

UNITED BEHAVIORAL HEALTH (OHBS)
Fee Schedule Maximums
FS 6054 N STD 1.00

Service Code	Service Title/Description	Fee/MA
90785	Interactive complexity	\$11.57
90791	Psychiatric Diagnostic Evaluation without Medical Services	\$106.93
90792	Psychiatric Diagnostic Evaluation with Medical Services	\$119.63
90832	Psychotherapy, 30 Min.	\$51.92
90833	Psychotherapy ptk/fam w/eam 30 min	\$0.00
90834	Psychotherapy, 45 Min.	\$69.41
90836	Psychotherapy ptk/fam w/eam 45 min	\$0.00
90837	Psychotherapy, 60 Min.	\$86.76
90838	Psychotherapy ptk/fam w/eam 60 min	\$0.00
90839	Psychotherapy for crisis, first 60 min.	\$108.63
90840	Psychotherapy crisis each additional 30 min	\$51.92
90846	Family Psychotherapy, without pt present	\$83.80
90847	Family/Couple Psychotherapy	\$87.18
90849	Multiple-family Group Psychotherapy	\$40.00
90853	Group Psychotherapy	\$40.00
90863	Pharmacologic mgmt with psychotherapy	\$0.00
90870	ECT, single seizure and multiple seizure per day	\$0.00
90901	Biofeedback	\$60.00
96116	Neurobehavioral Status Exam with interpretation and report per hour	\$0.00
96121	Nubhvl xrm phy/qhp ea addl hr	\$0.00
96130	Psyc1 tst eval phys/qhp 1st	\$0.00
96131	Psyc1 tst eval phys/qhp ea	\$0.00
96132	Nrpsyc tst eval phys/qhp 1st	\$0.00
96133	Nrpsyc tst eval phys/qhp ea	\$0.00
96136	Psyc/nrpsyc tst phy/qhp 1st	\$0.00
96137	Psyc/nrpsyc tst phy/qhp ea	\$0.00
96138	Psyc/nrpsyc tech 1st	\$0.00
96139	Psyc/nrpsyc tst tech ea	\$0.00
96146	Psyc/nrpsyc tst auto result	\$0.00
96150	Health and Behavioral Assessment, each 15 min, face to face	\$30.00
96151	Health and Behavioral Assessment, each 15 min, face to face	\$30.00
96152	Health and Behavior Intervention, each 15 min, face to face, ind	\$30.00
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	\$30.00
96154	Health and Behavior Intervention, each 15 min, w/family & pt	\$30.00
96155	Health and Behavior Intervention, each 15 min, w/family & w/o pt.	\$30.00
96372	Intramuscular Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or	\$0.00
99201	E&M of new patient, (10 minutes)	\$0.00
99202	E&M of new patient, (20 minutes)	\$0.00
99203	E&M of new patient, Presenting problem(s) are moderate severity (30 minutes)	\$0.00
99204	E&M of new patient, Presenting problem(s) are moderate to high severity (45 minutes)	\$0.00
99205	E&M of new patient, Presenting problem(s) are moderate to high severity (60 minutes)	\$0.00
99211	E&M of an established patient, Presenting problem(s) are minimal (5 minutes)	\$0.00
99212	E&M of an established patient, (10 minutes)	\$0.00
99213	E&M of an established patient, (15 minutes)	\$0.00
99214	E&M of an established patient, Presenting problem(s) are moderate to high severity (25 minutes)	\$0.00
99215	E&M of an established patient, Presenting problem(s) are moderate to high severity (40 minutes)	\$0.00
99221	Initial Hospital Care (30 min.)	\$80.98
99222	Initial Hospital Care (50 min.)	\$109.19
99223	Initial Hospital Care (70 min.)	\$161.95
99231	Subsequent Hospital Care (15 min.)	\$0.00
99232	Subsequent Hospital Care (25 min.)	\$0.00
99233	Subsequent Hospital Care (35 min.)	\$0.00
99234	Observation or I/P hosp care including admission & discharge on the same day low severity	\$0.00
99235	Observation or I/P hosp care including admission & discharge on the same day moderate severity	\$0.00
99236	Observation or I/P hosp care including admission and discharge on the same date	\$0.00
99238	Hospital Discharge Services	\$0.00
99239	Hospital Discharge Services (greater than 30 mins)	\$0.00
99241	Office/Other Outpt Consult (15 min.)	\$0.00
99242	Office/Other Outpt Consult (30 min.)	\$0.00
99243	Office/Other Outpt Consult (40 min.)	\$0.00
99244	Office/Other Outpt Consult (60 min.)	\$0.00

