

COMMUNITY MEDICAID MENTAL HEALTH SERVICES RATE SHEET

(1) Agency Name and Address:

(2) Federal Tax Identification Number:

(3) ADAMHS/CMHS Board where primary place of business is located:

(4) Unique Provider Identification Number (UPI):

(5) ODMH Certification Number and Effective Date:

(6) CPT/HCPC CODE	(7) SERVICE NAME	(8) BUDGETED ALLOWABLE COST PER UNIT	(9) MEDICAID RATE CEILING	(10) PROSPECTIVE COST BASED UNIT RATE	(11) RATE EFFECTIVE DATE	FOR STATE USE ONLY	
						PRICE SCHEDULE	MACSIS ENTRY BY:
90862	Pharmacological Management		\$210.87				
H0031	Mental Health Assessment (non-Physician)		\$129.99				
90801	Mental Health Assessment (Physician)		\$210.87				
H0004	Behavioral Health Counseling and Therapy - Individual		\$22.50				
H0004	Behavioral Health Counseling and Therapy - Group		\$9.87				
S9484	Crisis Intervention Behavioral Health Services		\$154.35				
S0201	Partial Hospitalization		\$116.81				
H0036	Community Psychiatric Support Treatment - Individual		\$21.33				
H0036	Community Psychiatric Support Treatment - Group		\$9.81				

Departmental Reviewer: _____

Date: _____

Departmental Comments: