



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

July 19, 2007

The Honorable Ulysses Currie, Chair
Senate Budget and Taxation Committee
3 West Miller Senate Building
Annapolis, MD 21401-1901

The Honorable Norman H. Conway, Chair
House Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401-1912

RE: 2007_p116_DHMH_Operating Budget Program Direction

Dear Chairman Currie and Chairman Conway:

Pursuant to the 2007 Joint Chairmen's Report, the following will provide a brief summary of the FY 2008 fee-for-service rates process for the Public Mental Health System, which rates became effective July 1, 2007 (see attached rates sheet). The Department continues to be committed to improving its service systems and provider network. Working with the provider community and taking into consideration the recommendations made by the Community Service Reimbursement Rate Commission, the Department, through its Mental Hygiene Administration (MHA), reviews its service rates to ensure continuity within the provider network and preserve quality programming. The review process also includes a regular review of encounter data, which is submitted in addition to claims. The review of the encounter data is used to verify that programs are providing services that are medically necessary.

The Governor's budget included a 2% increase for community mental health services. There were discussions on this at MHA's budget hearings. At the hearings, MHA recommended consideration of incentivizing the system to promote Evidence-Based Practices (EBPs), in addition to an overall rate increase.

The Honorable Ulysses Currie
The Honorable Norman H. Conway
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After further consideration on the additional EBPs, the final result was to move forward with an across the board 2% increase due to not having new EBPs ready to implement, with the exception of inpatient physician rates. Unlike years past, MHA did not modify the different modality rates. The only modalities that have a higher rate increase are those increased by the Health Services Cost Review Commission for acute general hospital services. MHA continues to work with the University of Maryland's EBP Center for co-occurring (substance abuse and mental illness) EBP for adults and also to develop EBPs for children. Anticipated implementation is for FY 2009.

Thank you for your continued interest in the Public Mental Health System and its fee-for-service reimbursement rates. If you should have any questions or comments, please do not hesitate to contact me at 410-767-6505 or your staff may contact Brian Hepburn, M.D., Executive Director, Mental Hygiene Administration, Spring Grove Hospital Center, Dix Building, 55 Wade Avenue, Catonsville, MD 21228. He can be reached by phone at 410-402-8452.

Sincerely,

Signature on file

John M. Colmers
Secretary

Enclosure

cc: Michelle A. Gourdine, M.D.
Brian Hepburn, M.D.
Anne Hubbard
Barbara DiPietro
Stacey Diehl
Jean Smith

Public Mental Health System Rates Effective July 1, 2007

Procedure Code	Service Description	Private Practitioners				OMHC	PRP/RRP			FQHC	CM	Mobile Tx	Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT		On-Site	Off-Site	On/Off Site							
OUTPATIENT/OFFICE PROFESSIONAL SERVICES																
90801	Psychiatric diagnostic interview exam	\$143.57	\$100.47	\$114.75	\$100.47	\$161.42										
90801	C&A Psychiatric diagnostic interview exam	\$143.57	\$100.47	\$114.75	\$100.47	\$180.29										
90804	Individual psychotherapy (20-30 min)	\$47.43	\$33.15	\$38.00	\$33.15	\$47.43										
90804	C&A Individual psychotherapy (20-30 min)	\$47.43	\$33.15	\$38.00	\$33.15	\$56.10										
90805	Indiv psychotherapy w/ med eval & mgmt (20-30 min)	\$68.85	\$48.20			\$80.84										
90805	C&A Indiv psychotherapy w/ med eval & mgmt (20-30 min)	\$68.85	\$48.20			\$90.27										
90806	Individual psychotherapy (40-50 min)	\$86.19	\$60.44	\$68.85	\$60.44	\$86.19										
90806	C&A Individual psychotherapy (40-50 min)	\$86.19	\$60.44	\$68.85	\$60.44	\$99.71										
90807	Indiv psychotherapy w/ med eval & mgmt (45-50 min)	\$102.26	\$71.66			\$115.77										
90807	C&A Indiv psychotherapy w/ med eval & mgmt (45-50 min)	\$102.26	\$71.66			\$129.54										
90808	Individual psychotherapy (75-80 min)	\$86.19	\$60.44	\$68.85	\$60.44	\$112.46										
90808	C&A Individual psychotherapy (75-80 min)	\$86.19	\$60.44	\$68.85	\$60.44	\$131.33										
90809	Indiv psychotherapy w/ med eval & mgmt (75-80 min)	\$102.26	\$71.66			\$165.50										
90809	C&A Indiv psychotherapy w/ med eval & mgmt (75-80 min)	\$102.26	\$71.66			\$184.88										
90846	Family psychotherapy without patient present	\$80.58	\$40.00	\$52.00	\$40.00	\$85.43										
90846	C&A Family psychotherapy without patient present	\$80.58	\$40.00	\$52.00	\$40.00	\$98.69										
90847	Family psychotherapy with patient present (45-60 min)	\$89.76	\$62.22	\$72.42	\$62.22	\$89.76										
90847	C&A Fam psychoth with patient present (45-60 min)	\$89.76	\$62.22	\$72.42	\$62.22	\$102.00										
90847-52	C&A Family psychotherapy with patient present--Abbrev	\$55.59	\$39.02	\$44.37	\$39.02	\$55.59										

