



Tehama County

Minutes Certification

727 Oak Street, Red
Bluff, CA 96080
(530) 527-4655
<http://www.co.tehama.ca.us>

File Number: 24-915

Enactment Number: MISC. AGR 2024-202

HEALTH SERVICES AGENCY / MENTAL HEALTH

- a) AGREEMENT - Approval and authorization for the Executive Director to sign the Agreement with Psynergy Programs Inc. for the purpose of providing long-term care for adults with serious mental illness in need of high-level placements, in the amount not to exceed \$450,000 during any fiscal year, with a total maximum compensation not to exceed \$900,000, effective 7/1/24 and shall terminate 6/30/26.
Enactment No: MISC. AGR 2024-202

RESULT: APPROVED THE CONSENT AGENDA
MOVER: Matt Hansen
SECONDER: William Moule
AYES: Supervisor Moule, Supervisor Carlson, Supervisor Nolen, Vice Chair Hansen, and Chairperson Leach

I, JENNIFER VISE, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on 6/25/2024.

Attest:

Jennifer Vise

July 02, 2024
Date Certified

**AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND
PSYNERGY PROGRAMS, INC.**

This agreement is entered into between the County of Tehama, through its Health Services Agency, (“County”) and Psynergy Programs, Inc. a California corporation (“Contractor”) to provide long-term care for adults with serious mental illness in need of institution for mental disease/mental health rehabilitation center services and Lanterman Petris Short (LPS) declarations.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall provide services as described in Exhibit D, Scope of Work, attached hereto and incorporated by reference.

Contractor shall provide only those services for which a written authorization from the County has been received. Services provided without prior written authorization from the County will be the responsibility of the Contractor and will not be reimbursed by the County.

ADMISSION POLICY AND ADMITTING CRITERIA

County shall complete documentation as requested for each client admitted by Contractor under this agreement. At a minimum, this documentation shall contain a client identification, admission date, legal status, financial information, and County approval of the admission.

- a. Contractor shall admit patients with a DSM diagnosis. Individuals in need of 24-hour nursing services within the scope of facility services, patients who have histories of or are currently displaying behavioral symptoms (such as combativeness, elopement risk, suicide risk, and excessive verbal abusiveness) which preclude them from being admitted into a lower level of care facility shall be considered for admission.

The frequency, scope, and severity of these behaviors are determining factors for admission, which are negotiated between County and Contractor for each client admission. The County may grant individual exception to the admission criteria.

- b. If the Contractor denies an admission, the County’s Mental Health Director, or designee, shall be notified immediately and informed of the reasons for the denial. As appropriate, and with agreement, the County and Contractor may hold a “case conference” to discuss the reasons for the denial and the options available in meeting the client’s mental health treatment needs. However, the final decision on admission to the facility shall be the responsibility and fall within the authority of the Contractor.

- c. It is agreed by the County and Contractor that individuals whose mental illness is deemed appropriate for acute care, as well as individuals suffering exclusively from developmentally disability, mental retardation, or physical illnesses (without a psychiatric component) shall not be considered for admission.

County Mental Health Director, or designee, shall provide Contractor with authorization prior to each client admission and shall, at least quarterly review the care of each client admitted under this agreement. When necessity criteria for continued services are met, County Mental Health Director, or designee, may authorize services for an additional period not to exceed ninety (90) days. County shall take no action to change a client's county of residence for Medi-Cal purposes to the Contractor's County at any time during client's stay at Contractor's facility. It is acknowledged by County and Contractor that individual referred under this agreement may retain various civil rights as determined by the court having jurisdiction and that County may not have the legal capacity to determine residency for Medi-Cal purposes in every instance.

COUNTY LIAISON, PATIENT DISCHARGE PLANNING

- a. County shall designate the Mental Health Director, or designee, as Facility Liaison who shall be responsible for ongoing contact and consultation with County patients and Contractor's staff.
- b. Contractor shall designate the individual listed on Exhibit D, or designee, to keep County Liaison fully informed of each County patient's progress and shall collaborate in pre-discharge and discharge planning.
- c. County Facility Liaison shall be responsible for arranging community supports deemed necessary for each County patient to be discharged.

2. RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3. COMPENSATION

Contractor shall be paid in accordance with the rates set forth in the Rate Schedule, attached hereto as Exhibits B & C, after satisfactorily completing the duties described in this Agreement. The total compensation payable under this agreement shall not exceed \$450,000.00 during any fiscal year further defined as July 1, 2024, through June 30, 2025, and July 1, 2025, through June 30, 2026. The Maximum Compensation shall not exceed \$900,000.00. Contractor shall not be

entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4. BILLING AND PAYMENT

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

Board and care shall not be the responsibility of Tehama County under this agreement and shall not be billed under this agreement.

5. TERM OF AGREEMENT

This agreement shall commence on July 1, 2024, and shall terminate June 30, 2026, unless terminated in accordance with section 6 below.

6. TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be

materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Health Services Agency's Executive Director.

7. ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8. NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9. EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's

Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10. INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

11. INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12. PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County,

its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a “public work.” To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13. NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14. GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction’s contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are

Notice shall be deemed to be effective two days after mailing.

19. NON-EXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20. STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22. RESOLUTION OF AMBIGUITIES

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23. NO THIRD-PARTY BENEFICIARIES

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24. HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety

Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25. HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26. EXHIBITS

Contractor shall comply with all provisions of Exhibits A through F, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

27. AUDITS

Scope: County may audit Contractor billing for, and provision of, services under this agreement at any time with fourteen (14) business days advance written notice. County audits shall be conducted in accordance with generally accepted audit standards and limited to a verification that services billed by Contractor were actually provided to County. Contractor shall provide County with on-site access to all documents, records, and other supporting information for billing and services under this agreement.

Findings: Where problems are identified in the course of an audit which resulted in an overpayment to Contractor, County must conduct an exit conference with Contractor at the close of the audit and provide a written report and demand letter within thirty (30) days of audit completion.

Repayment: Contractor must repay County for any overpayment identified in the course of an audit within ninety (90) days of receipt of County's written report and demand letter. Contractor

may utilize County's appeal procedure to appeal County's decision prior to repayment of the alleged overpayment. At Contractor's discretion, repayment may be scheduled for direct submission to County or an offset of a future bill for services under this agreement. If Contractor fails to submit appropriate repayment within designated time frame once any appeal is settled, County may offset future bills for services under this agreement.

28. FINANCIAL RELATIONSHIPS

Contractor shall maintain statistical records in the manner provided by the State Health and Welfare Agency and make such records available to County as required by the Mental Health Director and the State Department of Health Care Services.

Contractor shall maintain accurate accounting records of its costs and operating expenses. Such records of costs and expenditures shall be maintained for at least ten (10) years, or until audit findings are resolved, and shall be open to inspection by the Health Services Agency Director, or designee, the State Controller, and the State Director of Health Care Services or designees. Contractor shall also be subject to the examination and audit of the Auditor General for a period of three years after final payment under the contract (Government Code, Section 8546.7).

29. DOCUMENTS AND RECORDS

- A. Upon written request, Contractor agrees to permit County, State, and/or Federal agencies authorized by the Director, to inspect, review, and copy all records, notes, and writing of any kind in connection with the services provided by Contractor under this agreement. All such inspections and copying shall occur during normal business hours.
- B. If the California Department of Health Care Services, Center for Medicare and Medicaid Services (CMS), or Office of the Inspector General of the US Department of Health and Human Services determines there is a reasonable possibility of fraud or similar risk, the State, SMC or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.
- C. Contractor shall preserve all records relating to the services provided pursuant to this agreement until at least ten years from the final date of the contract period or ten years from the date of completion of any audit, whichever is later.

