

MDCH
CMHSP Children's Waiver Database
April 2013

Revised: 08/23/2013

HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	PA	Limits	Comments
90785		Psytx Complex Interactive		\$3.01			Replaces 90810-90815 Interactivite complexity (List separately in addition to the code for primary procedure 90832 - 90838)
90791		Psych Diagnostic Evaluation		\$95.38		1 Per Month	
90792		Psych Diag Eval W/Med Srvc		\$78.58		1 Per Month	
90832		Psytx Pt & Family 30 Minutes		\$39.62		10 per Month	
90833		Psytx Pt&Fam W/E & M 30 Minutes		\$26.27		10 per Month	Revised: Added 08/23/2013, eff. 01/01/2013
90834		Psytx Pt&Family 45 Minutes		\$51.03		10 per Month	
90836		Psytx Pt&Fam W/E&M 45 Min		\$42.63		10 per Month	Revised: Added 08/23/2013, eff. 01/01/2013
90837		Psytx Pt&Family 60 Minutes		\$74.71		10 per Month	
90838		Psytx Pt&Fam W/E&M 60 Minutes		\$68.90		10 per Month	Revised: Added 08/23/2013, eff. 01/01/2013
90846		Family psytx w/o patient		\$54.26		10 per Month	
90847		Family psytx w/patient		\$66.31		10 per Month	
90853		Group Psychotherapy		\$18.30		10 per Month	
90863		Pharmacologic mgmt w/psytx		\$37.25			(This code does not replace 90862) Must be used with 90832 - 90837
92506		Speech/Hearing Evaluation		\$75.14		1 per 90 Days	
92507		Speech/Hearing Therapy - Individual		\$35.52		8 Sessions per Month	
92508		Speech/Hearing Therapy - Group		\$16.79		8 Sessions per Month	
92526		Oral Function Therapy		\$47.58		8 Sessions per Month	
92626		Eval uad rehab status		\$48.66		1 per 90 Days	
92627		Eval Aud Status Rehab Add-On		\$12.27		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		\$55.12		Maximum quantity of 5 once in 90 Days	
96102		Psycho Tesing By Technician		\$25.19		Maximum quantity of 5 once in 90 Days	
96103		Psycho Testing Admin By Comp		\$15.93		1 per 90 Days	

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96105		Assessment Of Aphasia		\$41.98		1 per 90 Days	
96110		Developmental screen		\$7.75		1 per 90 Days	
96111		Developmental Test Extend		\$82.46		1 per 90 Days	
96116		Neurobehavioral Status Exam		\$61.79		1 per 90 Days	
96118		Neuropsych Tst By Psych/Phys		\$73.85		Maximum quantity of 5 once in 90 Days	
96119		Neuropsych Testing By Tec		\$37.68		Maximum quantity of 5 once in 90 Days	
96120		Neuropsych Tst Admin W/Comp		\$27.34		1 per 90 Days	
96372		Ther/Prop/Diag Inj SC/IM		\$12.49			
97001		Pt Evaluation		\$43.06		2 per Year	
97002		Pt Re-Evaluation		\$22.82		1 per Month	
97003		Ot Evaluation		\$46.07		2 per Year	
97004		Ot Re-Evaluation		\$27.77		1 per Month	
97110		Therapeutic Exercises		\$15.93		8 Sessions per Month for combined OT & PT procedures.	
97112		Neuromuscular Reeducation		\$16.58		8 Sessions per Month for combined OT & PT procedures.	
97113		Aquatic Therapy/exercises		\$18.09		8 Sessions per Month for combined OT & PT procedures.	
97116		Gait Training Therapy		\$13.99		8 Sessions per Month for combined OT & PT procedures.	
97124		Massage Therapy		\$12.70		4 Sessions per Month	
97140		Manual Therapy 1/> regions		\$14.86		8 Sessions per Month for combined OT & PT procedures.	
97150		Group Therapeutic Procedures		\$9.90		8 Sessions per Month for combined OT & PT procedures.	
97530		Therapeutic Activities		\$16.58		8 Sessions per Month for combined OT & PT procedures.	
97532		Cognitive Skills Development		\$13.99		8 Sessions per Month for combined OT & PT procedures.	
97533		Sensory Integration		\$14.86		8 Sessions per Month for combined OT & PT procedures.	
97535		Self Care Mngmt Training		\$17.01		8 Sessions per Month for combined OT & PT procedures.	

