



**Spokane County Community Services Department**  
**Spokane County Regional Behavioral Health (SCRBH)**  
**Mental Health Outpatient Fee for Service Rates - Effective 1/1/2023**

SERI Code	Service Definition	Unit Rate
All services with Modifier 53	Discontinued Procedures	\$0.00
90785	Interactive Complexity	\$0.00
90791	Psychiatric Diagnostic Evaluation	\$312.20
90791 Modifier 52	Update Psychiatric Diagnostic Evaluation	\$78.10
90792 (ARNP Level)	Psychiatric Diagnostic Evaluation w/ Med Services <b>(ARNP Level)</b>	\$352.60
90792 (MD Level)	Psychiatric Diagnostic Evaluation w/ Med Services <b>(MD Level)</b>	\$541.40
90832	Psych Tx 30 (16-37 min)	\$109.20
90833	Psych Tx 30 (16-37 min) w/ Eval and Management	\$109.20
90834	Psych Tx 45 (38-52 min)	\$163.80
90836	Psych Tx 45 (38-52 min) w/ Eval and Management	\$163.80
90837	Psych Tx 60 (53+ min) w/Client &/or Family	\$218.30
90838	Psychotherapy w/Client &/or Family w/ Eval and Management	\$218.30
90846	Family Psych Tx w/o Client, 15 mins	\$43.20
90847	Family Psych Tx w/Client, 15 mins	\$43.20
90849	Multiple Family Group Therapy, 15 mins	\$17.50
90853	Group Psychotherapy (other than mult. Family group), 15 mins	\$17.50
96110	Developmental Screening	\$18.20
96116	Neuro BH Status Exam, First Hour	\$91.10
96121	Neuro BH Status Exam, Additional Hour	\$91.10
96130	Psychological Testing, First Hour	\$131.30
96131	Add On Code to 96130, Additional Hour	\$131.30
96132	Neuropsychological Testing, First Hour	\$131.30
96133	Add On Code to 96132, Additional Hour	\$131.30
96136	Psychological or Neuropsychological Testing, First 30 minutes	\$65.50
96137	Add On Code to 96136, Additional 30 minutes	\$65.50
96138	Psychological or Neuropsychological Test by a Tech, First 30 minutes	\$29.50
96139	Add On Code to 96138, Additional 30 minutes	\$29.50
96372	Therapeutic, prophylactic or diagnostic injection	\$54.60
+ 99050 Modifier CR	Svc provided outside of scheduled office hours	\$11.00
+ 99051 Modifier CR	Svc provided during scheduled evening, weekend, or holiday office hours	\$5.50
99202	Office/Outpatient Visit-15-29 mins	\$78.60
99203	Office/Outpatient Visit-30-44 mins	\$117.90
99204	Office/Outpatient Visit- 45-59 mins	\$176.90
99205	Office/Outpatient Visit- 60-74 mins	\$229.20
99211 (ARNP Level)	Office/Outpatient Visit for Estab. Patient- <b>(ARNP Level)</b>	\$27.30
99211 (MD Level)	Office/Outpatient Visit for Estab. Patient- <b>(MD Level)</b>	\$43.70
99212 (ARNP Level)	Office/Outpatient Visit for Estab. Patient- 10-19 mins <b>(ARNP Level)</b>	\$54.60
99212 (MD Level)	Office/Outpatient Visit for Estab. Patient- 10-19 mins <b>(MD Level)</b>	\$87.40
99213 (ARNP Level)	Office/Outpatient Visit for Estab. Patient - 20-29 mins <b>(ARNP Level)</b>	\$81.90
99213 (MD Level)	Office/Outpatient Visit for Estab. Patient -20-29 mins <b>(MD Level)</b>	\$131.00
99214 (ARNP Level)	Office/Outpatient Visit for Estab. Patient 30-39 mins <b>(ARNP Level)</b>	\$136.50
99214 (MD Level)	Office/Outpatient Visit for Estab. Patient -30-39 mins <b>(MD Level)</b>	\$234.70
99215 (ARNP Level)	Office/Outpatient Visit for Estab. Patient - 40-54 mins <b>(ARNP Level)</b>	\$218.30
99215 (MD Level)	Office/Outpatient Visit for Estab. Patient -40-54 mins <b>(MD Level)</b>	\$365.70
99304 (ARNP Level)	E/M at a Nursing Facility, Low Severity, 25 minutes	\$136.50
99304 (MD Level)	E/M at a Nursing Facility, Low Severity, 25 minutes	\$234.70
99305 (ARNP Level)	E/M at a Nursing Facility, Moderate Severity, 35 minutes	\$177.40



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99305 (MD Level)	E/M at a Nursing Facility, Moderate Severity, 35 minutes	\$294.70
99306 (ARNP Level)	E/M at a Nursing Facility, High Severity, 45 minutes	\$218.30
99306 (MD Level)	E/M at a Nursing Facility, High Severity, 45 minutes	\$365.70
99341	Intake Home Visit/New Client-Typically 20 mins	\$38.20
99342	Intake Home Visit/New Client-Typically 30 mins	\$54.60
99343	Intake Home Visit/New Client-Typically 45 mins	\$88.40
99344	Intake Home Visit/New Client-Typically 60 mins	\$124.50
99345	Intake Home Visit/New Client-Typically 75 mins	\$150.70
99347	Intake Home Visit/Established Client-Typically 15 mins	\$38.20
99348	Intake Home Visit/Established Client-Typically 25 mins	\$57.90
99349	Intake Home Visit/Established Client-Typically 40 mins	\$87.40
99350	Intake Home Visit/Established Client-Typically 60 mins	\$121.20
H0004	Behavioral Health Counseling & Therapy	\$34.20
H0023	Rehab Case Management	\$15.60
H0023 Modifier U9	Rehab Case Management (meets the requirements & definition of an intake svc)	\$214.00
H0025	Behavioral Health Prevention Education	\$17.50
H0031	Mental Health Assessment by non MD, reported per 15 mins; Paid for total completed assessment	\$272.90
H0031 Modifier 52	Update Mental Health Assessment by non MD	\$68.30
H0032	Child & Family Team Mtg MH Service Plan Development by non MD, 15 mins	\$34.20
H0033	Oral Medication Administration, Direct Observe, 15 mins	\$4.20
H0034	Medication Training and Support	\$32.80
H0036	Comm. Psych. Support Treatment Face to Face, 15 mins	\$35.00
H0038	Self-help Peer Service	\$16.40
H0046	Mental Health Service NOS ( <i>does not include Modifier UB</i> )	\$12.00
H0046 Modifier UB	Request for Service	\$0.00
H2011 (program 100 & 410)	Crisis Intervention, per 15 mins	\$46.40
H2014	Skills Training and Development	\$17.50
H2015	Comprehensive Community Support Services	\$54.60
H2017	Psychosocial Rehabilitation Service	\$17.50
H2027	Psych Educational Services	\$17.50
H2031	Clubhouse Services	\$35.80
G2012 Modifier CR	Brief communication technology-based service	\$9.90
G2212	Prolonged Office/OP Visit each additional 15 mins	\$20.00
G0317 (ARNP Level)	Prolonged nursing facility visit (Add On Code, 15 min)	\$54.60
G0317 (MD Level)	Prolonged nursing facility visit (Add On Code, 15 min)	\$91.00
G0318	Prolonged home or residence visit (Add On Code, 15 min)	\$30.00
S9446	PT Education Not Otherwise Classified Group, 15 mins	\$8.80
T1001	Nursing Assessment	\$54.60
T1023	Program Intake Assessment, 15 mins	\$26.50