- D. At the end of the period required for record retention, Contractor shall destroy all records made pursuant to this agreement in accordance with the California Code of Regulations, the California Welfare and Institutions Code, and Contractor's State licensing requirements.
- E. Contractor shall document compliance with all contractual requirements. Such documentation shall be provided to County upon request.

30. CLINICAL RECORDS

Contractor shall maintain adequate records. Patient records must comply with all appropriate State and Federal requirements. Individual records shall contain intake information, interviews, and progress notes. Program records shall contain detail adequate for the evaluation of the service. Contractor agrees that its inability to produce records adequate for evaluation of the service shall constitute ground for audit exception and denial of Contractor's claim for payment for those services. Contractor shall provide monthly reports to the Director in conformance with the Client and Service Information (CSI) System as prescribed by the State Department of Health Care Services.

If Contractor maintains an Electronic Health Record (EHR) with Protected Health Information (PHI), and an individual request a copy of such information in an electronic format, Contractor shall provide such information in an electronic format to enable the County to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. Section 17935(e) and the HIPAA regulations.

31. MONITORING

Contractor agrees to extend to the Mental Health Director or designees, the right to review and monitor Contractor's facilities, program, or procedures at any reasonable time.

32. REPORTS

Contractor agrees to provide County with reports that may be required by State or Federal agencies for compliance with this Agreement. Contractor agrees to permit County, State, and/or Federal agencies authorized by the Director, to inspect, review, and copy all records, notes, and writing of any kind in connection with the services provided by Contractor under this agreement. All such inspections and copying shall occur during normal business hours.

Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of patients, personnel or visitors, shall be reported by the facility within twenty-four (24) hours either by telephone (and confirmed in writing) or by telegraph or fax to the local health officer, the State Department of Health Services, and the Executive Director, Tehama County Health Services Agency, or in their absence, the Mental Health Director. An incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the State Department of Health Services may require. Every fire or explosion which occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshall (Title 22, Section 72541).

33. PATIENTS' RIGHTS

Patients' rights shall be observed by Contractor as provided in Welfare and Institutions Code, Section 5325 and title 9 of the California Code of Regulations. County Patients' Rights Advocates will be given access to clients, clients' records, and facility personnel to monitor the Contractor's compliance with said statutes and regulations.

34. PERSONNEL

Contractor shall furnish such qualified professional personnel as prescribed in Title 9 of the California Code of Regulations required for the type of services described in Section 1.

All Contractor's personnel (including independent contractors) shall have the appropriate current State licensure required for their given profession.

35. CODE OF CONDUCT

Contractor shall comply with Code of Conduct. Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. The TCHSA and each of its employees and contractors shall follow an established Code of Conduct.

PURPOSE: The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes,

regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA's dedication to providing quality care to its patients.

CODE OF CONDUCT – General Statement

- The Code of Conduct is intended to provide TCHSA employees and contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;
- Every TCHSA employee and contractor is expected to uphold the Code of Conduct;
- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or contractor to disciplinary action, up to or including termination of employment or contracted status.
- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or contractor's independent judgment in transactions involving TCHSA;
- Shall disclose to their Division Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or contractors;
- Shall not participate in any false billing of patients, governmental entities, or any other party;
- Shall not participate in preparation of any false cost report or other type of report submitted to the government;
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA:

- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter;
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures;
- Shall promptly report to the Quality Assurance Manager any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Quality Assurance Manager any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures;
- Shall not engage in or tolerate retaliation against employees or contractors who report or suspect wrongdoing.

36. CULTURAL COMPETENCY.

Contractor shall insure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost-effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within their own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent and which operationalize the following values:

- a. Services should be delivered in the client's primary language or language of choice since language is the primary "carrier of culture,"
- b. Services should encourage the active participation of individuals in their own care, protect their confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics,
- c. Service delivery staff should reflect the racial, ethnic, and cultural diversity of the population being served,
- d. Certain culturally sanctioned behaviors, values, or attitudes of individuals legitimately may conflict with "mainstream values" without indicating psychopathology or moral deviance,
- e. Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy,
- f. The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.
- g. Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

37. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Contractor acknowledges that it is a “health care provider” for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor further acknowledges that it may not be a “covered entity” for purposes of HIPAA. However, when performing its duties under this contract, or when otherwise acting in relation to this contract, or when storing, using, or disclosing information generated or obtained by Contractor as a result of this contract, Contractor shall abide by all provisions of the HIPAA Privacy Rule and HIPAA Security Rule as if Contractor were a covered entity. The Contractor agrees to use individually identifiable healthcare information obtained from the County only for purposes of providing diagnostic or treatment services to patients.

Contractor agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. Contractor shall make this report by the next business day following discovery of the use, disclosure, or security incident.

38. CONFIDENTIALITY OF PATIENT INFORMATION.

All information and records obtained in the course of providing services under this agreement shall be confidential and Contractor shall comply with State and Federal requirements regarding confidentiality of patient information (including but not limited to section 5328 of the Welfare and Institutions Code, and Title 45, Code of Federal Regulations, section 205.50 for MediCal-eligible patients) including all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All applicable regulations and statutes relating to patients’ rights shall be adhered to. This provision shall survive the termination, expiration, or cancellation of this agreement.

39. COMPLIANCE AND PROGRAM INTEGRITY:

Contractor shall comply with all contractual provisions pursuant to Exhibit F, “COMPLIANCE AND PROGRAM INTEGRITY,” attached hereto and incorporated by reference.

40. TELECOMMUNICATION FOR ASSESSMENTS OF CLIENTS:

Contractor will utilize “VSee” software platform tool or other platform or software approved by County at the request of the County to facilitate assessments of clients.

41. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act (“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

42. TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104).”

43. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

44. HATCH ACT

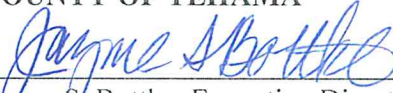
County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F.,

Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

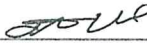
Date: 6-12-24

COUNTY OF TEHAMA


Jayme S. Bottke, Executive Director

Date: 06/07/24

PSYNERGY PROGRAMS, INC. a California corporation


Arturo Uribe (Jun 7, 2024 12:04 PDT)
Arturo Uribe, LCSW, President/CEO

122962
Vendor Number

Budget Account Number

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) \$1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of \$1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of \$1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than \$1,000,000 per claim and \$2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an “occurrence” basis, rather than a “claims made” basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include “Tehama County, its elected officials, officers, employees and volunteers” as an additional insured.

The certificate holder shall be “County of Tehama.”

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of \$25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor’s liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor’s insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor’s insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that “coverage shall not be reduced or canceled without 30 days’ prior written notice certain to the County.”

