

DEPARTMENT OF MENTAL HEALTH
CLINIC UPL RATES EFFECTIVE JULY 1, 2018
UPL RATES ARE CALCULATED AS 136% OF MEDICARE RATES

		Current Medicaid Rate	UPL Rate
0359THO	Behavioral id assessment	\$ 195.32	\$ 184.48
0360THO	Observ behav assessment	\$ 41.56	\$ 89.63
0361THO	Observ behav assess addl	\$ 41.56	\$ 89.63
0362THO	Expose behav assessment	\$ 42.16	\$ 89.63
0363THO	Expose behav assess addl	\$ 42.16	\$ 89.63
0364THO	Adaptive behavior treatment	\$ 15.18	\$ 89.63
0364THOHM	Adaptive behavior treatment	\$ 15.18	\$ 89.63
0364TU8HO	Adaptive behavior treatment	\$ 15.18	\$ 89.63
0365THO	Adaptive behavior tx addl	\$ 15.18	\$ 89.63
0365THOHM	Adaptive behavior tx addl	\$ 15.18	\$ 89.63
0365TU8HO	Adaptive behavior tx addl	\$ 15.18	\$ 89.63
0368THN	Behavior treatment modified	\$ 24.25	\$ 89.63
0368THO	Behavior treatment modified	\$ 42.16	\$ 89.63
0368TU8HN	Behavior treatment modified	\$ 28.46	\$ 89.63
0368TU8HO	Behavior treatment modified	\$ 49.18	\$ 89.63
0369THN	Behav treatment modify addl	\$ 24.25	\$ 89.63
0369THO	Behav treatment modify addl	\$ 42.16	\$ 89.63
0369TU8HN	Behav treatment modify addl	\$ 28.46	\$ 89.63
0369TU8HO	Behav treatment modify addl	\$ 49.18	\$ 89.63
0370THO	Fam behav treatment guidance	\$ 75.89	\$ 150.51
0370TU8HO	Fam behav treatment guidance	\$ 75.89	\$ 150.51
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 94.95	\$ 184.48
90791AH	PSYCH DIAGNOSTIC EVALUATION	\$ 47.83	\$ 184.48
90791AJ	PSYCH DIAGNOSTIC EVALUATION	\$ 25.30	\$ 184.48
90791GT	PSYCH DIAGNOSTIC EVALUATION	\$ -	\$ 184.48
90791SA	PSYCH DIAGNOSTIC EVALUATION	\$ 47.83	\$ 184.48
90791UD	PSYCH DIAGNOSTIC EVALUATION	\$ 25.30	\$ 184.48
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 94.95	\$ 206.29
90792GT	PSYCH DIAG EVAL W/MED SRVCS	\$ -	\$ 206.29
90792SA	PSYCH DIAG EVAL W/MED SRVCS	\$ 94.95	\$ 206.29
90832AH	Psytx w pt 30 minutes	\$ 31.75	\$ 89.63
90832AJ	Psytx w pt 30 minutes	\$ 25.30	\$ 89.63
90832U8AJ	Psytx w pt 30 minutes	\$ 30.57	\$ 89.63
90832U8UD	Psytx w pt 30 minutes	\$ 30.57	\$ 89.63
90832UD	Psytx w pt 30 minutes	\$ 25.30	\$ 89.63
90834	Psytx w pt 45 minutes	\$ 75.36	\$ 119.84
90834AH	Psytx w pt 45 minutes	\$ 63.37	\$ 119.84
90834AJ	Psytx w pt 45 minutes	\$ 50.59	\$ 119.84
90834U8AJ	Psytx w pt 45 minutes	\$ 61.13	\$ 119.84
90834U8UD	Psytx w pt 45 minutes	\$ 61.13	\$ 119.84
90834UD	Psytx w pt 45 minutes	\$ 50.59	\$ 119.84
90839AJ	Psytx crisis initial 60 min	\$ 50.59	\$ 187.55
90846UD	Family psytx w/o pt 50 min	\$ 50.96	\$ 144.68
90847AH	Family psytx w/pt 50 min	\$ 69.43	\$ 150.51
90847AJ	Family psytx w/pt 50 min	\$ 50.96	\$ 150.51
90847U8AJ	Family psytx w/pt 50 min	\$ 61.57	\$ 150.51
90847U8UD	Family psytx w/pt 50 min	\$ 61.57	\$ 150.51
90847UD	Family psytx w/pt 50 min	\$ 50.96	\$ 150.51
90853	Group psychotherapy	\$ 19.45	\$ 36.02