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Procedure Code	Service Description	Private Practitioners				OMHC	PRP/RRP			FQHC	CM	Mobile Tx	Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT		On-Site	Off-Site	On/Off Site							
90849	Multiple family group psychotherapy					\$37.74										
90849	C&A Multiple family group psychotherapy					\$39.78										
90849-52	Multiple family group psychotherapy--Abbrev					\$33.41										
90849-52	C&A Multiple family group psychotherapy--Abbrev					\$36.72										
H2027	Family psycho-education with consumer present					\$51.00										
H1011	Family psycho-education without consumer present					\$51.00										
90853	Group psychotherapy (not multi-family.) Less than 75 minutes.	\$23.46	\$23.46	\$23.46	\$23.46	\$36.72										
90853	C&A Group psychotherapy (not multi-family.) Less than 75 minutes.	\$23.46	\$23.46	\$23.46	\$23.46	\$38.76										
90853-21	Group psychotherapy prolonged (More than 75 minutes)	\$28.56	\$28.56	\$28.56	\$28.56	\$47.94										
90853-21	C&A Group psychotherapy prolonged (More than 75 minutes)	\$28.56	\$28.56	\$28.56	\$28.56	\$50.49										
90862	Pharmacological mgmt, including Rx	\$54.06	\$37.74			\$64.77										
90862	C&A Pharmacological mgmt, including Rx	\$54.06	\$37.74			\$64.77										
90875	Indiv psychophysio therapy incl biofdbk (20-30 min)	\$47.43	\$33.15	\$38.00	\$33.15	\$47.43										
90876	Indiv psychophysio therapy incl biofdbk (45-50 min)	\$86.19	\$60.44	\$68.85	\$60.44	\$86.19										
90889	Discharge OMS (HCFA)					\$20.40										
929	Discharge OMS (UB)															\$20.00
96101	Psych testing, per hour, Ph.D. Lic- Maximum 8 hours per service			\$93.84		\$93.84										\$20.00
96102	Psychological testing, per hour, Associate			\$26.11		\$26.11										
99241	Office Consultation - also used for H&P for PHP (15 Min)	\$34.43				\$34.43										
99242	Office Consultation - also used for H&P for PHP (30 min)	\$69.87				\$69.87										

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Procedure Code	Service Description	Private Practitioners				PRP/RRP							Residential Crisis Facility		
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx		Traumatic Brain Injury	Freestg Partial Hosp Prog
99243	Office Consultation - also used for H&P for PHP (40 min)	\$93.84				\$93.84									
99244	Office Consultation - also used for H&P for PHP (60 min)	\$138.47				\$138.47									
99245	Office Consultation - also used for H&P for PHP (80 min)	\$184.37				\$184.37									
99354	Prolonged phy svc req face-to-face pat contact beyond the usual service					\$73.95									
99355	Each additional 30 minutes of a prolonged phy svc					\$37.23									