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

Contract Exhibit - Rates
 Provider: Psynergy Programs, Inc

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Service	Service Description	Modifier Description	Provider Type	Rate FY 23-24
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	59,95, HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	59, HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	95, HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	HL, 59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	HL, 59, 95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90791	HL, 95	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	59, 95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	59, 95, HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	59, HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	95, HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90885	HL, 59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes. 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90839		90839:	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 261.15
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 261.15
90840		90840:	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 150.66

LPHA

90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 150.66
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
99366		99366:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	27	99366:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	27:59	99366:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	59	99366:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	59:95	99366:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	95	99366:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	95:HK	99366:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99366	HK	99366:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33

99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99484		99484:	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 301.33
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
H2017	HK:HQ	H2017:HK:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90887		90887:	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33

90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
G2212		G2212	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	\$ 75.33
G2212	HQ	G2212:HQ	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	\$ 16.74
H0031		H0031:		Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	\$ 56.68
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	\$ 56.68
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	\$ 56.68
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	\$ 12.59
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	\$ 56.68
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	\$ 12.59
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Mental Health Rehabilitation Specialist	\$ 56.68
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Mental Health Rehabilitation Specialist	\$ 56.68
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	\$ 56.68
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	\$ 12.59
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	\$ 12.59
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Mental Health Rehabilitation Specialist	\$ 56.68
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	\$ 56.68
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes		Other Qualified Practitioner	\$ 56.68
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	\$ 56.68
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Other Qualified Practitioner	\$ 56.68
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Other Qualified Practitioner	\$ 56.68
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Other Qualified Practitioner	\$ 56.68
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Other Qualified Practitioner	\$ 56.68
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Other Qualified Practitioner	\$ 56.68
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Other Qualified Practitioner	\$ 12.59
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Other Qualified Practitioner	\$ 12.59
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	\$ 12.59
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	\$ 12.59
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Other Qualified Practitioner	\$ 56.68
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	\$ 56.68
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Other Qualified Practitioner	\$ 56.68
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Other Qualified Practitioner	\$ 56.68
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Other Qualified Practitioner	\$ 56.68

H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	\$ 56.68
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Other Qualified Practitioner	\$ 12.59
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	\$ 12.59
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Licensed Physician	\$ 270.78
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 270.78
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	\$ 270.78
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Licensed Physician	\$ 270.78
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Licensed Physician	\$ 270.78
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	\$ 270.78
90791	HL,95	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 270.78
90792		90792:	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Licensed Physician	\$ 270.78
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 270.78
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	\$ 270.78
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Licensed Physician	\$ 270.78
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Licensed Physician	\$ 270.78
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	\$ 270.78
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 270.78
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
90832		90832:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Licensed Physician	\$ 541.56
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Licensed Physician	\$ 541.56
90832	59,95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 541.56
90832	59,95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 541.56
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 541.56
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Licensed Physician	\$ 541.56
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	\$ 541.56
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Licensed Physician	\$ 541.56
90833		90833:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	\$ 541.56
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	\$ 541.56
90833	59,95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 541.56
90833	59,95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 541.56
90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 541.56
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	\$ 541.56
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	\$ 541.56

90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	\$ 541.56
90834		90834:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Licensed Physician	\$ 812.33
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Licensed Physician	\$ 812.33
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 812.33
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 812.33
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 812.33
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Licensed Physician	\$ 812.33
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	\$ 812.33
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Licensed Physician	\$ 812.33
90836		90836:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	\$ 812.33
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	\$ 812.33
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 812.33
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 812.33
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 812.33
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	\$ 812.33
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	\$ 812.33
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	\$ 812.33
90837		90837:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Licensed Physician	\$1,083.11
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Licensed Physician	\$1,083.11
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$1,083.11
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$1,083.11
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Licensed Physician	\$1,083.11
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Licensed Physician	\$1,083.11
90838		90838:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	\$1,083.11
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	\$1,083.11
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$1,083.11
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$1,083.11
90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	\$1,083.11
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	\$1,083.11
90839		90839:	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Licensed Physician	\$ 938.70
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Licensed Physician	\$ 938.70

90840		90840:	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Licensed Physician	\$ 541.56
90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Licensed Physician	\$ 541.56
90847		90847:	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Licensed Physician	\$ 902.59
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Licensed Physician	\$ 902.59
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 902.59
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 902.59
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 902.59
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Licensed Physician	\$ 902.59
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 902.59
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Licensed Physician	\$ 902.59
90849		90849:	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Licensed Physician	\$ 60.17
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 60.17
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 60.17
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 60.17
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 60.17
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Licensed Physician	\$ 60.17
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 60.17
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Licensed Physician	\$ 60.17
90853		90853:	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Licensed Physician	\$ 60.17
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 60.17
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 60.17
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 60.17
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 60.17
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Licensed Physician	\$ 60.17
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 60.17
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Licensed Physician	\$ 60.17
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes		Licensed Physician	\$ 270.78
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 270.78
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 270.78
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine	Licensed Physician	\$ 270.78

90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern	Licensed Physician	\$ 270.78
90885	HL:59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	\$ 270.78
90887		90887:	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Licensed Physician	\$ 270.78
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 270.78
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	\$ 270.78
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Licensed Physician	\$ 270.78
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Licensed Physician	\$ 270.78
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	\$ 270.78
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 270.78
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
96372		96372	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.		Licensed Physician	\$ 270.78
96372	59	96372:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Two Procedures in a Day	Licensed Physician	\$ 270.78
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Licensed Physician	\$ 397.14
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Licensed Physician	\$ 397.14
99202	27:59:00	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$ 397.14

99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 397.14
99202	27:59:95HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 397.14
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	\$ 397.14
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Licensed Physician	\$ 397.14
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 397.14
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 397.14
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Licensed Physician	\$ 397.14
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 397.14
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Licensed Physician	\$ 397.14
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern	Licensed Physician	\$ 397.14
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Licensed Physician	\$ 397.14
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	\$ 397.14
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 397.14
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Licensed Physician	\$ 667.92
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Licensed Physician	\$ 667.92
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$ 667.92
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 667.92
99203	27:59:95HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 667.92
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	\$ 667.92
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Licensed Physician	\$ 667.92
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 667.92
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 667.92
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Licensed Physician	\$ 667.92
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 667.92
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Licensed Physician	\$ 667.92
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern	Licensed Physician	\$ 667.92
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Licensed Physician	\$ 667.92
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Licensed Physician	\$ 667.92
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 667.92
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Licensed Physician	\$ 938.70
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Licensed Physician	\$ 938.70
99204	27:59:00	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$ 938.70
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 938.70
99204	27:59:95HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 938.70

99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	\$ 938.70
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Licensed Physician	\$ 938.70
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 938.70
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 938.70
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Licensed Physician	\$ 938.70
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 938.70
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Licensed Physician	\$ 938.70
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern	Licensed Physician	\$ 938.70
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Licensed Physician	\$ 938.70
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Licensed Physician	\$ 938.70
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 938.70
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Licensed Physician	\$1,209.48
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Licensed Physician	\$1,209.48
99205	27:59:00	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$1,209.48
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$1,209.48
99205	27:59:95HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$1,209.48
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	\$1,209.48
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Licensed Physician	\$1,209.48
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$1,209.48
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$1,209.48
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Licensed Physician	\$1,209.48
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$1,209.48
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Licensed Physician	\$1,209.48
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern	Licensed Physician	\$1,209.48
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Licensed Physician	\$1,209.48
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Licensed Physician	\$1,209.48
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicine	Licensed Physician	\$1,209.48
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Licensed Physician	\$ 270.78
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Licensed Physician	\$ 270.78
99212	27:59:00	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$ 270.78
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 270.78
99212	27:59:95HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 270.78
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	\$ 270.78
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Licensed Physician	\$ 270.78