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97537		Community/ Work Reintegration		\$15.50		& PT procedures.	
97542		Wheelchair mngment training		\$15.93		8 Sessions per Month for combined OT & PT procedures.	
97761		Prosthetic Training		\$16.15		8 Sessions per Month for combined OT & PT procedures.	
97762		C/o For Orthotic/prosth Use		\$14.86		1 per 90 Days	
97802		Medical Nutrition Indiv In		\$10.33		2 per Year	
97803		Med Nutrition Indiv Subseq		\$10.33		5 per Month	
97804		Medical Nutrition Group		\$4.09		5 per Month	
99201		Office/outpatient visit new		\$20.88			Revised: Added 08/23/2013, eff. 01/01/2013
99202		Office/outpatient visit new		\$37.03			Revised: Added 08/23/2013, eff. 01/01/2013
99203		Office/outpatient visit new		\$55.12			Revised: Added 08/23/2013, eff. 01/01/2013
99204		Office/outpatient visit new		\$77.94			Revised: Added 08/23/2013, eff. 01/01/2013
99205		Office/outpatient visit new		\$99.04			Revised: Added 08/23/2013, eff. 01/01/2013
99211		Office/outpatient visit est		\$12.27			Revised: Added 08/23/2013, eff. 01/01/2013
99212		Office/outpatient visit est		\$21.96			Revised: Added 08/23/2013, eff. 01/01/2013
99213		Office/outpatient visit est		\$29.93			Revised: Added 08/23/2013, eff. 01/01/2013
99214		Office/outpatient visit est		\$46.94			Revised: Added 08/23/2013, eff. 01/01/2013
99215		Office/outpatient visit est		\$68.25			Revised: Added 08/23/2013, eff. 01/01/2013
99506		Home Visit Im Injection		\$10.77			
E1399		Durable Medical Equipment Mi			M Y		

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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	
H0045	TD	Respite Not-In-Home Per Diem		\$521.56		Do not use after 12/31/2012	See expanded T1005
H0045	TE	Respite Not-In-Home Per Diem		\$443.36		Do not use after 12/31/2012	See expanded T1005
H2000		Comp Multidisipln 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		\$15.50		Maximum 1 per Month	
S0215		Nonemerg Transp Mileage		\$0.36			
S5111		Family Homecare Train/Sessio		\$63.38		No > 12 Sessions per 90 Day period.	Revised: Cannot exceed 1 per day. 08/23/2013
S5116		Nonfamily HC Train/Session		\$62.09		Up to 4 Sessions per Calendar Month	Revised: Cannot exceed 1 per day. 08/23/2013
S5151		Unskilled Respitecare /Diem		\$342.14		Do not use after 12/31/2012	See expanded T1005
S5151	TT	Unskilled Respitecare /Diem		\$256.67		Do not use after 12/31/2012	See expanded T1005
S5165		Home Modifications Per Serv			M Y		
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.	
S9125	TD	Respite Care, In The Home, Per diem		\$736.32		Do not use after 12/31/2012	See expanded T1005
S9125	TE	Respite Care, In The Home, Per diem		\$625.92		Do not use after 12/31/2012	See expanded T1005
S9445		PT Education NOC Individ		\$24.02		5 per Month	
S9446		PT Education NOC Group		\$12.00		5 per Month	

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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.	Revised: 08/23/2013
T2025		Waiver Service, NOS (Financial Intermediary Services)		\$105.00		Maximum 1 per Calendar Month	
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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