

MDCH
CMHSP Children's Waiver Database
January 2015

HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	PA	Limits	Comments
90785		Psytx Complex Interactive	P	\$9.90			List separately in addition to the code for primary procedure 90832 - 90838
90791		Psych Diagnostic Evaluation	P	\$78.58		1 Per Month	
90792		Psych Diag Eval W/Med Srvc	P	\$87.20		1 Per Month	
90832		Psytx Pt & Family 30 Minutes	P	\$39.18		10 per Month	
90833		Psytx Pt&Fam W/E & M 30 Minutes	P	\$40.26		10 per Month	
90834		Psytx Pt&Family 45 Minutes	P	\$51.46		10 per Month	
90836		Psytx Pt&Fam W/E&M 45 Min	P	\$50.38		10 per Month	
90837		Psytx Pt&Family 60 Minutes	P	\$76.22		10 per Month	
90838		Psytx Pt&Fam W/E&M 60 Minutes	P	\$65.88		10 per Month	
90846		Family psytx w/o patient	P	\$62.01		10 per Month	
90847		Family psytx w/patient	P	\$64.16		10 per Month	
90853		Group Psychotherapy	P	\$15.50		10 per Month	
90863		Pharmacologic mgmt w/psytx	P	\$37.25			Must be used with 90832 - 90837
92507		Speech/Hearing Therapy - Individual	P	\$47.80		8 Sessions per Month	
92508		Speech/Hearing Therapy - Group	P	\$14.21		8 Sessions per Month	
92521		Evaluation of Speech Fluency	P	\$65.67		1 per 3 Calendar Months	
92522		Evaluate Speech Production	P	\$56.41		1 per 3 Calendar Months	
92523		Speech Sound Lang Comprehen	P	\$112.39		1 per 3 Calendar Months	
92524		Behavral Qualit Analys Voice	P	\$53.39		1 per 3 Calendar Months	
92526		Oral Function Therapy	P	\$52.10		8 Sessions per Month	
92626		Eval uad rehab status	P	\$54.47		1 per 90 Days	
92627		Eval Aud Status Rehab Add-On	P	\$13.35		12 per 90 Days	
92630		Aud rehab pre-ling hear loss		\$35.52		8 per Month	
92633		Aud rehab postling hear loss		\$35.52		8 per Month	
96101		Psycho Testing By Psych/Phys	P	\$48.23		Maximum quantity of 5 once in 90 Days	
96102		Psycho Tesing By Technician	P	\$38.54		Maximum quantity of 5 once in 90 Days	
96103		Psycho Testing Admin By Comp	P	\$16.58		1 per 90 Days	
96105		Assessment Of Aphasia	P	\$63.30		1 per 90 Days	
96110		Developmental screen	P	\$5.81		1 per 90 Days	
96111		Developmental Test Extend	P	\$77.51		1 per 90 Days	
96116		Neurobehavioral Status Exam	P	\$56.19		1 per 90 Days	
96118		Neuropsych Tst By Psych/Phys	P	\$58.99		Maximum quantity of 5 once in 90 Days	

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96119		Neuropsych Testing By Tec	P	\$48.87		Maximum quantity of 5 once in 90 Days	
96120		Neuropsych Tst Admin W/Comp	P	\$28.85		1 per 90 Days	
96372		Ther/Prop/Diag Inj SC/IM	P	\$15.29			
97001		Pt Evaluation	P	\$45.43		2 per Year	
97002		Pt Re-Evaluation	P	\$25.41		1 per Month	
97003		Ot Evaluation	P	\$51.46		2 per Year	
97004		Ot Re-Evaluation	P	\$31.86		1 per Month	
97110		Therapeutic Exercises	P	\$19.59		8 Sessions per Month for combined OT & PT procedures.	
97112		Neuromuscular Reeducation	P	\$20.24		8 Sessions per Month for combined OT & PT procedures.	
97113		Aquatic Therapy/exercises	P	\$26.05		8 Sessions per Month for combined OT & PT procedures.	
97116		Gait Training Therapy	P	\$17.22		8 Sessions per Month for combined OT & PT procedures.	
97124		Massage Therapy	P	\$16.15		4 Sessions per Month	
97140		Manual Therapy 1/> regions	P	\$18.09		8 Sessions per Month for combined OT & PT procedures.	
97150		Group Therapeutic Procedures	P	\$10.55		8 Sessions per Month for combined OT & PT procedures.	
97530		Therapeutic Activities	P	\$21.10		8 Sessions per Month for combined OT & PT procedures.	
97532		Cognitive Skills Development	P	\$16.36		8 Sessions per Month for combined OT & PT procedures.	
97533		Sensory Integration	P	\$17.65		8 Sessions per Month for combined OT & PT procedures.	
97535		Self Care Mngment Training	P	\$21.10		8 Sessions per Month for combined OT & PT procedures.	
97537		Community/ Work Reintegration	P	\$18.30		8 Sessions per Month for combined OT & PT procedures.	
97542		Wheelchair mngment training	P	\$18.52		8 Sessions per Month for combined OT & PT procedures.	
97761		Prosthetic Training	P	\$20.02		8 Sessions per Month for combined OT & PT procedures.	
97762		C/o For Orthotic/prosth Use	P	\$28.85		1 per 90 Days	