99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Licensed Physician	\$ 631.82
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 631.82
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Licensed Physician	\$ 631.82
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern	Licensed Physician	\$ 631.82
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Licensed Physician	\$ 631.82
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Licensed Physician	\$ 631.82
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 631.82
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Licensed Physician	\$ 848.44
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Licensed Physician	\$ 848.44
99215	27:59:00	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$ 848.44
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 848.44
99215	27:59:95HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 848.44
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	\$ 848.44
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Licensed Physician	\$ 848.44
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 848.44
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 848.44
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Licensed Physician	\$ 848.44
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 848.44
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Licensed Physician	\$ 848.44
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern	Licensed Physician	\$ 848.44
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Licensed Physician	\$ 848.44
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Licensed Physician	\$ 848.44
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicine	Licensed Physician	\$ 848.44
99367		99367:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by		Licensed Physician	\$1,083.11
99367	27	99367:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M	Licensed Physician	\$1,083.11
99367	27:59	99367:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$1,083.11
99367	27:59:95	99367:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$1,083.11
99367	27:59:95:HK	99367:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
99367	59	99367:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day	Licensed Physician	\$1,083.11
99367	59:95	99367:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$1,083.11
99367	59:95:HK	99367:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
99367	95	99367:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine	Licensed Physician	\$1,083.11
99367	95:HK	99367:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
99367	HK	99367:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Specialized MH program	Licensed Physician	\$1,083.11

99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Licensed Physician	\$ 144.42
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Licensed Physician	\$ 288.83
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Licensed Physician	\$ 469.35
99451		99451:	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes		Licensed Physician	\$ 306.88
99451	27	99451:27	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M	Licensed Physician	\$ 306.88
99451	27:59	99451:27:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	\$ 306.88
99451	27:59:95	99451:27:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 306.88
99451	27:59:95:HK	99451:27:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 306.88
99451	59	99451:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day	Licensed Physician	\$ 306.88
99451	59:95	99451:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	\$ 306.88
99451	59:95:HK	99451:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	\$ 306.88
99451	95	99451:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine	Licensed Physician	\$ 306.88
99451	95:HK	99451:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	\$ 306.88
99451	HK	99451:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Specialized MH program	Licensed Physician	\$ 306.88
99484		99484:	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Physician	\$1,083.11
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Physician	\$1,083.11
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Physician	\$1,083.11
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Physician	\$1,083.11
G2212		G2212	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Physician	\$ 270.78
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Physician	\$ 60.17
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Physician	\$ 60.17
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Physician	\$ 270.78
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Physician	\$ 270.78
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78

H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Physician	\$ 60.17
H0034	HQ:HK	H0034::HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	\$ 60.17
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Physician	\$ 270.78
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Physician	\$ 270.78
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Physician	\$ 270.78
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Physician	\$ 270.78
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Physician	\$ 60.17
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	\$ 60.17
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Physician	\$ 270.78
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Physician	\$ 270.78
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Nurse Practitioner	\$ 143.93
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Nurse Practitioner	\$ 143.93
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Nurse Practitioner	\$ 143.93
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Nurse Practitioner	\$ 143.93
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 143.93
90792		90792:	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Nurse Practitioner	\$ 143.93
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 143.93
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Nurse Practitioner	\$ 143.93
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Nurse Practitioner	\$ 143.93
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 143.93
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
90832		90832:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Nurse Practitioner	\$ 287.86
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	\$ 287.86
90832	59,95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 287.86
90832	59,95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 287.86
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 287.86
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Nurse Practitioner	\$ 287.86
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 287.86
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Nurse Practitioner	\$ 287.86
90833		90833:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	\$ 287.86
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	\$ 287.86
90833	59,95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 287.86
90833	59,95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 287.86

90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 287.86
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	\$ 287.86
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 287.86
90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	\$ 287.86
90834		90834:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Nurse Practitioner	\$ 431.79
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	\$ 431.79
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 431.79
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 431.79
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 431.79
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Nurse Practitioner	\$ 431.79
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 431.79
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Nurse Practitioner	\$ 431.79
90836		90836:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	\$ 431.79
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	\$ 431.79
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 431.79
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 431.79
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 431.79
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	\$ 431.79
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 431.79
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	\$ 431.79
90837		90837:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Nurse Practitioner	\$ 575.73
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	\$ 575.73
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 575.73
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 575.73
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Nurse Practitioner	\$ 575.73
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Nurse Practitioner	\$ 575.73
90838		90838:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	\$ 575.73
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	\$ 575.73
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 575.73
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 575.73

90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	\$ 575.73
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	\$ 575.73
90839		90839:		Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Nurse Practitioner	\$ 498.96
90839	59	90839:59		Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 498.96
90840		90840:		Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Nurse Practitioner	\$ 287.86
90840	59	90840:59		Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 287.86
90847		90847:	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Nurse Practitioner	\$ 479.77
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 479.77
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 479.77
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 479.77
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 479.77
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Nurse Practitioner	\$ 479.77
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 479.77
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Nurse Practitioner	\$ 479.77
90849		90849:	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Nurse Practitioner	\$ 31.99
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 31.99
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 31.99
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 31.99
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 31.99
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Nurse Practitioner	\$ 31.99
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 31.99
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 31.99
90853		90853:	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Nurse Practitioner	\$ 31.99
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 31.99
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 31.99
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 31.99
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 31.99
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Nurse Practitioner	\$ 31.99
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 31.99
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 31.99
90885		90885:	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes		Nurse Practitioner	\$ 143.93
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93

90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 143.93
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine	Nurse Practitioner	\$ 143.93
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern	Nurse Practitioner	\$ 143.93
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90887		90887:	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Nurse Practitioner	\$ 143.93
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	\$ 143.93
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Nurse Practitioner	\$ 143.93
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 143.93
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Nurse Practitioner	\$ 143.93
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	\$ 143.93
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 143.93
90887	HL:59:95	90887:HL:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 143.93
96372		96372	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.		Nurse Practitioner	\$ 143.93

96372	59	96372:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Two Procedures in a Day	Nurse Practitioner	\$ 143.93
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Nurse Practitioner	\$ 211.10
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Nurse Practitioner	\$ 211.10
99202	27:59	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 211.10
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 211.10
99202	27:59:95HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 211.10
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	\$ 211.10
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 211.10
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 211.10
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 211.10
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Nurse Practitioner	\$ 211.10
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 211.10
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Nurse Practitioner	\$ 211.10
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern	Nurse Practitioner	\$ 211.10
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	\$ 211.10
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	\$ 211.10
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 211.10
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Nurse Practitioner	\$ 355.03
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Nurse Practitioner	\$ 355.03
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 355.03
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 355.03
99203	27:59:95HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 355.03
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	\$ 355.03
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 355.03
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 355.03
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 355.03
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Nurse Practitioner	\$ 355.03
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 355.03
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Nurse Practitioner	\$ 355.03
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern	Nurse Practitioner	\$ 355.03
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Nurse Practitioner	\$ 355.03
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	\$ 355.03

