

**Detroit-Wayne Mental Health Authority**  
**AMI and SED Procedure Codes and Modifiers - Standard Rate Sheet**  
**Effective 01/01/2019 (Version 4)**

Note: This Rate Sheet only applies to services that were formerly billed to an MCPN and are now billed to DWMHA, effective 10-01-2018. It contains only Billing Modifiers, which affect the rate paid for a service. Providers are required to report other Informational Modifiers, which do not affect the rate. See "DWMHA Modifiers List" for more detailed information regarding Billing Modifiers and Informational Modifiers required by MDHHS and DWMHA. Claims that are missing a required Informational Modifier may be denied. Please note that under the terms of the Agreement with DWMHA the rates identified on this Rate Sheet and funding models for each Service Provider are subject to change.

CPT Code	CPT Description	Adult Rate	Child Rate
90791	Psych Eval (no medical svc)	\$165.00	\$220.00
90792	Psych Eval (w/medical svc)	\$205.00	\$285.00
90832	Psychotherapy, 30 (16-37 mins)	\$65.00	\$90.00
90833	Psych Eval - add on 30 (16-37 mins)	\$57.28	n/a
90834	Psychotherapy, 45 (38-52 mins)	\$125.00	\$150.00
90836	Psych Eval - add on , 45 (38-52 mins)	\$72.03	n/a
90837	Psychotherapy, 60 (53+ mins)	\$165.00	\$200.00
90839	Psychotherapy for crisis, 60 min	\$105.00	\$120.00
90840	Psychotherapy for crisis, 30 min	\$60.00	\$100.00
90846	FAMILY PSYTX W/O PATIENT	\$115.00	\$125.00
90847	FAMILY PSYTX W/PATIENT	\$115.00	\$135.00
90849	Multi-family Group	\$20.00	\$52.50
90853	GROUP PSYCHOTHERAPY	\$40.00	\$52.50
90887	CONSULTATION WITH FAMILY	\$65.00	\$65.00
96101	Psychological testing per hr FF	\$125.00	\$125.00
96102	Psych testing with qual hlth prf	\$125.00	\$125.00
96110	Developmental Test, Limited	\$125.00	\$125.00
96111	DEVELOPMENTAL TEST, EXTE	\$210.00	n/a
96112	Developmental Testing by physician or qualified healthcare professional, First Hour.	\$210.00	n/a
96113	Developmental Testing by physician or qualified healthcare professional, Each Additional Hour.	\$210.00	n/a
96118	Psychological testing	\$130.10	n/a
96130	Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; <b>First hour.</b>	\$125.00	\$125.00
96131	Psychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; <b>Each additional Hour.</b>	\$125.00	\$125.00
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; <b>First hour.</b>	\$130.10	\$125.00

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96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report; <b>Each additional hour.</b>	\$130.10	\$125.00
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; <b>First 30 minutes.</b>	\$62.50	\$62.50
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; <b>Each additional 30 minutes.</b>	\$62.50	\$62.50
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>First 30 minutes.</b>	\$43.75	\$43.75
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>Each additional 30 minutes.</b>	\$43.75	\$43.45
96372	Injection Administration	\$25.00	\$25.00
97530	OT/PT Therapeutic Activities, Individual	\$35.00	n/a
99201	99201 - E&M visits. New Patient, typically 10 minutes	\$55.00	\$55.00
99202	99202 - E&M visits. New Patient, typically 20 minutes	\$80.00	\$90.00
99203	99203 - E&M visits. New Patient, typically 30 minutes	\$105.00	\$125.00
99204	99204 - E&M visits. New Patient, typically 45 minutes	\$138.50	\$160.00
99205	99205 - E&M visits. New Patient, typically 60 minutes	\$185.00	\$190.00
99211	99211 - E&M visit, Established Patient, brief	\$35.00	\$50.00
99212	99212 - E&M visit, Established Patient, 10 minutes	\$65.00	\$95.00
99213	99213 - E&M visit, Established Patient, 15 minutes	\$100.00	\$155.00
99214	99214 - E&M visit, Established Patient, 25 minutes	\$125.00	\$180.00
99215	99215 - E&M visit, Established Patient, 40 minutes	\$150.00	\$195.00
99308	E & M - Nursing Facility	\$40.00	n/a
99309	E & M - Nursing Facility	\$65.00	n/a
99310	E & M - Nursing Facility	\$80.00	n/a
99334	REST HOME VISIT - 15 Minutes	\$60.00	n/a
99335	REST HOME VISIT - 25 Minutes	\$85.00	n/a
99336	REST HOME VISIT - 45 Minutes	\$100.00	n/a
99506	HOME VISIT, IM INJECTION	\$160.12	n/a
A0120	NON-ER TRANSPORT:MINI-BU	\$9.59	n/a
A0130	Non-ER Wheelchair Van	\$10.00	n/a
G0177	TRNG & EDU-PT W/MENTAL PROB	\$96.04	\$60.00
H0023	BEHAVIORAL HEALTH OUTREACH	\$92.79	n/a
H0031 (Modifier)	Assessment, by non Phys; (See DWMHA Bulletin #18-001; one modifier is required: BI; DE; FA; FS; JF; PE; PY; ST; VO)	\$140.00	\$195.00
H0031 LO	Assessment, by non Phys; LOCUS	\$60.00	n/a
H0032	MH Service Plan Dev. non-phys	\$140.00	\$195.00
H0034	Med training and supp, 15 min	\$32.50	n/a

