

**Detroit-Wayne Mental Health Authority**  
**I/DD Procedure Codes and Modifiers - Standard Rate Sheet**  
**Effective 01/01/2019 (Version 5)**

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 "Modifiers List - MDHHS & DWMHA Combined" 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. (Revisions highlighted in yellow.)

Procedure Code & Description	Billing Modifier	Standard Rate
90791 - Psych Eval (no medical svc)	--	\$180.00
90792 - Psych Eval (w/medical svc)	--	\$180.00
90832 - Psychotherapy, 30 (16-37 mins)	--	\$60.00
90834 - Psychotherapy, 45 (38-52 mins)	--	\$90.00
90837 - Psychotherapy, 60 (53+ mins)	--	\$120.00
90839 - Psychotherapy for crisis, 60 min	--	\$120.00
90840 - Psychotherapy for crisis, each additional 30 minutes	--	\$60.00
90846 - Family Therapy Without Consumer Present	--	\$110.00
90847 - Family Therapy With Consumer Present	--	\$110.00
90849 - MULTIPLE FAMILY GROUP PS	--	\$20.00
90853 - Group Therapy	--	\$40.00
90887 - Psychiatric Evaluation interpretive interview	--	\$65.00
92507 - Speech & Language, Individual - in Office.	--	\$65.00
92507 - Speech & Language, Individual - in Home.	WS	\$105.00
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension - in Office.	--	\$120.00
92523 - Evaluation of Speech Sound Production with evaluation of language comprehension - in Home.	WS	\$146.00
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function - in Office.	--	\$120.00
92610 - Speech/Language - Evaluation of oral & pharyngeal swallowing function - in Home.	WS	\$146.00
96101 - Psychological Testing by Psychologist or Physician	--	<del>\$90.00</del>
96102 - Psychological Testing by technician	--	<del>\$62.50</del>
96111 - Assessment - Developmental Testing	--	\$80.00
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>		\$90.00
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>		\$90.00

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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>		\$90.00
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>		\$90.00
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>		\$45.00
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>		\$45.00
96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>First 30 minutes.</b>		\$31.25
96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>Each additional 30 minutes.</b>		\$31.25
96372 - Medication Administration (injection)	--	\$15.00
97110 - OT/PT Strength ROM - Individual - in Office	--	\$20.00
97110 - OT/PT Strength ROM - Individual - in Home	WS	\$35.00
97161 - PT Low Complexity	--	\$100.00
97162 - PT Moderate Complexity	--	\$150.00
97163 - PT High Complexity	--	\$195.00
97164 - PT Re-Evaluation	--	\$120.00
97165 - OT Low Complexity	--	\$100.00
97166 - OT Moderate Complexity	--	\$150.00
97167 - OT High Complexity	--	\$225.00
97168 - OT Re-Evaluation	--	\$120.00
97530 - OT/PT Individual Therapeutic Activities - in Office.	--	\$20.00
97530 - OT/PT Individual Therapeutic Activities - in Home.	WS	\$35.00
97533 - OT/PT Individual Sensory Integrative Techniques -in Office.	--	\$20.00
97533 - OT/PT Individual Sensory Integrative Techniques - in Home.	WS	\$35.00
99202 - E&M visits. New Patient, typically 20 minutes	--	\$65.00
99203 - E&M visits. New Patient, typically 30 minutes	--	\$97.50
99204 - E&M visits. New Patient, typically 45 minutes	--	\$138.50
99211 - E&M visit, Established Patient, brief	--	\$20.00
99212 - E&M visit, Established Patient, 10 minutes	--	\$32.50
99213 - E&M visit, Established Patient, 15 minutes	--	\$48.75
99214 - E&M visit, Established Patient, 25 minutes	--	\$81.25
99215 - E&M visit, Established Patient, 40 minutes	--	\$130.00
99308 - NURSING FACILITY SERVICES E&M, 15 minutes	-	\$150.00

