



Children Come First  
Covered Services  
Fee Schedule

**Covered Service:** Assessment Inpatient

<b>Billing Unit Rate:</b>	[per hour]	\$70 – Masters \$85 – PhD \$130 – MD
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**CPT Codes:** 99221 99222 99223

**Service Description:**

Neurological, psychiatric, developmental, functional behavioral, psychosocial, physical/occupational therapy, speech/language, and learning disability evaluations by a qualified professional on an inpatient basis (medical/inpatient hospital testing).

**Covered Service:** Assessment Outpatient

<b>Billing Unit Rate:</b>	[per hour]	\$100 – QTT \$100 – Masters \$130 – PhD \$130 – MD
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**CPT Codes:** 90791 90792

**Service Description:**

Neurological, psychiatric, developmental, functional behavioral, AODA, psychosocial, physical/occupational therapy, speech/language, and learning disability evaluations by a qualified professional on an outpatient basis (medical/outpatient testing).

**Covered Service:** Behavior Management Services

<b>Billing Unit Rate:</b>	[per hour]	\$50 – Bachelors \$70 – Masters \$85 – PhD \$130 – MD
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**CPT Codes:**

**Service Description:**

Behavioral strategy program provided to educational teams, caregivers, and children by a trained mental health professional designed to insure safety, stabilize crisis and reduce symptoms of mental illness. Support to caregivers to assist in developing a positive behavioral structure in the home environment or providing supportive services to the caregiver in implementing structure and responding to the youth's behaviors through development and maintenance of a Behavioral Support Plan which address the following: functions of the behaviors, strategies for managing those behaviors, replacement behaviors, positive and reductive consequences for appropriate and inappropriate behaviors, and a way to measure progress.

*Requires Behavioral Support Plan within 1 month of services starting, and then again every 3 months (unless updated more frequently). Time spent developing the Plan is billable up to 4 units during the first month of service. Time spent updating the Plan is billable up to 1 unit during the month in which the Plan is updated.*

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**Covered Service:** Behavioral Treatment - Assessment  
**Billing Unit Rate:** [total amt] \$200 – Licensed

**CPT Codes:** 0359T

**Service Description:**

Assessment to determine the need for Comprehensive or Focused Behavioral Treatment services, provided by a licensed psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist.

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**Covered Service:** Behavioral Treatment - Comprehensive  
**Billing Unit Rate:** [per half hour] \$15 – Technician/Senior/  
Licensed

**CPT Codes:** 0364T-0369T

**Service Description:**

Behavioral treatment program aimed to assist clients in acquiring a broad base of skills, with an emphasis on the primary deficit areas associated with ASD (communication, social-emotional development, and adaptive functioning). The broad scope of goals and focus on early developmental impacts are the defining features of this treatment. Services must be based on current evidence-based treatment modalities, which include Applied Behavior Analysis (ABA) and Early Start Denver Model (ESDM). Frequency of this service is a minimum of 20 hours per week.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Behavioral Treatment - Focused  
**Billing Unit Rate:** [per half hour] \$35 – Senior  
\$67 – Licensed

**CPT Codes:** 0364T-0369T

**Service Description:**

Behavioral treatment program aimed to reduce challenging behaviors of a client, develop replacement behaviors, and develop discrete skill acquisition tasks, such as skills training for independent living. A narrow scope of goals is the defining feature of this treatment.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Behavioral Treatment – Family Treatment Guidance  
**Billing Unit Rate:** [total amt] \$90 – Licensed

**CPT Codes:** 0370T

**Service Description:**

Time spent giving face-to-face guidance to parent(s)/caregivers regarding their child’s treatment. The client is not required to be present for this service.