99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 355.03
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Nurse Practitioner	\$ 498.96
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Nurse Practitioner	\$ 498.96
99204	27:59	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 498.96
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 498.96
99204	27:59:95HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 498.96
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	\$ 498.96
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 498.96
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 498.96
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 498.96
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Nurse Practitioner	\$ 498.96
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 498.96
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Nurse Practitioner	\$ 498.96
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern	Nurse Practitioner	\$ 498.96
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Nurse Practitioner	\$ 498.96
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	\$ 498.96
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 498.96
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Nurse Practitioner	\$ 642.89
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Nurse Practitioner	\$ 642.89
99205	27:95	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 642.89
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 642.89
99205	27:59:95HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 642.89
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	\$ 642.89
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 642.89
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 642.89
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 642.89
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Nurse Practitioner	\$ 642.89
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 642.89
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Nurse Practitioner	\$ 642.89
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern	Nurse Practitioner	\$ 642.89
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Nurse Practitioner	\$ 642.89
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	\$ 642.89
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 642.89
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Nurse Practitioner	\$ 143.93

99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 335.84
99214	27:59:95HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 335.84
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	\$ 335.84
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 335.84
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 335.84
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 335.84
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Nurse Practitioner	\$ 335.84
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 335.84
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Nurse Practitioner	\$ 335.84
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern	Nurse Practitioner	\$ 335.84
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Nurse Practitioner	\$ 335.84
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	\$ 335.84
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 335.84
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Nurse Practitioner	\$ 450.99
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Nurse Practitioner	\$ 450.99
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 450.99
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 450.99
99215	27:59:95HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 450.99
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	\$ 450.99
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Nurse Practitioner	\$ 450.99
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 450.99
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 450.99
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Nurse Practitioner	\$ 450.99
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 450.99
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Nurse Practitioner	\$ 450.99
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern	Nurse Practitioner	\$ 450.99
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Nurse Practitioner	\$ 450.99
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	\$ 450.99
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicine	Nurse Practitioner	\$ 450.99
99366		99366:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More		Nurse Practitioner	\$ 575.73
99366	27	99366:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	Nurse Practitioner	\$ 575.73

99366	27:59	99366:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 575.73
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 575.73
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
99366	59	99366:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Two Procedures in a Day	Nurse Practitioner	\$ 575.73
99366	59:95	99366:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 575.73
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
99366	95	99366:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Telemedicine	Nurse Practitioner	\$ 575.73
99366	95:HK	99366:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
99366	HK	99366:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. <u>30 Minutes or More</u>	Specialized MH program	Nurse Practitioner	\$ 575.73
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>		Nurse Practitioner	\$ 575.73
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Multiple E/M	Nurse Practitioner	\$ 575.73
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	\$ 575.73
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 575.73
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Two Procedures in a Day	Nurse Practitioner	\$ 575.73
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	\$ 575.73
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. <u>30 Minutes or More</u>	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73

99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Nurse Practitioner	\$ 575.73
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Nurse Practitioner	\$ 575.73
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Nurse Practitioner	\$ 76.76
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Nurse Practitioner	\$ 153.53
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Nurse Practitioner	\$ 249.48
99484		99484:	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Nurse Practitioner	\$ 575.73
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Nurse Practitioner	\$ 575.73
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Nurse Practitioner	\$ 575.73
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Nurse Practitioner	\$ 575.73
G2212		G2212	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Nurse Practitioner	\$ 143.93
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Nurse Practitioner	\$ 31.99
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Nurse Practitioner	\$ 31.99
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes		Nurse Practitioner	\$ 143.93
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Nurse Practitioner	\$ 143.93
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Nurse Practitioner	\$ 143.93
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Nurse Practitioner	\$ 143.93
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Nurse Practitioner	\$ 31.99
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	\$ 31.99
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Nurse Practitioner	\$ 143.94
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Nurse Practitioner	\$ 143.94
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Nurse Practitioner	\$ 143.94
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Nurse Practitioner	\$ 143.94
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.94
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Nurse Practitioner	\$ 31.99
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	\$ 31.99
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Nurse Practitioner	\$ 143.93
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Nurse Practitioner	\$ 143.93

96372		96372	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.		Registered Nurse		\$ 117.58
96372	59	96372:59	15	Medication Support Codes	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	Two Procedures in a Day	Registered Nurse		\$ 117.58
99366		99366:		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More		Registered Nurse		\$ 470.29
99366	27	99366:27		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M	Registered Nurse		\$ 470.29
99366	27:59	99366:27:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Registered Nurse		\$ 470.29
99366	27:59:95	99366:27:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Registered Nurse		\$ 470.29
99366	27:59:95:HK	99366:27:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99366	59	99366:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day	Registered Nurse		\$ 470.29
99366	59:95	99366:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Registered Nurse		\$ 470.29
99366	59:95:HK	99366:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99366	95	99366:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine	Registered Nurse		\$ 470.29
99366	95:HK	99366:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99366	HK	99366:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Face-to-face with Patient and/or Family. 30 Minutes or More	Specialized MH program	Registered Nurse		\$ 470.29
99368		99368:		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Registered Nurse		\$ 470.29
99368	27	99368:27		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Registered Nurse		\$ 470.29
99368	27:59	99368:27:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Registered Nurse		\$ 470.29

99368	27:59:95	99368:27:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Registered Nurse		\$ 470.29
99368	27:59:95:HK	99368:27:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99368	59	99368:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Registered Nurse		\$ 470.29
99368	59:95	99368:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Registered Nurse		\$ 470.29
99368	59:95:HK	99368:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99368	95	99368:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Registered Nurse		\$ 470.29
99368	95:HK	99368:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99368	HK	99368:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Registered Nurse		\$ 470.29
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Registered Nurse		\$ 470.29
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Registered Nurse		\$ 470.29
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Registered Nurse		\$ 470.29
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Registered Nurse		\$ 470.29
G2212	HQ	G2212:HQ		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Registered Nurse		\$ 26.13
H0031	95	99484:95		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Registered Nurse		\$ 117.58
H0031	95:HK	99484:95:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Registered Nurse		\$ 117.58
H0032	HK	99484:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Registered Nurse		\$ 117.58
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Registered Nurse		\$ 117.58
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Registered Nurse		\$ 117.58
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Registered Nurse		\$ 117.58
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Registered Nurse		\$ 117.58
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Registered Nurse		\$ 117.58
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Registered Nurse		\$ 26.13
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Registered Nurse		\$ 26.13
H2011		H2011:	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Registered Nurse		\$ 117.58
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Registered Nurse		\$ 117.58
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Registered Nurse		\$ 117.58
H2017		H2017:		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Registered Nurse		\$ 117.58
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Registered Nurse		\$ 117.58
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Registered Nurse		\$ 26.13

H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Registered Nurse	\$ 26.13
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Registered Nurse	\$ 117.58
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Registered Nurse	\$ 117.58
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Vocational Nurse	\$ 247.06
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Vocational Nurse	\$ 247.06
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Vocational Nurse	\$ 247.06
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Vocational Nurse	\$ 247.06
G2212		G2212		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Vocational Nurse	\$ 61.76
G2212	HK	G2212:HK		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
G2212	HQ	G2212:HQ		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Vocational Nurse	\$ 13.73
G2212	HQ:HK	G2212:HQ:HK		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Vocational Nurse	\$ 13.73
H0031		H0031		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Licensed Vocational Nurse	\$ 61.76
H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Licensed Vocational Nurse	\$ 61.76
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Vocational Nurse	\$ 61.76
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Vocational Nurse	\$ 61.76
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Vocational Nurse	\$ 13.73
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Vocational Nurse	\$ 13.73
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Vocational Nurse	\$ 61.76
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Vocational Nurse	\$ 61.76
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Vocational Nurse	\$ 61.76
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Vocational Nurse	\$ 61.76
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Vocational Nurse	\$ 13.73
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Vocational Nurse	\$ 13.73
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Vocational Nurse	\$ 61.76
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Vocational Nurse	\$ 61.76
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Psychiatric Technician	\$ 211.80
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Psychiatric Technician	\$ 211.80
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Psychiatric Technician	\$ 211.80
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Psychiatric Technician	\$ 211.80
H0031		H0031		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Licensed Psychiatric Technician	\$ 52.95