90853AH	Group psychotherapy	\$ 13.30	\$ 36.02
90853AJ	Group psychotherapy	\$ 10.54	\$ 36.02
90853SA	Group psychotherapy	\$ 13.30	\$ 36.02
90853UD	Group psychotherapy	\$ 10.54	\$ 36.02
90870	Electroconvulsive therapy	\$ 88.32	\$ 238.36
96101AH	Psycho testing by psych/phys	\$ 63.24	\$ 113.45
96103AH	Psycho testing admin by comp	\$ 21.08	\$ 37.83
96116AH	Neurobehavioral status exam	\$ 36.90	\$ 128.57
96150AJ	Assess hlth/behave init	\$ 12.65	\$ 30.68
99201	Office/outpatient visit new	\$ 24.95	\$ 60.35
99202	Office/outpatient visit new	\$ 44.32	\$ 101.77
99203	Office/outpatient visit new	\$ 66.00	\$ 146.74
99204	Office/outpatient visit new	\$ 93.47	\$ 224.22
99204GT	Office/outpatient visit new	\$ 93.47	\$ 224.22
99205	Office/outpatient visit new	\$ 118.94	\$ 282.37
99205GT	Office/outpatient visit new	\$ 118.94	\$ 282.37
99211	Office/outpatient visit est	\$ 15.08	\$ 29.05
99212	Office/outpatient visit est	\$ 26.20	\$ 59.37
99212EP	Office/outpatient visit est	\$ 28.99	\$ 59.37
99212GT	Office/outpatient visit est	\$ 26.20	\$ 59.37
99213	Office/outpatient visit est	\$ 38.35	\$ 98.99
99213EP	Office/outpatient visit est	\$ 38.35	\$ 98.99
99213GT	Office/outpatient visit est	\$ 38.35	\$ 98.99
99213GTEP	Office/outpatient visit est	\$ 33.76	\$ 98.99
99214	Office/outpatient visit est	\$ 57.70	\$ 146.21
99214EP	Office/outpatient visit est	\$ 57.70	\$ 146.21
99214GT	Office/outpatient visit est	\$ 57.70	\$ 146.21
99214GTEP	Office/outpatient visit est	\$ 57.70	\$ 146.21
99215	Office/outpatient visit est	\$ 81.89	\$ 197.43
99215GT	Office/outpatient visit est	\$ 81.89	\$ 197.43
99221	Initial hospital care	\$ 55.24	\$ 139.48
99222	Initial hospital care	\$ 76.01	\$ 187.91
99223	Initial hospital care	\$ 111.66	\$ 278.59
99231	Subsequent hospital care	\$ 28.99	\$ 53.92
99232	Subsequent hospital care	\$ 41.09	\$ 99.97
99233	Subsequent hospital care	\$ 58.91	\$ 143.17
99234	Observ/hosp same date	\$ 79.36	\$ 183.07
99235	Observ/hosp same date	\$ 104.60	\$ 232.46
99238	Hospital discharge day	\$ 41.91	\$ 100.17
99239	Hospital discharge day	\$ 60.23	\$ 147.57
99254	Inpatient consultation	\$ 101.59	\$ 229.14
99324	Domicil/r-home visit new pat	\$ 34.48	\$ 75.59
99325	Domicil/r-home visit new pat	\$ 50.05	\$ 110.09
99326	Domicil/r-home visit new pat	\$ 81.31	\$ 191.05
99328	Domicil/r-home visit new pat	\$ 124.86	\$ 299.10
99334	Domicil/r-home visit est pat	\$ 34.53	\$ 82.29
99335	Domicil/r-home visit est pat	\$ 53.11	\$ 129.79
99336	Domicil/r-home visit est pat	\$ 75.40	\$ 185.55
Q3014	Telehealth facility fee	\$ 15.39	\$ 35.03