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**Covered Service:** Community Supervision  
**Billing Unit Rate:** [per hour] \$43.30

**CPT Codes:**

**Service Description:**

Contact by a trained professional designed to monitor specific behavioral objectives or performance on at least a weekly basis. The service should include specific behavioral objectives, time periods and any crisis capability that are negotiated on a case-by-case basis. Monitoring of objectives and provision of short term counseling and assistance may vary depending on the client's performance and the level of monitoring

required; reports may also vary in frequency. The primary goals of supervision are to ensure the safety of the recipient and others and to build competencies that can reduce the level of crises for the child. Authorizations for this service should be a minimum of 10 units per month, with a maximum of 15 units. *Requires monthly Progress Report*

**Covered Service:** Consultation with Other Professionals

<b>Billing Unit Rate:</b>	[per hour]	\$35 – Non- Licensed \$56 – QTT \$70 – Masters \$85 – PhD \$130 – MD
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**CPT Codes:** 90887

**Service Description:**

Consultation by a specialized provider concerning specific information necessary to create an individualized treatment plan. Consultation will always involve face to face contact among the consultant, case manager, child/family and/or other treatment team members, usually in a team meeting setting to provide education to the team.

**Covered Service:** Consultation with School Personnel

<b>Billing Unit Rate:</b>	[per 15 minutes]	\$22.72 – QTT \$22.72 – Masters \$30.30 – PhD \$30.30 – MD
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**CPT Codes:** H0046

**Service Description:**

Consultation from a mental health provider to school staff or educational teams with the purpose of educating them around enrollee’s symptoms, strategies for effective engagement, care, and intervention, or treatment expectations for the enrollee. This does not include routine team meeting attendance, but rather, direct consultation with school staff to inform them how to best support the enrollee in the educational setting. May be provided via telephone or face-to-face communication.

**Covered Service:** Day Treatment

<b>Billing Unit Rate:</b>	[per hour]	\$32.72 (average)
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**CPT Codes:** H2012

**Service Description:**

Refers to time limited individual and group activities and therapies that are planned and goal-oriented in a structured, comprehensive, individual client treatment plan. Day treatment should include flexible time options, i.e., 8 hour, 4 hour, etc. and flexible treatment options, individual, group, family, etc. *Requires Prior Authorization/Progress (PA/PR) form*

**Covered Service:** Day Treatment - AODA

<b>Billing Unit Rate:</b>	[per hour]	\$32.98 (average)
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**CPT Codes:** H2012

**Service Description:**

Day treatment addressing alcohol and other drug abuse and/or addiction. *Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Evaluation & Management (E/M)  
**Billing Unit Rate:** [per 15 minutes] \$32.50

**CPT Codes:** 99204 99205 99213 99214 99215

**Service Description:**  
Medication check-ins, brief reviews by a qualified professional.

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**Covered Service:** Evening Hospitalization  
**Billing Unit Rate:** [per day]

**CPT Codes:**  
**Service Description:**  
Placement in a psychiatric hospital setting for evening and overnight programming (generally 12 hours), where all day services, including school, are provided in the community with the goal to transition to home/community.

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**Covered Service:** Family Preservation  
**Billing Unit Rate:** [per hour]

**CPT Codes:**  
**Service Description:**  
Time limited intensive in home service to address issues related to child/family safety issues. In-home service geared toward families at risk of having a child removed from home and is viewed as an alternative to a more restricted placement. Services focus on the family as a unit and include: specialized parental skill training, behavior management, family therapy, 24-hour, 7 day per week accessibility by the family (as needed), and intensive supervision of staff. Psychiatric back-up which offers medication prescribing and monitoring, as well as psychiatric admission privileges, is recommended.  
\*This service is only available through Journey Mental Health Center.  
*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Family-to-Family Mentoring  
**Billing Unit Rate:** [per month]

**CPT Codes:**  
**Service Description:**  
Mentor families are licensed foster homes that provide family skills activities, crisis intervention, and relief care to the mentored family in order to minimize placement in alternate care or assist in successful reunification. Community based service that provides families a supportive partnership with a highly skilled and trained mentor family in the same community.

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**Covered Service:** Family Therapy  
**Billing Unit Rate:** [per hour] \$80 – QTT  
\$80 – Masters  
\$100 – PhD  
\$130 – MD

**CPT Codes:** 90847  
**Service Description:**  
Goal-directed, face-to-face therapeutic intervention with a minimum of two family members which may include the client. Services may be in a clinic setting, school, home or community. Psychiatric back-up which offers medication prescribing and monitoring, as well as psychiatric admission privileges, is recommended.  
*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Group AODA Therapy

**Billing Unit Rate:** [per hour] \$35

**CPT Codes:** H0005

**Service Description:**

Group therapy addressing alcohol and other drug abuse and/or addiction.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Group Therapy

