 minutes	4	90847	HW - Adult TJ - Child	\$107.68	1 unit per day. May be billed concurrently with codes 99211-99215 on the same date of service.	X
Group Therapy	90 minutes	9	90853	HW - Adult TJ - Child	\$25.99	1 unit per day. May be billed concurrently with codes 99211-99215 on the same date of service.	X
Family Conference	25 minutes	4	90887	HW - Adult TJ - Child	\$21.92	1 unit per day. May be billed concurrently with codes 99211-99215 on the same date of service.	X
E/M Medication Monitoring - Physician	5 minutes	10	99211	HW - Adult TJ - Child	\$24.29	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	10 minutes	10	99212	HW - Adult TJ - Child	\$47.21	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	15 minutes	10	99213	HW - Adult TJ - Child	\$77.22	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	25 minutes	10	99214	HW - Adult TJ - Child	\$111.69	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	40 minutes	10	99215	HW - Adult TJ - Child	\$149.68	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - APN	5 minutes	10	99211	SA + HW-Adult TJ - Child	\$24.29	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	\$43.71	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	\$72.71	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - APN	25 minutes	10	99214	SA + HW-Adult TJ - Child	\$106.79	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	\$143.50	1 E/M Service Per Consumer/Per Day/Per Provider.	X

NON-HOSPITAL BASED SERVICES

SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
PROGRESSIVE ASSERTIVE COMMUNITY TREATMENT (PACT)							
Progressive Assertive Community Treatment (PACT)	Monthly rate	One (1)	H0040	HW	\$1,562.20	Must provide ≥ 2 hours of service per month. The 2 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	One (1)	H0040	IR	\$1,562.20	See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
PACT PRE-ADMISSION	Flat rate	One (1)	H0040	PA	\$1,689.50	Must have contact with consumer while admitted to State hospital and consumer must be admitted to PACT at discharge from the State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
PARTIAL CARE							
Partial Care (PC)	1 hour	125	Z0170	HW	\$16.94	Minimum of two (2) and max of five (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 two (2) units per day.	
Psychiatric Diagnostic Evaluation without Medical Services	One Evaluation	See Business Rules	90791	PC HW	\$162.68	Can not bill 90792 on the same day. Limited to two (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	\$414.07	Can not bill 90791 on the same day. Limited to two (2) evaluations per provider, per client in the calendar year.	X
E/M Medication Monitoring - Physician	5 minutes	10	99211	PC HW	\$24.29	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	10 minutes	10	99212	PC HW	\$47.21	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	15 minutes	10	99213	PC HW	\$77.22	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	25 minutes	10	99214	PC HW	\$111.69	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - Physician	40 minutes	10	99215	PC HW	\$149.68	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - APN	5 minutes	10	99211	PC HW SA	\$24.29	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - APN	10 minutes	10	99212	PC HW SA	\$43.71	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - APN	15 minutes	10	99213	PC HW SA	\$72.71	1 E/M Service Per Consumer/Per Day/Per Provider.	X

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	PC HW SA	\$106.79	1 E/M Service Per Consumer/Per Day/Per Provider.	X
E/M Medication Monitoring - APN	40 minutes	10	99215	PC HW SA	\$143.50	1 E/M Service Per Consumer/Per Day/Per Provider.	X
Partial Care Telehealth Service	1	See Business Rules	H0035	GTUC	\$84.70	Extended to August 15, 2022 - For delivery of Partial Hospital Telehealth Services via ECAS Only. Per-diem rate is one (1) unit per day - minimum 15 minutes of contact, and a maximum of 5 units per week. Cannot be billed on the same day the consumer receives PH services on-site.	
INTEGRATED CASE MANAGEMENT SERVICES (ICMS)							
Integrated Case Management Services (ICMS)	15 minutes	50	Z5006	HW	\$36.03	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	\$36.03	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
Integrated Case Management Services (ICMS) PRE-ADMISSION	15 minutes	See Business Rules	Z5006	PA	\$36.03	Total episode maximum of 32 units (8 hours). Consumer must be admitted to ICMS services at time of discharge from a State hospital, County hospital or Diversion beds. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
Integrated Case Management Services (ICMS) in Excess of 50 units	15 minutes	150	Z5006	OL	\$36.03	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. DMHAS MH FFS Unit approval is required before billing is submitted.	
Integrated Case Management Services Supportive Oversight & Monitoring	15 minutes	Unlimited	Z5006	AOM	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	
Integrated Case Management Services Accompanying/Waiting with Consumer at Appointments (Individual)	15 minutes	Unlimited	Z5006	AWAI	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	
Integrated Case Management Services Accompanying/Waiting with Consumer at Appointments (Group)	15 minutes	Unlimited	Z5006	AWAG	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	