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97802		Medical Nutrition Indiv In	P	\$21.10		2 per Year	
97803		Med Nutrition Indiv Subseq	P	\$18.09		5 per Month	
97804		Medical Nutrition Group	P	\$9.69		5 per Month	
99201		Office/outpatient visit new	P	\$26.27			
99202		Office/outpatient visit new	P	\$45.00			
99203		Office/outpatient visit new	P	\$65.67			
99204		Office/outpatient visit new	P	\$99.68			
99205		Office/outpatient visit new	P	\$125.09			
99211		Office/outpatient visit est	P	\$12.06			
99212		Office/outpatient visit est	P	\$26.27			
99213		Office/outpatient visit est	P	\$43.92			
99214		Office/outpatient visit est	P	\$64.81			
99215		Office/outpatient visit est	P	\$87.84			
99506		Home Visit Im Injection		\$10.77			
E1399		Durable Medical Equipment Mi		M	Y		
G0176		OPPS/PHP;Activity Therapy		\$66.54		4 Sessions per Month per type of specialty services (Music, Recreation, Art Therapy) regardless of the number of weeks in a month	
H0018		Alcohol And/Or Drug Services		\$202.56			
H0031		MH Health Assess By Non-MD		\$297.47		1 per 3 Calendar Months	
H0034		Med Trng & Support Per 15min		\$9.91		1 per Week	
H2000		Comp Multidiscipln Evaluation		\$184.32		5 Sessions per Month.	
H2015		Comp Comm Supp SCV, 15 min		\$3.62		96 per Day (with or without modifier)	
H2015		Comp Comm Supp SCV, 15 min		\$5.43		Holiday Rate	
H2015	TT	Comp Comm Supp SCV, 15 min		\$2.72		96 per Day (with or without modifier)	
H2015	TT	Comp Comm Supp SCV, 15 min		\$4.08		Holiday Rate	
K0739		Repair/SVC DME Non-Oxygen Eq		M	Y		
M0064		Visit For Drug Monitoring	D	\$15.50			
S0215		Nonemerg Transp Mileage		\$0.36			
S5111		Family Homecare Train/Sessio		\$63.38		Up to 12 Sessions per 90 Day period	Cannot exceed 1 per day.
S5116		Nonfamily HC Train/Session		\$62.09		Up to 4 Sessions per Calendar Month	Cannot exceed 1 per day.
S5165		Home Modifications Per Serv		M	Y		

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HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	PA	Limits	Comments
S5199		Personal Care Item NOS Each		\$96.00		5 items per Quarter, limited to a cost not greater than \$96 each. Use the remarks field to identify the item(s).	
S8990		Pt or Manip For Maint		\$62.86		8 Sessions per Month for combined OT & PT procedures.	
S9445		PT Education NOC Individ		\$24.02		5 per Month	
S9446		PT Education NOC Group		\$12.00		5 per Month	
S9470		Nutritional Counseling, Diet		\$24.48		13 per Month	
S9484		Crisis Intervention Per Hour		\$44.41		10 per Month	
T1001		Nursing Assessment/Evaluatn		\$46.17		1 per 90 Days	
T1002		RN Services Up To 15 Min		\$9.91		12 per Month	
T1005		Respite Care Service 15 Min		\$3.56		4608 units per Fiscal Year (with or without modifier)	
T1005		Respite Care Service 15 Min		\$5.34		Holiday Rate	
T1005	TD	Respite Care Service 15 Min		\$7.67		4608 units per Fiscal Year (with or without modifier)	
T1005	TD	Respite Care Service 15 Min		\$11.51		Holiday Rate	
T1005	TE	Respite Care Service 15 Min		\$6.52		4608 units per Fiscal Year (with or without modifier)	
T1005	TE	Respite Care Service 15 Min		\$9.78		Holiday Rate	
T1005	TT	Respite Care Service 15 Min		\$2.67		4608 units per Fiscal Year (with or without modifier)	
T1005	TT	Respite Care Service 15 Min		\$4.01		Holiday Rate	
T1999		NOC Retail Items And Supplies		\$24.00		1 adaptive toy per Quarter with a maximum cost of \$24. Only adaptive toys can be billed under this code. Use the remarks field to identify the item.	
T2023		Targeted Case Mgmt Per Month		\$291.57		The date of service should be the last day of the month on which a face to face case management service was provided.	
T2025		Waiver Service, NOS (Financial Intermediary Services)		\$105.00		Maximum 1 per Calendar Month	

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T2028		Special Supply, NOS Waiver		\$96.00		5 allergy control supplies per Quarter, limited to a cost not greater than \$96 each. Use the remarks field to identify the item(s).	
T2029		Special Med Equip, NOS Waiver		M	Y		
T2039		Vehicle Mod Waiver/Service		M	Y		

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