



**Spokane County Community Services, Housing, and Community Development Department**

**Spokane County Regional Behavioral Health (SCRBH)**

**Mental Health Outpatient Fee for Service Rates - Effective January 1, 2021**

SERI Code	Service Definition	Unit Rate
All services with Modifier 53	Discontinued Procedures	\$0.00
90785	Interactive Complexity	\$0.00
90791	Psychiatric Diagnostic Evaluation	\$286.00
90791 Modifier 52	Update Psychiatric Diagnostic Evaluation	\$71.50
90792 (ARNP Level)	Psychiatric Diagnostic Evaluation w/ Med Services <b>(ARNP Level)</b>	\$323.00
90792 (MD Level)	Psychiatric Diagnostic Evaluation w/ Med Services <b>(MD Level)</b>	\$496.00
90832	Psych Tx 30 (16-37 min)	\$100.00
90833	Psych Tx 30 (16-37 min) w/ Eval and Management	\$100.00
90834	Psych Tx 45 (38-52 min)	\$150.00
90836	Psych Tx 45 (38-52 min) w/ Eval and Management	\$150.00
90837	Psych Tx 60 (53+ min) w/Client &/or Family	\$200.00
90838	Psychotherapy w/Client &/or Family w/ Eval and Management	\$200.00
90846	Family Psych Tx w/o Client, 15 mins	\$39.50
90847	Family Psych Tx w/Client, 15 mins	\$39.50
90849	Multiple Family Group Therapy, 15 mins	\$16.00
90853	Group Psychotherapy (other than mult. Family group), 15 mins	\$16.00
96110	Developmental Screening	\$16.60
96116	Neuro BH Status Exam, First Hour	\$83.40
96121	Neuro BH Status Exam, Additional Hour	\$83.40
96130	Psychological Testing, First Hour	\$120.25
96131	Add On Code to 96130, Additional Hour	\$120.25
96132	Neuropsychological Testing, First Hour	\$120.25
96133	Add On Code to 96132, Additional Hour	\$120.25
96136	Psychological or Neuropsychological Testing, First 30 minutes	\$60.00
96137	Add On Code to 96136, Additional 30 minutes	\$60.00
96138	Psychological or Neuropsychological Test by a Tech, First 30 minutes	\$27.00
96139	Add On Code to 96138, Additional 30 minutes	\$27.00
96372	Therapeutic, prophylactic or diagnostic injection	\$50.00
+ 99050 Modifier CR	Svc provided outside of scheduled office hours	\$10.00
+ 99051 Modifier CR	Svc provided during scheduled evening, weekend, or holiday office hours	\$5.00
99202	Office/Outpatient Visit-15-29 mins	\$72.00
99203	Office/Outpatient Visit-30-44 mins	\$108.00
99204	Office/Outpatient Visit- 45-59 mins	\$162.00
99205	Office/Outpatient Visit- 60-74 mins	\$210.00
99211 (ARNP Level)	Office/Outpatient Visit for Estab. Patient- <b>(ARNP Level)</b>	\$25.00
99211 (MD Level)	Office/Outpatient Visit for Estab. Patient- <b>(MD Level)</b>	\$40.00
99212 (ARNP Level)	Office/Outpatient Visit for Estab. Patient- 10-19 mins <b>(ARNP Level)</b>	\$50.00
99212 (MD Level)	Office/Outpatient Visit for Estab. Patient- 10-19 mins <b>(MD Level)</b>	\$80.00
99213 (ARNP Level)	Office/Outpatient Visit for Estab. Patient - 20-29 mins <b>(ARNP Level)</b>	\$75.00
99213 (MD Level)	Office/Outpatient Visit for Estab. Patient -20-29 mins <b>(MD Level)</b>	\$120.00
99214 (ARNP Level)	Office/Outpatient Visit for Estab. Patient 30-39 mins <b>(ARNP Level)</b>	\$125.00
99214 (MD Level)	Office/Outpatient Visit for Estab. Patient -30-39 mins <b>(MD Level)</b>	\$215.00
99215 (ARNP Level)	Office/Outpatient Visit for Estab. Patient - 40-54 mins <b>(ARNP Level)</b>	\$200.00
99215 (MD Level)	Office/Outpatient Visit for Estab. Patient -40-54 mins <b>(MD Level)</b>	\$335.00
99304 (ARNP Level)	E/M at a Nursing Facility, Low Severity, 25 minutes	\$125.00
99304 (MD Level)	E/M at a Nursing Facility, Low Severity, 25 minutes	\$215.00
99305 (ARNP Level)	E/M at a Nursing Facility, Moderate Severity, 35 minutes	\$162.50



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99305 (MD Level)	E/M at a Nursing Facility, Moderate Severity, 35 minutes	\$270.00
99306 (ARNP Level)	E/M at a Nursing Facility, High Severity, 45 minutes	\$200.00
99306 (MD Level)	E/M at a Nursing Facility, High Severity, 45 minutes	\$335.00
99341	Intake Home Visit/New Client-Typically 20 mins	\$35.00
99342	Intake Home Visit/New Client-Typically 30 mins	\$50.00
99343	Intake Home Visit/New Client-Typically 45 mins	\$81.00
99344	Intake Home Visit/New Client-Typically 60 mins	\$114.00
99345	Intake Home Visit/New Client-Typically 75 mins	\$138.00
99347	Intake Home Visit/Established Client-Typically 15 mins	\$35.00
99348	Intake Home Visit/Established Client-Typically 25 mins	\$53.00
99349	Intake Home Visit/Established Client-Typically 40 mins	\$80.00
99350	Intake Home Visit/Established Client-Typically 60 mins	\$111.00
99354	Prolonged Services (Add On Code, First Hour, with E/M or Psychotherapy Only)	\$110.00
99355	Prolonged Service (Add On Code for each additional 30 mins after use of 99354, with E/M or Psychotherapy Only)	\$55.00
H0004	Behavioral Health Counseling & Therapy	\$31.25
H0023	Rehab Case Management	\$14.25
H0025	Behavioral Health Prevention Education	\$16.00
H0031	Mental Health Assessment by non MD, reported per 15 mins; Paid for total completed assessment	\$250.00
H0031 Modifier 52	Update Mental Health Assessment by non MD	\$62.50
H0032	Child & Family Team Mtg MH Service Plan Development by non MD, 15 mins	\$31.25
H0033	Oral Medication Administration, Direct Observe, 15 mins	\$3.75
H0034	Medication Training and Support	\$30.00
H0036	Comm. Psych. Support Treatment Face to Face, 15 mins	\$32.00
H0038	Self-help Peer Service	\$15.00
H0046	Mental Health Service NOS ( <i>does not include Modifier UB</i> )	\$11.00
H0046 Modifier UB	Request for Service	\$0.00
H2014	Skills Training and Development	\$16.00
H2015	Comprehensive Community Support Services	\$50.00
H2017	Psychosocial Rehabilitation Service	\$16.00
H2027	Psych Educational Services	\$16.00
H2031	Clubhouse Services	\$32.75
G2012 Modifier CR	Brief communication technology-based service	\$9.00
G2212	Prolonged Office/OP Visit each additional 15 mins	\$18.25
S9446	PT Education Not Otherwise Classified Group, 15 mins	\$8.00
T1001	Nursing Assessment	\$50.00
T1023	Program Intake Assessment, 15 mins	\$24.25