H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non-Physician, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	\$ 52.95
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Licensed Psychiatric Technician	\$ 52.95
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	\$ 52.95
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Psychiatric Technician	\$ 52.95
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	\$ 52.95
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Psychiatric Technician	\$ 52.95
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	\$ 52.95
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Psychiatric Technician	\$ 11.77
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Psychiatric Technician	\$ 11.77
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Psychiatric Technician	\$ 52.95
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Psychiatric Technician	\$ 52.95
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Psychiatric Technician	\$ 52.95
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Psychiatric Technician	\$ 52.95
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	\$ 52.95
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Psychiatric Technician	\$ 11.77
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Psychiatric Technician	\$ 11.77
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Psychiatric Technician	\$ 52.95
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	\$ 52.95

Exhibit C

**Short Doyle MediCal County Contract Rates – California Counties
Fiscal Year 2024-25 / 25-26 / 26-27
Residential and Specialty Mental Health Services**

Psynergy Programs (“CONTRACTOR”) utilizes a braided funding approach to maximize local resources when serving consumers in residential settings. We co-locate our licensed residential facilities adjacent or close to our outpatient clinics. These modified therapeutic communities allow for client-centered treatment in healing environments.

Rate for Outpatient Mental Health Services (Specialty Mental Health Services Rates)

COUNTY will pay Contractor for Medi-Cal allowable services provided to client as appropriate for the required level of care.

PROVIDER TYPES TO BE INCLUDED IN CONTRACT		
Licensed Physician	Physician’s Assistant	MFT/LPCC (Licensed, Waivered or Registered)
Clinical Nurse Specialist	Licensed Vocational Nurse (LVN)	Licensed Psychiatric Technician (LPT)
Mental Health Rehab Specialist	Psychologist/Pre-licensed Psychologist	LCSW (Licensed, Waivered or Registered)
Occupational Therapist	Peer Recovery Specialist	Other Qualified Providers - Other Designated MH staff that bill medical
Registered Nurse	Nurse Practitioner	

Bed Hold

Requests for bed holds will be made on an individual basis by COUNTY with a maximum hold of five (5) days, unless prior arrangements are discussed. The Bed Hold rate will be at the client level of service, or all-inclusive rate, when they left for the Bed Hold, Level I, Level II, or ISS.

Transportation

Admission, Conservatorship Hearings, Discharge to Lower Level of Care Transportation

When possible, with available staffing, CONTRACTOR will pick-up new admissions from placements upon request from COUNTY. From the residence, to the destination, and return in a Psynergy Program insured car and driver rate is \$55.00 per hour plus mileage. Beginning on January 1, 2024, the standard mileage rates for the use of a car, van, pickup or panel truck will be: 65.5 cents per mile for business miles driven, and is subject to change as the IRS updates annually.

In the event the client is being transported to a higher level of care, when safe and appropriate, additional staff will be charged the same rate of \$55.00 per hour. If the roundtrip mileage is 200+ there may be additional costs incurred, hotel for staff, meals, additional staff to avoid driver fatigue.

Driver will ensure the safety and supervision of individuals, ensure admission paperwork and medications are in order, meal provided, hydration, cigarette breaks if so required.

Enhanced Support and Supervision

CONTRACTOR will provide individual support and supervision with prior authorization from COUNTY.

The rate for Enhanced Support and Supervision is \$45 per hour in 15 minute increments.

Examples of individual support and supervision, but not exhaustive, are:

Stand by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment. Stand by assistance for

chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.

Individual support (1:1) for clients diagnosed with SPMI and Intellectual Disabilities that without this individual support are placing their housing at risk with the escalation of symptoms and behaviors. Extra support for hygiene and ADL's if required.

For the safety of residents and staff, standby support on an individual basis for a client that is to be moved to a higher level of support but is awaiting the transfer or bed opening.

Bereavement support for individuals attending funeral or memorial of a loved one, including the transportation.

Isolation Support Services

If a resident has been ordered to stay in their room due to COVID, or other transmissible disease or diagnosis, precautions, or exposure we will be charging a rate of \$100.00 per diem for room support, bed side support, medication delivery, 1:1 support as needed. This allows the facility to bring in temporary and on-call staff for support and supervision.

Conservatorship LPS Declarations and Evaluations:

In consideration of CalAIM and billing changes, County will compensate Psynergy Programs for LPS assessments as follows:

- 1) Flat Rate 1st doctor assessment 90 minutes \$1,275.00 + 2nd opinion assessment 45 minutes \$637.50 total \$1,912.50. This amount could be less and is an approximation.

Exhibit D

Scope of Services

Fiscal Year 2024/25 to 2026/27

I. Program/Project Overview:

Organization/Program Name: Psynergy Programs, Inc.

Contact Person & Information:

Name: Arturo Uribe, LCSW, President / CEO, Head of Service

Address: 18225 Hale Avenue, Morgan Hill, CA 95037

Phone: 408-497-9186

Fax: 408-762-7396

Email: auribe@psynergy.org

Name: Lynda Kaufmann, Director of Govt. and Public Affairs, Contract Manager

Address: 18225 Hale Avenue, Morgan Hill CA 95037

Phone: 408-833-5115

Fax: 408-762-7395

Email: lkaufmann@psynergy.org

Psynergy Residential Programs:

Nueva Vista Adult Residential Facility (72 beds)
18225 Hale Avenue, Morgan Hill CA 95037

Nueva Vista Sacramento (60 beds)
4604 Roosevelt Avenue, Sacramento CA 95820

Cielo Vista Adult Residential Facility (40 beds)
806 Elm Avenue, Greenfield CA 93927

Vista Esperanza RCFE (Residential Care Facility for the Elderly – 54 beds)
5240 Jackson Street, North Highlands CA 95660

Vista de Robles, Adult Residential Facility (80 beds)
9847 Folsom Blvd., Sacramento CA 95827

Vista de Robles, Intensive Support Services (12 beds)
9847 Folsom Blvd., Sacramento CA 95827

Tres Vista Apartments (6 beds)
18217 Apts # (200, 210, 220 and 230)
Hale Avenue, Morgan Hill CA 95037

Tres Vista Cottages I (5 Females) **NEW**
4612 Roosevelt Avenue
Sacramento, CA 95820

Tres Vista Cottages II (5 Males) **NEW**
4616 Roosevelt Avenue
Sacramento, CA 95820

PROGRAM INTENT AND GOALS AND DESCRIPTION OF SERVICES AND TREATMENT METHODS:

A. Program Intent and Goals:

The CONTRACTOR will provide services to individuals diagnosed with Serious Mental Illness (SMI) and Serious Persistent Mental Illness (SPMI) whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community settings. The goal is to assist individuals in Institution for Mental Disease (IMD) levels of care to step-down and transition back into the community with the support that has been demonstrated to be the most effective, using the Modified Therapeutic Community and Wellness and Recovery models.

