

Iowa's Behavioral Health Service System (Non-Medicaid) Fee Schedule: Safety Net Management Information System (SN-MIS)

Procedure Code	Modifier	Service Name	Description	Unit Type	Rate
90791		Diagnostic Evaluation	Integrated behavioral health assessment, including history, mental status, and recommendations	Per Evaluation	\$135.15
90832		Psychotherapy, Individual, 30 mins	Psychotherapy services 30 minutes with patient by a licensed mental health provider	30 Minutes	\$50.57
90833		Psychotherapy, Individual, 30 mins, with E&M	Psychotherapy services 30 minutes with patient, add-on to evaluation and management visit	30 Minutes	\$59.76
90834		Psychotherapy, Individual, 45 mins	Psychotherapy services 45 minutes with patient by a licensed mental health provider	45 Minutes	\$75.85
90836		Psychotherapy, Individual, 45 mins, with E&M	Psychotherapy services 45 minutes with patient, add-on to evaluation and management visit	45 Minutes	\$66.50
90837		Psychotherapy, Individual, 60 mins	Psychotherapy services 60 minutes with patient by a licensed mental health provider	60 Minutes	\$101.12
90838		Psychotherapy, Individual, 60 mins, with E&M	Psychotherapy services 60 minutes with patient, add-on to evaluation and management visit	60 Minutes	\$75.32

90839		Psychotherapy for crisis, initial 60 minutes	Psychotherapy for Crisis, first hour, including urgent assessment and history of the crisis state, mental status exam, and disposition	60 Minutes	\$87.30
90840		Psychotherapy for crisis, addtl 30 minutes	Psychotherapy for Crisis, add-on for each additional 30 minutes	30 Minutes	\$34.92
90846		Psychotherapy, Family Therapy without Patient, 50 mins	Family Psychotherapy services without patient, 50 minutes by a licensed mental health provider	50 Minutes	\$99.04
90847		Psychotherapy, Family Therapy with Patient, 50 mins	Family Psychotherapy services with patient, 50 minutes by a licensed mental health provider	50 Minutes	\$99.04
90849		Psychotherapy, Multi-family Group Therapy, 60 mins	Multi-Family Group Psychotherapy services, 60 minutes by a licensed mental health provider	60 Minutes	\$56.29
90853	HE	Psychotherapy, Group Psychotherapy	Mental Health Group Psychotherapy services, 60 minutes by a licensed mental health provider	60 Minutes	56.29
99202		Psychiatric Visit, New patient, straightforward, avg 15 mins	Psychiatric Outpatient Office Visit, New Patient, with straightforward medical decision making, 15 minutes	15 Minutes	\$58.27
99203		Psychiatric Visit, New patient, low, avg 30 mins	Psychiatric Outpatient Office Visit, New Patient, with low level of medical decision making, 30 minutes	30 Minutes	\$27.91
99204		Psychiatric Visit, New patient, moderate, avg 45 mins	Psychiatric Outpatient Office Visit, New Patient, with moderate level of medical decision making, 45 minutes	45 Minutes	\$50.50

99205		Psychiatric Visit, New patient, high, avg 60 mins	Psychiatric Outpatient Office Visit, New Patient, with high level of medical decision making, 60 minutes	60 Minutes	\$56.81
99211		Psychiatric Visit, Established patient, may not req physician, avg 5 mins	Psychiatric Outpatient Office Visit, Established Patient, for Evaluation and Management that may not require presence of healthcare professional, Avg 5 minutes	5 Minutes	\$10.34
99212		Psychiatric Visit, Established patient, straightforward, avg 10 mins	Psychiatric Outpatient Office Visit, Established Patient, with straightforward medical decision making, 10 minutes	10 Minutes	\$18.09
99213		Psychiatric Visit, Established patient, low, avg 20 mins	Psychiatric Outpatient Office Visit, Established Patient, with low level of medical decision making, 20 minutes	20 Minutes	\$25.84
99214		Psychiatric Visit, Established patient, moderate, avg 30 mins	Psychiatric Outpatient Office Visit, Established Patient, with moderate level of medical decision making, 30 minutes	30 Minutes	\$27.91
99215		Psychiatric Visit, Established patient, high, avg 40 mins	Psychiatric Outpatient Office Visit, Established Patient, with high level of medical decision making, 40 minutes	40 Minutes	\$50.50
H2011		Mobile Crisis Response	Mobile Crisis Response, 15 minutes	15 Minutes	\$53.76
H2013		Subacute Facility	Mental Health Subacute Facility, Per Diem	Daily	\$391.00
H2017		Intensive Psychiatric Rehabilitation (IPR)	Intensive Psychiatric Rehabilitation Program, 15 Minutes	15 Minutes	\$21.68

TBD		Psychiatric Inpatient	Inpatient Psychiatric Hospitalization (non-MHI)	Daily	\$727.54
S0201		23-hour Crisis Observation & Holding	23 Hour Crisis Observation and Holding, 8 to 23 Hours, Per Diem	Daily	\$403.84
S9480		Intensive Outpatient Program	Mental Health Intensive Outpatient Program, Per Diem	Daily	\$96.48
S9484		Crisis Stabilization Community-Based Services	Crisis Stabilization Community Based, Hourly, Under 8 Hours	Hourly	\$53.76
S9485	TF	Crisis Stabilization Community-Based Services	Crisis Stabilization Community Based, 8 to 24 hours	Daily	\$352.09
S9485	TG	Crisis Stabilization Residential Services	Crisis Stabilization Residential Services, Per Diem	Daily	\$352.09
T2048		Psychiatric Medical Institutions for Children (PMIC)	Psychiatric Medical Institutions for Children, Per Diem; By Exception to Policy Only	Daily	\$395.21
H0035	HE	Mental Health Partial Hospitalization	Mental Health Partial Hospitalization, Under 24 hours	Daily	\$302.86
H0037		Community Psychiatric Supportive Treatment Program	Mental Health Community Support Program, Monthly, Low Intensity	Monthly	\$146.69
H0037	TF	Community Psychiatric Supportive Treatment Program	Mental Health Community Support Program, Monthly, High Intensity	Monthly	\$413.95
H0040		Assertive Community Treatment	Assertive Community Treatment Program, Daily	Daily	\$71.32