

Detroit-Wayne Mental Health Authority

**Child with Serious Emotional Disturbance Procedure Codes and Modifiers - Standard Rate Sheet
Effective 10/01/2019**

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	Child Rate
90791	Psych Eval (no medical svc)	\$220.00
90792	Psych Eval (w/medical svc)	\$285.00
90832	Psychotherapy, 30 (16-37 mins)	\$90.00
90834	Psychotherapy, 45 (38-52 mins)	\$150.00
90837	Psychotherapy, 60 (53+ mins)	\$200.00
90839	Psychotherapy for crisis, 60 min	\$120.00
90840	Psychotherapy for crisis, 30 min	\$100.00
90846	FAMILY PSYTX W/O PATIENT	\$125.00
90847	FAMILY PSYTX W/PATIENT	\$135.00
90849	Multi-family Group	\$52.50
90853	GROUP PSYCHOTHERAPY	\$52.50
90887	CONSULTATION WITH FAMILY	\$65.00
92507	Speech & Language, Individual - in Office.	\$65.00
92507 WS	Speech & Language, Individual - in Home.	\$105.00
92523	Evaluation of Speech Sound Production with evaluation of language comprehension - in Office.	\$120.00
92523 WS	Evaluation of Speech Sound Production with evaluation of language comprehension - in Home.	\$146.00
92610	Speech/Language - Evaluation of oral & pharyngeal swallowing function - in Office.	\$120.00
92610 WS	Speech/Language - Evaluation of oral & pharyngeal swallowing function - in Home.	\$146.00
96110	Developmental Test, Limited	\$125.00
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; First hour.	\$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; Each additional Hour.	\$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; First hour.	\$125.00

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CPT Code	CPT Description	Child Rate
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; Each additional hour.	\$125.00
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; First 30 minutes.	\$62.50
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Each additional 30 minutes.	\$62.50
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; First 30 minutes.	\$43.75
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Each additional 30 minutes.	\$43.45
96372	Injection Administration	\$25.00
97110	OT/PT Strength ROM - Individual - in Office	\$20.00
97110 WS	OT/PT Strength ROM - Individual - in Home	\$35.00
971161	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
99201	99201 - E&M visits. New Patient, typically 10 minutes	\$55.00
99202	99202 - E&M visits. New Patient, typically 20 minutes	\$90.00
99203	99203 - E&M visits. New Patient, typically 30 minutes	\$125.00
99204	99204 - E&M visits. New Patient, typically 45 minutes	\$160.00
99205	99205 - E&M visits. New Patient, typically 60 minutes	\$190.00
99211	99211 - E&M visit, Established Patient, brief	\$50.00
99212	99212 - E&M visit, Established Patient, 10 minutes	\$95.00
99213	99213 - E&M visit, Established Patient, 15 minutes	\$155.00
99214	99214 - E&M visit, Established Patient, 25 minutes	\$180.00
99215	99215 - E&M visit, Established Patient, 40 minutes	\$195.00
G0177	TRNG & EDU-PT W/MENTAL PROB	\$60.00
H0031 (Modifier)	Assessment, by non Phys; (See DWMHA Bulletin #18-001; one modifier is required: BI; DE; FA; FS; JF; PE; PY; ST; VO)	\$195.00
H0032	Treatment Plan Development by Non-Physician	\$195.00
H0032 TS	Treatment Plan Monitoring of speciality service	\$130.00
H0036	Home Based Services	\$70.00
H0038	Self-Help/Peer Services - Individual (Child = TJ modifier)	\$8.00

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CPT Code	CPT Description	Child Rate
H0038 TT	Self-Help/Peer Services - Multiple members served (Child = TJ modifier)	\$2.50
H0045	Respite Care, Out of Home, day.	\$150.00
H2000	Comprehensive multidisciplinary	\$110.00
H2011	Crisis Intervention	\$37.50
H2014	Skills training and development - Individual	\$4.89
H2014 TT	Skills training and development - Multiple members served	\$4.33
H2015	Community Living Supports, 15 Minutes - Individual	\$5.81
H2015 TT	Community Living Supports, 15 Minutes - Multiple members served	\$4.35
H2019	Dialectical Behavior Therapy - Individual	\$57.00
H2019 TT	Dialectical Behavior Therapy - Multiple members served	\$17.25
H2021	Specialized Wraparound, 15 minutes	\$95.00
H2033	Home-Based, Multisystemic therapy	\$105.00
S5111	Home care training, fam; session	\$185.00
S9445	Patient education non-phys, Individual	\$75.00
S9446	Patient education non-phys, Group	\$50.00
T1001	Nursing assessment / evaluation	\$105.00
T1002	RN services, up to 15 minutes	\$37.50
T1005	Respite Care, 15 minutes	\$5.31
T1016	Case management, 15 min	\$56.50
T1017	Targeted case mgmt, 15 min	\$75.00
T1999	Misc. Therapeutic Items	Varies