NON-HOSPITAL BASED SERVICES

SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Integrated Case Management Services Essential Errands with or on Behalf of Consumer (Individual)	15 minutes	Unlimited	Z5006	AEEI	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	
Integrated Case Management Services Essential Errands with or on Behalf of Consumer (Group)	15 minutes	Unlimited	Z5006	AEEG	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	
Integrated Case Management Services Participating with Consumer at Intake Appointment for Other Essential Services	15 minutes	Unlimited	Z5006	APCA	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	
Integrated Case Management Services Transportation (Individual)	15 minutes	Unlimited	Z5006	TRAI	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	
Integrated Case Management Services Transportation (Group)	15 minutes	Unlimited	Z5006	TRAG	\$54.37	Maximum, monthly, per consumer reimbursement is limited to \$54.37 based on a minimum of at least 2 units of any combination of individual Ancillary, group Ancillary or individual Transportation, group Transportation units.	

SUPERVISED RESIDENTIAL SERVICES

Supervised Residential Group Homes Level A+	per diem	# of days in the month	H0019	U1	\$255.81	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	H0019	U1BH	\$255.81	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines 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	H0019	U1BE	\$255.81	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A+	per diem	# of days in the month	H0019	U152	\$255.81	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Apartments: Level A+ 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	H0019	U152BH	\$255.81	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A+ 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	H0019	U152BE	\$255.81	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level A	per diem	# of days in the month	H0019	U2	\$212.60	Cannot bill with PACT, ICMS or CSS service.	

NON-HOSPITAL BASED SERVICES

SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Supervised Residential Group Homes: Level A 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	H0019	U2BH	\$212.60	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines 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	H0019	U2BE	\$212.60	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A	per diem	# of days in the month.	H0019	U252	\$212.60	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Apartments: Level A 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	H0019	U252BH	\$212.60	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level A 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	H0019	U252BE	\$212.60	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Group Homes: Level B	per diem	# of days in the month	H0019	U3	\$158.85	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	H0019	U3BH	\$158.85	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines 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	H0019	U3BE	\$158.85	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Apartments: Level B	15 consecutive minutes	1,440	H0019	U352	\$12.64	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Apartments: Level B 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	H0019	U352BH	\$23.55	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines 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	H0019	U352BE	\$23.55	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Family Care: Level D	per diem	# of days in the month	H0019	U5	\$16.59	Cannot bill with PACT, ICMS or CSS service.	
Family Care: Level D 30 DAY BED HOLD	per diem	maximum of 30 consecutive days	H0019	U5BH	\$16.59	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	

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 30 DAY BED HOLD EXTENSION	per diem	maximum of two (2) 30 day extensions	H0019	U5BE	\$16.59	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Services - Room and Board	per diem	# of days in the month	H0019	RB	\$27.47	Cannot bill with PACT, ICMS or CSS service.	
Supervised Residential Services - Room and Board OVERNIGHT ABSENCE	per diem	maximum of three (3) per month	H0019	OA	\$27.47	See Bed Hold Guidelines: follow procedures in Appendix B — Bed Hold and Overnight Absence Reimbursement Guidelines of the MHFFS Program Provider Manual.	
Supervised Residential Services - PRE-ADMISSION	Flat rate	One (1)	H0019	PA	\$1,689.50	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 Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations. The ONLY exception to the State Hospital referral requirement is for Olmstead-approved non-State-hospital referrals consistent with Appendix L – Preadmission for Olmstead-approved non-State-Hospital-referrals.	
SUPPORTED EMPLOYMENT (SE) / SUPPORTED EDUCATION (SED)							
Supported Employment (SE)	15 Minutes	80	H2024	HJ	\$24.20	Cannot be enrolled in PACT to receive SE services.	
Supported Employment - Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	HJNF	\$24.20	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.	
Supported Employment - Group	15 Minutes	80	H2024	HJG	\$6.04	Cannot be enrolled in PACT to receive SE services. Group size limit is six (6) consumers.	
Supported Education (SED)	15 Minutes	80	H2024	HW	\$24.20	Cannot be enrolled in PACT to receive SED services.	
Supported Education - Non Face to Face (NF)	15 Minutes	See Business Rules	H2024	HWNF	\$24.20	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.	
Supported Education - Group	15 Minutes	80	H2024	HWG	\$6.04	Cannot be enrolled in PACT to receive SE services. Group size limit is six (6) consumers.	
Supported Employment - IN-REACH	15 minutes	See Business Rules	H2024	IR	\$24.20	Total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
Supported Education IN-REACH	15 minutes	See Business Rules	H2024	HW IR	\$24.20	Total episode maximum of 32 units (8 hours). Consumer must be receiving SE/SED services at times of admission to inpatient setting. See Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	