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99309 - NURSING FACILITY SERVICES E&M, 25 minutes	--	\$160.00
99310 - NURSING FACILITY SERVICES E&M, 35 minutes	--	\$170.00
99506 - Home Visit for Injection (Intramuscular)	--	\$31.25
A0120 - Non-emergency Transportation; Mini-Bus	--	\$40.00
A0130 - Non-Emergency Transportation; Wheelchair Van	--	\$40.00
E1399 - Durable Medical Equipment, Miscellaneous	--	Varies, per Service.
H0031 - Mental Health Assessment, by Non-Physician. Does NOT include the LOCUS Assessment. (*See DWMHA Bulletin #18-001; one modifier is required: BI; DE; FA; FS; JF; PE; PY; ST; VO)	*	\$138.00
H0031 - Mental Health Assessment, by Non-Physician - LOCUS Assessment. (See DWMHA Bulletin #18-001)	LO	\$60.00
H0032 - Treatment Plan Development by Non-Physician	--	\$180.00
H0032 - Treatment Plan Monitoring of speciality service	TS	\$120.00
H0036 - Community Psychiatric Supportive Treatment, Face-To-Face	--	\$42.00
H0043 - Community Living Supports (5 to 7 hours per day)	L1	\$109.74
H0043 - Community Living Supports (8 to 10 hours per day)	L2	\$164.61
H0043 - Community Living Supports (11 to 14 hours per day)	L3	\$228.63
H0043 - Community Living Supports (15 to 20 hours per day)	L4	\$320.08
H0043 - Community Living Supports (Alternative arrangement) [Add "WV" modifier for Wheelchair adapted Van.]	L5	Varies
H0045 - Respite Care Services, not in the home, licensed residential setting	HK	\$230.00
H0045 - Respite Care Services, not in the home, licensed residential setting	--	\$180.00
H0046 - Peer mentor services provided by a DD Peer Mentor (Encounter)	--	\$30.00
H0046 - Peer mentor services provided by a DD Peer Mentor (Encounter)	TT	\$10.00
H2000 - Behavioral Management Review (Committee)	--	\$225.00
H2000 - Behavioral Management Review - Monitoring	TS	\$80.00
H2011 - Crisis Intervention Services (Not C.O.P.E. program)	--	\$50.00
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based. (Multiple Members served)	TT; L1	\$2.95
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based. (Individual)	L1	\$3.69
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019) (Multiple Members served)	TT; DW; L1	\$1.50
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Facility based with Deviated Wage. (Effective 01-01-2019) (Individual)	DW; L1	\$1.88
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based. (Multiple Members served)	TT; L2	\$3.85
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based. (Individual)	L2	\$4.81

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H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair. (Multiple Members served)	TT; L3	\$4.35
H2014 - Skill Building & Training / Out-of-Home Non-Vocational Habilitation - Community based with Wheelchair. (Individual)	L3	\$5.44
H2015 - Comprehensive Community Support Services - Individual	--	\$4.54
H2015 - Comprehensive Community Support Services - Multiple members served	TT	\$3.40
H2015 - Comprehensive Community Support Services - Two Staff/One Individual	21	\$9.08
H2016 - Comprehensive Community Supports Services per Diem (5 to 7 hours per day)	L1	\$109.74
H2016 - Comprehensive Community Supports Services per Diem (8 to 10 hours per day)	L2	\$164.61
H2016 - Comprehensive Community Supports Services per Diem (11 to 14 hours per day)	L3	\$228.63
H2016 - Comprehensive Community Supports Services per Diem (15 to 20 hours per day)	L4	\$320.08
H2016 - Comprehensive Community Supports Services per Diem (Alternative arrangement) [Add "WV" modifier for Wheelchair adapted Van.]	L5	Varies
H2023 - Supported Employment - Individual	--	\$7.64
H2023 - Supported Employment - ENCLAVE with Competitive Wage	TT	\$5.43
H2023 - Supported Employment - ENCLAVE with DEVIATED WAGE (Expires 03/31/2019)	DW; TT	\$3.85
H2030 - Mental Health Clubhouse Services	--	\$2.50
S5111 - Family Training	--	\$60.00
S5165 - Home Modifications, Per Service.	--	Varies, per Service.
S9445 - Patient Education, NOC, Non-Physician, Individual - in Home.	WS	\$75.00
S9445 - Patient Education, NOC, Non-Physician, Individual - in Office.	--	\$40.00
S9446 - Patient Education, NOC, Non-Physician, Group	--	\$13.00
T1001 - Nursing Assessment - in Home.	WS	\$145.00
T1001 - Nursing Assessment - in Office.	--	\$80.00
T1002 - RN services	--	\$12.50
T1005 - Respite, Individual	--	\$4.00
T1005 - Respite, Multiple members served	TT	\$3.00
T1016 - Supports Coordination	--	\$96.44
T1017 - Nursing Home Mental Health Monitoring	SE	\$60.00
T1017 - Targeted Case Management	--	\$85.00
T1020 - Personal Care Per Diem (1 hour/day; 1 to 60 min)	L1	\$18.29
T1020 - Personal Care Per Diem (2 hours/day; 61 to 120 min)	L2	\$36.58
T1020 - Personal Care Per Diem (3 hours/day; 121 to 180 min)	L3	\$54.87

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T1020 - Personal Care Per Diem (4 hours/day; 181 to 240 min)	L4	\$73.16
T1020 - Personal Care Per Diem (Alternative arrangement)	L5	Varies
T1999 - Miscellaneous Therapeutic Items & Supplies, NOC	--	Varies, per Service.
T2015 - Out of Home Pre-Vocational (HSW Only)	HK	\$9.50
T2015 - Out of Home Pre-Vocational (HSW Only) Deviated Wage (Effective 01-01-2019)	DW; HK	\$6.00
T2028 - Specialized Supply, NOS	--	Varies, per Service.
T2036 - Therapeutic Camping, Overnight	--	Varies, per Service.
T2037 - Therapeutic Camping, Day	--	Varies, per Service.
T2038 - Community Transition, Per Service	--	Varies, per Service.
T2039 - Vehicle Modifications, Per Service	--	Varies, per Service.