**Billing Unit Rate:** [per hour] \$35

**CPT Codes:** 90853 90857

**Service Description:**

Goal-directed, face-to-face therapeutic intervention with the eligible client and one or more clients who are treated at the same time which focuses on the mental health/behavioral needs of the clients in the group.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Individual AODA Therapy

**Billing Unit Rate:** [per hour] \$56 – Bachelors  
\$70 – Masters  
\$85 – PhD  
\$130 – MD

**CPT Codes:** H0022

**Service Description:**

Individual therapy addressing alcohol and other drug abuse and/or addiction.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Individual Skill Development

**Billing Unit Rate:** [per hour] \$40

**CPT Codes:**

**Service Description:**

Includes training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the participant's Plan of Care. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, employment, cooking, housing, shopping, youth parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs as identified in the participant's Plan of Care. Services should also focus on improving integration into and interaction with the youth's family, school, community, and other social networks.

Skill training may be provided by various methods, including, but not limited to: modeling, monitoring, coaching, assistance, and cuing.

*Requires monthly Progress Report*

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**Covered Service:** Individual Therapy

**Billing Unit Rate:** [per hour] \$75 – QTT  
\$75 – Masters  
\$90 – PhD  
\$130 – MD

**CPT Codes:** 90832 90834 90837

**Service Description:**

Goal-directed, face-to-face therapeutic intervention (including insight-oriented, behavior modifying, or supportive psychotherapy) with the eligible client which focuses on the mental health/behavioral needs of the client. Psychiatric back-up which offers medication prescribing and monitoring, as well as psychiatric admission privileges, is recommended.

\*Those billing under the 90837 code are eligible to bill 1.25 units per session

*Requires Prior Authorization/Progress (PA/PR) form*

**Covered Service:** Inpatient AODA Hospitalization

**Billing Unit Rate:** [per day]

**CPT Codes:**

**Service Description:**

Placement in a hospital for treatment of acute and/or persistent alcohol and drug issues. This may include a short term or long term hospitalization at a private or public hospital.

**Covered Service:** Intensive Supervision

**Billing Unit Rate:** [per hour] \$43.30

**CPT Codes:**

**Service Description:**

A multi-faceted service generally including monitoring of curfew, school attendance and behavior, community behavior and conditions of a court order for a distinct time period by a trained professional. Intensive supervision begins with a specific behavioral contract, negotiated with case manager, parents, client and any other interested parties. Contact with the client shall both monitor these expectations and provide informal counseling or other assistance, either by phone or in person. The service must include a 24-hour/7 day per week crisis response. Regular (at least monthly) written reports and weekly or post crisis verbal reports on progress are made. It is expected that contact of 4 hours or more per week will be required to meet these goals. The primary goals of supervision are to ensure the safety of the recipient and others and to build competencies, which can reduce the level of crises for the child. This service is authorized at 23 units per month.

*Requires monthly Progress Report*

**Covered Service:** In-Home Treatment

**Billing Unit Rate:** [per qrtr hour] \$25

**CPT Codes:** H0004

**Service Description:**

Flexible, time limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home and are viewed as one alternative to residential treatment. Services focus on the family as a unit and include: specialized parental skill training, behavior management, family therapy, 24-hour accessibility by the family (as needed), and intensive supervision of staff. Psychiatric back-up which offers medication prescribing and monitoring, as well as psychiatric admission privileges, is recommended. \*Transportation time reimbursable up to one hour per session

*Requires Prior Authorization/Progress (PA/PR) form*

**Covered Service:** Medication Trial Inpatient

**Billing Unit Rate:** [per hour] \$130 – MD

**CPT Codes:** 99231 99232 99233

**Service Description:**

Psychiatric medication trials, medication retrials, monitoring and evaluation on an inpatient basis.

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**Covered Service:** Medication Trial Outpatient

**Billing Unit Rate:** [per hour] \$130 – MD

**CPT Codes:**

**Service Description:**

Psychiatric medication trials, medication retrials, monitoring and evaluation on an outpatient basis.

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**Covered Service:** Parent Coaching

**Billing Unit Rate:** [per day] negotiable

**CPT Codes:**

**Service Description:**

Individualized service to help parents/caregivers understand, respond to, and improve behaviors of an enrolled youth by utilizing the Present Moment Parenting model, which promotes attachment while helping them understand the needs of their child. One unit for every day parent is enrolled in the Parent Coaching program when being provided by Anu Family Services.