INPATIENT HOSPITAL SERVICES

90816	Individual psychotherapy, IP (20-30 min) (MD only)	\$42.33				\$42.33									
90817	Indiv psy, IP, w/med eval & mgmt (20-30 min) (MD only)	\$42.33				\$42.33									
90818	Individual psychotherapy, IP (45-50 min) (MD only)	\$79.56				\$79.56									
90819	Indiv psy, IP, w/med eval & mgmt (45-50 min) (MD only)	\$79.56				\$79.56									
99221	Initial hospital care (30 min) (MD only)	\$68.31				\$68.09									
99221	C&A Initial hospital care (30 min) (MD only)	\$68.09				\$72.25									
99222	Initial hospital care (50 min) (MD only)	\$102.77				\$102.77									
99222	C&A Initial hospital care (50 min) (MD only)	\$102.77				\$108.75									
99223	Initial hospital care (70 min) (MD only)	\$157.08				\$157.08									
99223	C&A Initial hospital care (70 min) (MD only)	\$157.08				\$166.50									
99231	Subsequent IP care (15 min) (MD only)	\$34.17				\$34.17									
99231	C&A Subsequent IP care (15 min) (MD only)	\$34.17				\$36.00									
99232	Subsequent IP care (25 min) (MD only)	\$55.59				\$55.59									
99232	C&A Subsequent IP care (25 min) (MD only)	\$55.59				\$59.00									
99233	Subsequent IP care (35 min) (MD only)	\$79.05				\$79.05									

Procedure Code	Service Description	Private Practitioners				PRP/RRP							Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx				
99233	C&A Subsequent IP care (35 min) (MD only)	\$79.05				\$83.75										
99238	Hospital discharge day mgmt (30 min or less) (MD only)	\$71.15				\$71.15										
99238	C&A Hospital discharge day mgmt (30 min or less) (MD only)	\$71.15				\$75.25										
99239	Hospital discharge day mgmt (>30 min) (MD only)	\$96.90				\$96.90										
99239	C&A Hospital discharge day mgmt (>30 min) (MD only)	\$96.90				\$102.50										
99251	Initial inpatient consultation (20 min) (MD only)	\$35.96				\$35.96										
99252	Initial inpatient consultation (40 min) (MD only)	\$72.42				\$72.42										
99253	Initial inpatient consultation (55 min) (MD only)	\$98.94				\$98.94										
99254	Initial inpatient consultation (80 min) (MD only)	\$142.04				\$142.04										
99255	Initial inpatient consultation (110 min) (MD only)	\$195.84				\$195.84										
99281	ER Visit	\$16.58				\$16.58										
99282	ER Visit	\$27.54				\$27.54										
99283	ER Visit	\$61.71				\$61.71										
99284	ER Visit	\$96.39				\$96.39										
99285	ER Visit	\$150.96				\$150.96										
MISCELLANEOUS																
00104	Anesthesia for ECT	\$95.00														
90870	ECT single seizure w/ monitoring (Physician only)	\$93.25				\$95.12										
T1015	Clinic visit/encounter, all inclusive rate per day									Ind. Rate						
36415	Collection of blood by venipuncture					\$14.28										
90772	Therapeutic injection					\$14.28										
SPECIAL SERVICES																
S0201	Mental health partial hosp, tx <24 hours														\$ 193.04	
S0201-52	Intensive outpatient program (IOP)														\$ 105.06	
S9480	Intensive OP psych svcs, per diem (clinic model)					\$122.91										

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Procedure Code	Service Description	Private Practitioners				PRP/RRP							Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residen- tial Crisis Facility	
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx					
S9480	C&A Intensive OP psych svcs, per diem (clinic model)					\$146.12											
H0032	Interdisciplinary team tx plng w/patient present					\$78.54											
H0046	Therapeutic Nursery					\$40.00											
OCCUPATIONAL THERAPY																	
97003	Occupational therapy evaluation, per 15 min					\$14.28											
97004	Occupational therapy re-evaluation, per 15 min					\$14.28											
97150	Therapeutic procedure(s) group (2 or more)					\$17.34											
97530	Therapeutic activities, direct patient contact, per 15 min.					\$11.22											
97532	Development of cognitive skills, direct contact per 15 min.					\$11.22											
97535	Self-care/home mgmt trng, per 15 min.					\$11.22											
97537	Community/work reintegration trng, direct contact, per 15 min.					\$11.22											
MENTAL HEALTH CASE MANAGEMENT																	
H0031	Case Management Annual Assessment (only if approved by program)											\$253.50					
T2023	Mental health case management											\$340.25					
T2023	C&A Mental health case management											\$398.00					
MOBILE TREATMENT																	
H0040-21	Assertive Community Treatment (ACT) EBP											\$1,122.00					
H0040-U9	Assertive Community Treatment (ACT) EBP for Medicare consumers											\$994.50					
H0040	Mobil treatment Non-EBP											\$795.60					
H0040-52	Mobil treatment Non-EBP for Medicare consumers											\$609.96					
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																	
H0002	Rehabilitation Assessment						\$58.40	\$58.40									
H2016	Encounter (only bill w/POS 15 (off-site) or 52 (on-site))						\$0.00	\$0.00									

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		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT		On-Site	Off-Site	On/Off Site							
S9445	Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)						\$102.00	\$102.00	\$102.00							
H2018-U2	Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)								\$404.69							
H2018-U2	On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)						\$173.66									
H2018-U2	Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)							\$231.03								
H2018-U3	Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)								\$721.14							
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)						\$245.82									
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)							\$475.32								
H2018-U4	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						\$424.32									
H2018-U4	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)							\$1,139.34								

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Procedure Code	Service Description	Private Practitioners				PRP/RRP							Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility	
		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx					
H2018-U5	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)						\$424.32										
H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)							\$2,960.04									
H2018-U6	Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)									\$1,563.66							
H2018-U7	Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)									\$3,376.20							
T1023	Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)									\$408.00							
HOUSING SERVICES																	
T2048	Residential room and board (per day)						\$11.95									\$11.95	
S5150	Enhanced support (per hour) (10 hour maximum)						\$13.26										
H0019	Crisis Bed hold (per day)						\$11.95									\$11.95	
RESPITE CARE																	
H0045	Adult Respite care, not in home, per diem									\$71.66							
H0045	C&A Respite care, not in home, per diem															\$155.50	
T1005	In home respite care					3.06/15min.		3.06/15min.					3.06/15min.				

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		M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC & OT	OMHC	On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx				
RESIDENTIAL CRISIS SERVICES																
S9485	Residential crisis services (also bill as T2048)															\$239.19
S5145	Residential crisis, prevention model															\$153.77
SUPPORTED EMPLOYMENT																
H2023	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)							\$7.01								
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							\$408.00								
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							\$1,018.98								
H2026	Ongoing support to maintain employment, per month							\$331.50								
H2026-21	Ongoing support to maintain employment, per month - EBP							\$408.00								
S9445-52	Clinic coordination - EBP							\$102.00								
TRAUMATIC BRAIN INJURY																
W0037	Residential habilitation Level 1 (per day)													\$182.70		
W0038	Residential habilitation Level 2 (per day)													\$241.91		
W0039	Residential habilitation Level 3 (per day)													\$334.67		
W0054	Day habilitation Level 1 (per day)													\$47.16		
W0055	Day habilitation Level 2 (per day)													\$82.27		
W0056	Day habilitation Level 3 (per day)													\$115.76		
W0057	Supported employment Level 1 (per day)													\$27.49		
W0058	Supported employment Level 2 (per day)													\$47.16		
W0059	Supported employment Level 3 (per day)													\$115.75		
W0060	Individual Support Services (ISS)													\$22.88		

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Procedure Code	Service Description	EPSDT Therapeutic Intervention
THERAPEUTIC BEHAVIORAL SERVICES		
96150	Initial Assessment & Development of Behavioral Plan for TBS	\$100.00
96151	Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)	\$94.00
96152	EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)	\$20/hr (\$5/15 minutes)