General Program Description:

Overview:

The need to provide stable housing and effective clinical services for adults with severe mental illness remains a challenge for many COUNTY agencies. Psynergy Programs offers Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE) and outpatient mental health clinics in close proximity. CONTRACTOR has demonstrated that providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. CONTRACTOR provides both residential services and mental health services to people with serious mental illnesses ages 18 and above. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models, (Phase One, Two and Four). CONTRACTOR'S programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, an IMD, a Psychiatric Health Facility (PHF) and Jail. The intent and goal of CONTRACTOR'S services is to improve everyone's quality of life, to help individuals gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

A.1

RESIDENTIAL SERVICES TO BE PROVIDED BY CONTRACTOR

CONTRACTOR provides Client Development Services to clientele residing in locked hospital settings. Prior to enrollment in Psynergy Programs, our Client Development Specialists work in partnership with clients, counties, hospitals and IMDs to help individuals become motivated and prepared to move into our programs. Motivational interviewing techniques are utilized to engage clients and to foster a treatment alliance that can be further developed in the therapeutic community. This multifaceted process facilitates community re-integration.

Residential Services – Upon Admission

CONTRACTOR provides Residential Services currently at six (6) sites, which are used in a step-down manner from locked settings, with a high level of support and services offered at all sites, Nueva Vista Morgan Hill, Nueva Vista Sacramento, Vista de Robles, Vista Esperanza, and Cielo Vista Greenfield. Counties initiate referrals to CONTRACTOR for clientele residing in state hospitals (Napa & Metro), Institutes for Mental Disease (IMD), Psychiatric Health Facilities (PHF), County Jails, or sub-acute crisis programs. CONTRACTOR also receives referrals from local community psychiatric hospitals, board and care homes or private parties in the community with the aim of providing stabilization from acute episodes of mental illness and helping individuals reintegrate into the community. CONTRACTOR provides an array of services that ensure client safety and that help individuals meet their basic needs in the least restrictive home-like setting possible. We foster community reintegration for many individuals that have previously resided in locked mental health facilities for extended periods of time.

Room and Board: Clients are provided with clean, comfortable, functional, and non-institutional living quarters, as well as attractive living areas, which contribute to the improvement of their mental and physical health and functioning.

Basic Services: The facility's Administrators and staff are actively involved in developing opportunities for residents to learn and practice independent living skills and responsibilities. This includes group activities and classes, "Leisure" and "Recreational", as well as opportunities to learn vocational skills. The primary goal is to assist residents to obtain skills needed to move to a less restrictive, more independent setting.

Specifically, our residential programs include the following:

- Orientation by staff and/or peers will be provided to each resident within three days of arrival.
- Attractive, clean and comfortable lodging.
- Three (3) nutritious and well-balanced meals and three (3) snacks daily.
- Weekly, and as needed, cleaning of the resident's room and bathroom by onsite housekeeping staff. Daily cleaning is provided for all incontinent individuals.
- Recreational, leisure and social activities.
- Bed linens and towels.
- A conveniently located phone available for resident's incoming personal and outgoing local personal calls.
- Limited individual storage space consisting of a closet and small dresser in resident's room for resident's own private use.
- Help with planning and arranging for transportation to local functions, churches and educational classes within a nearby radius.
- Observance of resident's general health.
- Updating of resident's Needs and Services Plan as frequently to ensure the Plan's accuracy and to document significant occurrences that result in changes in the resident's physical, mental, emotional and/or social needs.
- Consultation as needed with the resident's doctors about resident's general mental and physical health.
- Assistance as needed with obtaining linkage to medical care.
- Assistance as needed with taking prescribed medications in accordance with doctor's instructions unless prohibited by law or regulation.
- At the request of a majority of residents, assistance to residents in establishing and maintaining a resident-oriented facility council.

- CONTRACTOR provides all personal hygiene needs from dental floss to shampoo. When recommended by our Dental Hygienist electric toothbrushes are provided at no cost.
- CONTRACTOR provides Over the Counter (OTC) to all residents, at no cost to the individual or COUNTY. The following are provided by Psynergy: Headache - acetaminophen, aspirin, Motrin. Constipation - acetaminophen, ibuprofen, ASA. Diarrhea - Pepto Bismol, Imodium. Nausea and Upset Stomach - Tums, Maalox, Pepto Bismol

Care and Supervision: Adequate and highly competent, caring, and compassionate staffing will be provided 24/7 in order to help prevent crisis situations or other disruptions in client's lives that could lead to acute hospitalization or loss of housing. Our goal is to keep clients on track toward mental and physical health improvement. Night supervisory staff shall be awake in compliance to Regulation 85065.6(d).

Daily Activities Program: Our Daily Activities Program is designed to help clients improve their well-being and functioning. Program activities occur seven (7) days a week, featuring recreational and leisure activities. Program activities promote the development of personal interests and help residents to practice healthy lifestyles, social skills, positive coping strategies, accessing community resources and money management. The daily schedule of activities is developed and implemented by the facility's Program Manager. The facility Administrator, residential counselors, and clients will assist with some of the planned activities at times for all-facility engagement.

Recreational and Leisure Activities: Recreation is a vital aspect of maintaining a stable and healthy lifestyle. Families are invited and encouraged to join the residence at holiday events and residential celebrations. Recreational opportunities are offered on a daily basis. As our clients recover and benefit from our programs, we encourage them to access some of the community resources available to them in Morgan Hill, Greenfield and Sacramento. We promote participation in daily outings in the community, including walks in the surrounding neighborhoods, bike rides, visits to local festivals, visits to the library and outings to local restaurants with the aim of enhancing self-esteem, building social skills and instilling optimism about the future.

Holistic Health: The philosophy of our program is that sound nutrition and other measures to achieve good overall health help to facilitate recovery and stability. This program element provides weekly activities led by Psynergy staff members and topic experts, including:

- Nutrition - how to plan, procure and prepare nutritious meals that contribute to overall health
- Smoking Cessation
- Medication education
- Safe Sex and prevention of sexually transmitted diseases (STD's), including decision making and negotiating to achieve protected sex.
- Diabetes Awareness and management skills
- Healthy Habits, such as personal hygiene, use of sunscreen, good eating habits, weather-appropriate dressing

For diabetic clients and other clients whose health can be enhanced by following special diets, they will be assisted in special meal procurement and preparation. In addition, snacks will be available to meet their dietary needs. The facility is prepared and capable of offering vegetarian and allergy sensitive options.

Physical Fitness Program: Exercise contributes to the alleviation of stress, anxiety and depression, reduces the risks associated with cardiovascular disease and metabolic abnormalities, creates weight loss and promotes a healthy lifestyle. Psynergy staff members and residents provide daily exercise groups. Psynergy Adult Residential facilities provide residents with a local gym membership. Counselors help residents gain access to the gym and provide supervision and training to promote physical fitness.

Vocational Readiness: A sense of purpose can contribute to stabilization and recovery. This program allows clients to attain paid employment or meaningful volunteer work. A variety of vocational opportunities are provided to clients as part of the Daily Activities Program. The types of job opportunities offered include administrative work (i.e., constructing and making copies of fliers and distributing them), janitorial work, assisting in landscape maintenance and meal service. Residents are given a detailed description of the job and the skills it requires they apply and go through an interview to be awarded the job. They are given a stipend once they complete the job (in the form of gift cards so benefits are not jeopardized.) They are then shown the correlation between the task they performed and jobs in the real world. This helps them develop skills in an informal way and helps them develop a resume of marketable skills.