*Requires monthly Progress Report*

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**Covered Service:** Parent Coaching Warm Line

**Billing Unit Rate:** [per day] negotiable

**CPT Codes:**

**Service Description:**

Available phone support for parents/caregivers receiving Parent Coaching services. One unit for every day parent is enrolled in the Parent Coaching program. Can only be authorized in conjunction with Parent Coaching services when being provided by Anu Family Services.

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**Covered Service:** Parent Support

**Billing Unit Rate:** [per hour] \$40

**CPT Codes:**

**Service Description:**

Support to parents/caregivers in managing their child's mental health and/or substance abuse issues. Includes skills training/modeling, problem solving, and ongoing guidance about managing and coping with their child's mental health and/or substance abuse issues. May include providing resources around community or educational support for their child.

*Requires monthly Progress Report*

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**Covered Service:** Parent/Family Skills Training Groups

**Billing Unit Rate:** [per hour] \$35

**CPT Codes:**

**Service Description:**

Structured group activities designed to increase the ability of families and children to be successful in the community. Training normally involves a curriculum or defined set of experiences that will promote usable learning. Training may or may not include direct involvement of children in the sessions.

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**Covered Service:** Partial Hospitalization

**Billing Unit Rate:** [per day]

**CPT Codes:**

**Service Description:**

Intensive services that provide a multidisciplinary treatment program of less than 24 hours a day as an alternative to hospitalization for a client who needs active psychiatric treatment for acute mental, emotional, or behavioral disorders and who may, after receiving this service, be referred to a lower level of treatment.

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**Covered Service:** Psychiatric Hospitalization

**Billing Unit Rate:** [per day]

**CPT Codes:**

**Service Description:**

Placement in a psychiatric hospital for treatment of acute and/or persistent mental health issues. This may include a short term or long term hospitalization at a private or public hospital.

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**Covered Service:** Psychiatric Hospitalization – ER Visit

**Billing Unit Rate:** [per visit]

**CPT Code:**

**Service Description:**

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**Covered Service:** Skill Development Group

**Billing Unit Rate:** [per hour] \$18.50 - \$35

**CPT Codes:**

**Service Description:**

Structured group activities designed to improve specific skill areas such as social skills, study skills, leadership, self-care, healthy relationships, etc.

Agencies with licensed staff providing this service are eligible for the higher rate.

*Requires monthly Progress Report*

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**Covered Service:** Special Therapy

**Billing Unit Rate:** [per hour] \$56 – Non-Licensed  
\$70 – Licensed

**CPT Codes:**

**Service Description:**

Non-traditional individual therapies designed to build self-control skills and stabilize behavior.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Specialized Offender Treatment

**Billing Unit Rate:** [monthly] negotiable

**CPT Codes:**

**Service Description:**

Outpatient individual, group and family therapies utilized to address issues related to sexual offenses.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Supported Day Services

**Billing Unit Rate:** [per day] \$70.50 (average)

**CPT Codes:**

**Service Description:**

Provides supported environment for youth who are in need of short-term alternative day programming to stabilize an acute crisis (typically as a result of school suspension). Services require a focus on competency building, supervision and structure.

*Requires monthly Progress Report*



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**Covered Service:** Supported Work Environments

**Billing Unit Rate:** [per hour] \$20

**CPT Codes:**

**Service Description:**

Provides supportive work environments for youths (generally ages 16-21) that require intervention and support on the job. Services also include career planning and job placement.

*Requires monthly Progress Report*

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**Covered Service:** Transitional Hospital Day Treatment

**Billing Unit Rate:** [per hour] \$25

**CPT Codes:**

**Service Description:**

Time limited day treatment provided with goal to transition youth to community programming to include home and school. Youth remains under inpatient status but programming is provided during the day only with return to home or community placement in the evening. A goal directed transition plan should be developed and actively implemented upon placement in the program.

*Requires Prior Authorization/Progress (PA/PR) form*

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**Covered Service:** Transportation

**Billing Unit Rate:** [total amt]

**CPT Codes:**

**Service Description:**

Transportation to a designated location.

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