UNITED BEHAVIORAL HEALTH (OHS)
Fee Schedule Maximums
FS 6054 N-STD 1.00

Service Code	Service Title/Description	Fee/MA
99245	Office/Other Outpt Consult (80 min.)	\$0.00
99251	Initial Inpatient Consult (20 min.)	\$38.94
99252	Initial Inpatient Consult (40 min.)	\$59.53
99253	Initial Inpatient Consult (55 min.)	\$91.70
99254	Initial Inpatient Consult (80 min.)	\$133.17
99255	Initial Inpatient Consult (110 min.)	\$160.26
99281	Emergency Room Visit - straightforward problem focused exam	\$16.93
99282	Emergency Room Visit - expanded problem focus - low	\$33.01
99283	Emergency Room Visit - expanded problem focus - moderate	\$49.38
99284	Emergency Room Visit - detailed exam - moderate complexity	\$93.67
99285	Emergency Room Visit - detailed exam - urgent and comprehensive	\$137.97
99304	Nsg Facility Assessment Low	\$72.79
99305	Nsg Facility Assessment Moderate	\$104.11
99306	Nsg Facility Assessment High	\$133.17
99307	Subsequent Nsg Facility Care (10 min.)	\$35.55
99308	Subsequent Nsg Facility Care Low (15 min.)	\$55.30
99309	Subsequent Nsg Facility Care Moderate (25 min.)	\$73.08
99310	Subsequent Nsg Facility Care High (35 min.)	\$108.63
99318	E&M N/E Annual Nurse Facility	\$76.74
99324	Domiliary or rest home visit for the evaluation and management of a new patient. (20 minutes)	\$44.02
99325	Domiliary or rest home visit for the evaluation and management of a new patient (30 minutes)	\$64.05
99326	Domiliary or rest home visit for the evaluation and management of a new patient (45 minutes)	\$111.17
99327	Domiliary or rest home visit for the evaluation and management of a new patient (60 minutes)	\$148.69
99328	Domiliary or rest home visit for the evaluation and management of a new patient (75 minutes)	\$174.09
99334	Domiliary or rest home visit for the evaluation and management of an established patient (15 minutes)	\$47.97
99335	Domiliary or rest home visit for the evaluation and management of an established patient (25 minutes)	\$75.62
99336	Domiliary or rest home visit for the evaluation and management of an established patient (40 minutes)	\$108.06
99337	Domiliary or rest home visit for the evaluation and management of an established patient (60 minutes)	\$154.34
99341	Home Visit - New P/low severity	\$0.00
99342	Home Visit - New P/moderate severity	\$0.00
99343	Home Visit - New P/high severity	\$0.00
99347	Home Visit - Established P/stable	\$0.00
99348	Home Visit - Established P/poor response to tx	\$0.00
99349	Home Visit - Established P/signl. complication	\$0.00
99383	Inpatient History and Physical- initial (5-11 yrs)	\$0.00
99384	Inpatient History and Physical- (12-17 yrs)	\$0.00
99385	Inpatient History and Physical- (18-39 yrs)	\$0.00
99386	Inpatient History and Physical- (40-64 yrs)	\$0.00
99408	Alcohol/SA abuse(other than tobacco) screening & brief intervention. 15-30 minutes	\$28.22
99409	Alcohol/SA abuse(other than tobacco) screening & brief intervention. > 30 minutes	\$54.74
99441	Telephonic evaluation 5-10 minutes	\$11.29
99442	Telephonic evaluation 11-20 minutes	\$21.44
99443	Telephonic evaluation 21-30 minutes	\$31.60