



Children Come First
Covered Services
Fee Schedule

Covered Service: Assessment Inpatient

Billing Unit Rate:	[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

Billing Unit Rate:	[per hour]	\$56 – QTT \$70 – Masters \$85 – 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

Billing Unit Rate:	[per hour]	\$35 – Bachelors \$70 – Masters \$85 – PhD \$130 – MD
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CPT Codes:

Service Description:

Behavioral strategy program provided to teachers, parents, and children by a trained mental health professional designed to insure safety, stabilize crisis and reduce symptoms of mental illness.

Covered Service: Behavioral Treatment - Assessment

Billing Unit Rate:	[total amt]	\$200 – Licensed
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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.

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.

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.

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.

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.

Covered Service: Day Treatment

Billing Unit Rate: [per hour] \$32.72 (average)

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.

Covered Service: Day Treatment - AODA

Billing Unit Rate: [per hour] \$32.98 (average)

CPT Codes: H2012

Service Description:

Day treatment addressing alcohol and other drug abuse and/or addiction.

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.

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.

Covered Service: Family Preservation

Billing Unit Rate: [per hour] \$38.80

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.

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.

Covered Service: Family Therapy

Billing Unit Rate:	[per hour]	\$56 – QTT \$70 – Masters \$85 – PhD \$130 – MD
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CPT Codes: 90846 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.

Covered Service: Group AODA Therapy

Billing Unit Rate:	[per hour]	\$35
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CPT Codes: H0005

Service Description:

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

Covered Service: Group Therapy

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

Covered Service: Independent Living Skills

Billing Unit Rate:	[per hour]	\$40
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CPT Codes:

Service Description:

Structured group activities designed to teach daily living skills such as money management, employment, cooking, self-care, public transportation, housing, etc. Training normally involves a specific curriculum to promote learning. Group activities may be enhanced through use of individual coaching.

Covered Service: Individual AODA Therapy

Billing Unit Rate:	[per hour]	\$56 – Bachelors \$70 – Masters \$85 – PhD \$130 – MD
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CPT Codes: H0022

Service Description:

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

Covered Service: Individual Therapy

Billing Unit Rate: [per hour] \$56 – QTT
\$70 – Masters
\$85 – 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

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.

Covered Service: In-Home Treatment

Billing Unit Rate: [per 15 mins] \$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

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.

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.

Covered Service: Parent Coaching

Billing Unit Rate: [per day] \$14.70

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. Must also be authorized in conjunction with Parent Coaching Warm Line services.

Covered Service: Parent Coaching Warm Line

Billing Unit Rate: [per day] \$7.35

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. Must be authorized anytime Parent Coaching services are in place.

Covered Service: Parent Aide/Mentoring

Billing Unit Rate: [per hour] \$22 - \$30

CPT Codes:

Service Description:

Case aide engaged to spend structured time with the enrolled child, typically recreational in nature, whose primary responsibility is to connect the child to other, on-going supports in the child's community; or case aide assigned to work with a parent to assist in developing a positive behavioral structure in the home environment or providing supportive services to the parent. Agencies with clinical supervision on staff are eligible for the higher rate.

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.

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.

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.

Covered Service: Psychiatric Hospitalization – ER Visit

Billing Unit Rate: [per visit]

CPT Code:

Service Description:

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.

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.

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.

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.

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.

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.

Covered Service: Transportation

Billing Unit Rate: [total amt]

CPT Codes:

Service Description:

Transportation to a designated location.