NON-HOSPITAL BASED SERVICES

SERVICE	Billing unit	Maximum # of units per month	Procedure Code	Modifiers	DMHAS STATE ONLY RATE	Business Rules	TPL
Supported Employment PRE-ADMISSION	15 minutes	See Business Rules	H2024	PA	\$24.20	Total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
Supported Education - PRE-ADMISSION	15 minutes	See Business Rules	H2024	HWPA	\$24.20	Total episode maximum of 32 units (8 hours). Consumer must be discharged to SE/SED services from a State hospital. See Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	

COMMUNITY SUPPORT SERVICES (CSS)

BAND 1 - Community Support Services Physician	15 Minutes	8 daily	H2000	HE	\$98.91	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 1 - Community Support Services Physician IN-REACH	15 Minutes	*	H2000	IR	\$98.91	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 2 - Community Support Services APN	15 Minutes	12 daily	H2000	HESA	\$50.96	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 2 - Community Support Services APN IN-REACH	15 Minutes	*	H2000	HEIR	\$50.96	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 3 - Community Support Services Master's Degree No Clinical License	15 Minutes		H2015	HE	\$29.69	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 3 - Community Support Services Master's Degree No Clinical License IN-REACH	15 Minutes	*	H2015	HEIR	\$29.69	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 3 - Community Support Services RN	15 Minutes		H2015	HETD	\$29.69	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 3 - Community Support Services RN IN-REACH	15 Minutes	*	H2015	TDIR	\$29.69	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 3 - Community Support Services Psychologist	15 Minutes		H2015	AHHE	\$50.96	Cannot be enrolled in ICMS, PACT or Community Residences.	

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 Psychologist IN-REACH	15 Minutes	*	H2015	AHIR	\$50.96	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
Band 3 - Community Support Services Licensed Clinical	15 Minutes		H2015	HEHO	\$33.88	Cannot be enrolled in ICMS, PACT or Community Residences.	
Band 3 - Community Support Services Licensed Clinical IN-REACH	15 Minutes	*	H2015	IR	\$33.88	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 4 -Community Support Services Bachelor Degree Group	15 Minutes		H0039	HNHQ	\$6.55	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 - Community Support Services Bachelor Degree Individual	15 Minutes		H0039	HN	\$26.22	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 - Community Support Services Bachelor Degree Individual IN-REACH	15 Minutes	*	H0039	IR	\$26.22	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 4 - Community Support Services LPN Group	15 Minutes		H0039	HQTE	\$6.55	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 - Community Support Services LPN Individual	15 Minutes		H0039	TE	\$26.22	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 4 - Community Support Services LPN Individual IN-REACH	15 Minutes	*	H0039	TEIR	\$26.22	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 5 - Community Support Services Peer Group	15 Minutes		H0036	HQ52	\$3.93	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services Peer Individual	15 Minutes		H0036	52	\$15.71	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services Peer Individual IN-REACH	15 Minutes	*	H0036	52IR	\$15.71	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	

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 High School Group	15 Minutes		H0036	HQ	\$3.93	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services High School Individual	15 Minutes		H0036		\$15.71	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services High School Individual IN-REACH	15 Minutes	*	H0036	IR	\$15.71	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
BAND 5 - Community Support Services 2 yr Associate Degree Group	15 Minutes		H0036	HMHQ	\$3.93	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services 2 yr Associate Degree Individual	15 Minutes		H0036	HM	\$15.71	Cannot be enrolled in ICMS, PACT or Community Residences.	
BAND 5 - Community Support Services 2 yr Associate Degree Individual IN-REACH	15 Minutes	*	H0036	HMIR	\$15.71	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 Appendix A — In-Reach Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
Community Support Services PRE-ADMISSION	Flat rate	One (1) per admission	H0036	PA	\$1,689.50	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 Appendix G — Fee-for-Service Pre-Admission Service Guidelines of the MHFFS Program Provider Manual for additional requirements and limitations.	
NOTE: 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							