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<b>CPT Code</b>	<b>CPT Description</b>	<b>Adult Rate</b>	<b>Child Rate</b>
H0036	Home Based Services	n/a	\$70.00
H0038	Self-Help/Peer Services - Individual (Child = TJ modifier)	\$8.75	\$8.00
H0038 TT	Self-Help/Peer Services - Multiple members served (Child = TJ modifier)	\$2.50	\$2.50
H0039	Assertive Comm Treatment, 15 min		n/a
H0043 L0	Community Living Supports, Unlicensed, Per Diem ( 1/2 Hr. = 15 min. to 30 min.) [L-zero]	\$15.27	n/a
H0043 L1	Community Living Supports, Unlicensed, Per Diem ( 1 Hr. = 31 min. to 60 min.)	\$46.64	n/a
H0043 L2	Community Living Supports, Unlicensed, Per Diem ( 2 Hr. = 61 min. to 120 min.)	\$77.18	n/a
H0043 L3	Community Living Supports, Unlicensed, Per Diem ( 3 Hr. = 121 min. to 180 min.)	\$107.72	n/a
H0043 L4	Community Living Supports, Unlicensed, Per Diem ( 4 Hr. = 181 min. to 240 min.)	\$138.26	n/a
H0043 L5	Community Living Supports, Unlicensed, Per Diem (Outlier; cost or > 4 Hr.)	Varies	n/a
H0045	Respite Care, Out of Home, day.	\$150.00	\$150.00
H2000	Comprehensive multidisciplinary	\$85.00	\$110.00
H2011	Crisis Intervention	\$27.50	\$37.50
H2014	Skills training and development - Individual	\$4.82	n/a
H2014 TT	Skills training and development - Multiple members served	\$4.27	n/a
H2015	Community Living Supports, 15 Minutes - Individual	\$5.74	\$5.74
H2015 TT	Community Living Supports, 15 Minutes - Multiple members served	\$4.30	\$4.03
H2016 L0	Community Living Supports, Licensed, Per Diem ( 1/2 Hr. = 15 min. to 30 min.) [L-zero]	\$15.27	n/a
H2016 L1	Community Living Supports, Licensed, Per Diem ( 1 Hr. = 31 min. to 60 min.)	\$46.18	n/a
H2016 L2	Community Living Supports, Licensed, Per Diem ( 2 Hr. = 61 min. to 120 min.)	\$76.72	n/a
H2016 L3	Community Living Supports, Licensed, Per Diem ( 3 Hr. = 121 min. to 180 min.)	\$107.26	n/a
H2016 L4	Community Living Supports, Licensed, Per Diem ( 4 Hr. = 181 min. to 240 min.)	\$137.80	n/a
H2016 L5	Community Living Supports, Licensed, Per Diem (Outlier; cost or > 4 Hr.)	Varies	n/a
H2019	Dialectical Behavior Therapy - Individual	\$57.00	\$57.00
H2019 TT	Dialectical Behavior Therapy - Multiple members served	\$17.25	\$17.25
H2021	Specialized Wraparound, 15 minutes	n/a	\$95.00
H2023	Supported employment per 15 minutes (Not Evidenced-Based)	\$8.92	n/a
H2030	Mental Health Clubhouse	\$4.25	n/a
H2033	Home-Based, Multisystemic therapy	n/a	\$105.00
S5111	Home care training, fam; session	\$150.00	\$185.00
S9445	Patient education non-phys, Individual	\$57.50	\$75.00
S9446	Patient education non-phys, Group	\$40.00	\$50.00
S9470	Nutritional Counseling, Dietitian	\$65.00	n/a
T1001	Nursing assessment / evaluation	\$105.00	\$105.00
T1002	RN services, up to 15 minutes	\$37.50	\$37.50
T1005	Respite Care, 15 minutes	\$5.24	\$5.24
T1016	Case management, 15 min	\$56.50	\$56.50
T1017	Targeted case mgmt, 15 min	\$56.50	\$75.00
T1020 L0	Personal Care, Licensed, Per Diem ( 1/2 Hr. = 15 min. to 30 min.) [L-zero]	\$15.27	n/a
T1020 L1	Personal Care, Licensed, Per Diem ( 1 Hr. = 31 min. to 60 min.)	\$43.97	n/a
T1020 L2	Personal Care, Licensed, Per Diem ( 2 Hr. = 61 min. to 120 min.)	\$74.51	n/a
T1020 L3	Personal Care, Licensed, Per Diem ( 3 Hr. = 121 min. to 180 min.)	\$105.05	n/a

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T1020 L4	Personal Care, Licensed, Per Diem ( 4 Hr. = 181 min. to 240 min.)	\$135.59	n/a
T1020 L5	Personal Care, Licensed, Per Diem (Outlier; cost or > 4 Hr.)	Varies	n/a
T1999	Misc. Therapeutic Items	Varies	Varies
T2038	Community Transition, actual costs	Varies	n/a