Peer and Family Support: Peer counseling and Leadership allows individuals to take a proactive role within the facility as well as in the lives of each other. This aspect of the program develops a sense of empowerment and leadership skills within the individual. A resident council is established to allow the residents as a whole to give voice to their opinions and ideas of the program and their needs. A volunteer sign up is established for those willing to provide assistance with leading groups, assist individuals to access community resources or to provide assistance to those clients with a lower functioning capability.

Psynergy recognizes the importance of supportive family connections to our client's recovery. Our programs provide family support and education to help family members develop their own coping and communication skills in order for them to better support their client/family member. Education and support are provided through recreational activities, family support groups, and facilitating linkages with NAMI. Visiting hours for friends and family are seven (7) days a week.

Linkage to Community Resources: Linkage to community resources is provided to help individuals who have just been discharged from locked settings integrate into the community. Linkage is also provided to those individuals that have progressed further in the recovery process and that are working toward more independence. Because the ultimate goal for each individual is to move into least restrictive living situation, it is important that the individual learn to access and utilize non-mental health services within the community. Referrals include schools, colleges, and other institutions for education; vocational programs, public transit, medical and dental services; cultural organizations, churches and places of worship; financial institutions, and government agencies.

LEVELS OF TREATMENT COMPLEXITY

A supplemental services patch rate will be determined and based on an individual's level of treatment complexity. Rates will be compatible with these terms reflected in Exhibit B & C.

CONTRACTOR will work in collaboration with the COUNTY case manager to determine Level I or Level II rate for each referred client. CONTRACTOR will utilize our Psynergy Programs Complex Care Level of Service Evaluation as an assessment tool prior to admission. COUNTY staff and Psynergy staff both will provide input to determine the client's complexity level prior to admission to Psynergy Programs.

The client's complexity level will be reassessed every six months after admission using the Psynergy Programs Complex Care Level of Service Evaluation as an assessment tool. If there is a significant change in the level of functioning before the six-month period is over, CONTRACTOR and COUNTY case manager will establish a new benchmark assessment, using the Psynergy Programs Complex Care Level of Service Evaluation as an assessment tool and adjust the daily patch rate accordingly.

Examples of some Level I and Level II complex care coincide with the specialized needs, reporting, and treatment requirements of the following client populations:

- 1) Individuals who have severe psychiatric conditions that require additional temporary assistance in monitoring medical issues or that need continued support and education to manage chronic medical conditions such as diabetes and chronic obstructive pulmonary disease (COPD).
- 2) Individuals with co-occurring disorders such as substance abuse, developmental delays or physical impairments that require linkage to specialized community resources or that may need various behavioral supports, including specialized health care, frequent one-to-one supervision and prompting to maintain a community placement.
- 3) Individuals requiring Restricted Health Care Plans, incontinent care (urinary and fecal), Diabetes and Insulin management, Colostomy care, Vitals, Oncology treatment and support, etc. significant medication management, crushed medication orders, medication adherence precautions, treatment supports, multiple medications, and supporting refusals with medication room staff interventions.
- 4) Individuals released from jail requiring additional support and reporting. Mental Health Diversion, PC1001.36, Registered Sex Offenders, Court Ordered Treatment (Assisted Outpatient Treatment (AOT), Laura's Law), CARE Act, Arsonists, Electronic monitoring devices, and Probation.

Intensive Support Services (ISS) Program.

- 5) ISS provides a higher level of care to transitional clients, including but not limited to, higher levels of supervision, separate smaller residential wing, more intensive clinical and medication management leading to symptom stabilization, and supervised integration with other facility residents.

Program intended for COUNTY clients who are discharged to CONTRACTOR from Psychiatric Health Facilities, Psychiatric Hospitals, State Hospitals, Crisis Stabilization Units, and Behavioral Health Units. Program may also be beneficial to COUNTY clients

who are not thriving, relapsing or decompensating while admitted to CONTRACTOR residential programs.

Older Adult Program – Residential Care Facility for Elderly (RCFE)

Vista Esperanza is an all-inclusive full service, whole person care, program providing services to adults 60+ years, or younger if determined as needed, who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment.

Anticipated Outpatient Specialty Mental Health services will be eight to ten hours a month provided onsite from Psynergy Sacramento Clinic.

These older adults have had extensive histories of institutionalization or at high risk for a higher level of care, hospitalizations, unplanned emergency services and at high risk for skilled nursing care. Vista Esperanza provides 24-hour residential care, 24-hour nursing, full activities of daily living (ADL) support for stable yet medically fragile older adults as well as adults.

Clients will benefit from intensive case management preventing further deterioration of their condition and enhancing their capacity to remain in the least restrictive environment. The services are designed to maximize their participation in their recovery and enhance their quality of life while living in their community. If appropriate, Vista Esperanza will provide the setting for hospice care and end-of-life services in a dignified, safe, and supportive environment.

Comprehensive Whole Health Management

Providing medical and health support services not covered under traditional models, yet essential for persons to thrive in community settings.

- 1) 24 Hour nursing giving clients ability to move into an open community setting
- 2) Onsite Geriatric Nurse Practitioner
- 3) Services for medically fragile individuals
- 4) Individual therapy
- 5) Full ADL support
- 6) Comprehensive psychiatric services
- 7) Fulltime Occupational Therapist

Vista Esperanza may accept or retain persons with the following allowable health conditions provided all requirements in Title 22, Article 8 are met. The facility will make an assessment of its ability to comply with each specific requirement prior to accepting or retaining a client:

- 1) Individuals diagnosed with diabetes and requiring regular insulin-injections.
- 2) Individuals with stage 1 or 2 dermal ulcers.

- 3) Individuals with respiratory disorders requiring inhalers and other inhalation-assistive devices including C-PAP and BiPAP machines, humidifiers, dehumidifiers and nebulizers.
- 4) Individuals requiring Colostomy / ileostomy care.
- 5) Individuals with fecal impaction requiring digital removal, enemas, or suppositories.
- 6) Individuals with indwelling urinary catheter and requiring outpatient level catheter care.
- 7) Individuals with wounds that are unhealed, surgically closed and expected to heal.
- 8) Individuals with bowel and bladder incontinence
- 9) Limited beds for non-ambulatory clients

AGREEMENTS PROVIDED BY COUNTY PERSONNEL:

Admissions:

- 1) Copies of all benefit and insurance information prior to admission. See Exhibit B & C for persons without benefits and prevailing rates.
- 2) Individuals will arrive with two weeks of medication, Psynergy Physicians Report, Tuberculosis (TB) test within six (6) months.
- 3) Individuals will be transported by COUNTY personnel unless prior arrangements are made, (see Exhibit C for transportation rates.)
- 4) COUNTY will provide initial assessment and most recent assessment, with supporting documentation to the best of their ability.

Discharge

- 1) Two weeks' notice is required for discharge from Psynergy Programs to ensure all supporting documentation is prepared in a timely manner with a safe medical, psychiatric, and therapeutic transition plan.
- 2) Clients are discharged or transferred from CONTRACTOR'S Facilities when: the Client has successfully completed a treatment plan and no longer needs this level of residential care, the Client or their conservator requests a transfer or discharge, or the Client needs a higher level of medical or psychiatric care.

1.) Discharge Criteria

A.) The Client has demonstrated that they meet one or more of the following criteria listed below:

- 1) Client has met the criteria for discharge listed in their treatment plan.
- 2) Client has alleviated all crisis and/or other symptoms; or
- 3) Client has demonstrated ability to function in a less-restrictive environment.

(OR)

B.) The Client meets one or more of the following criteria listed below:

- 1) Client has demonstrated need for a higher level of medical or psychiatric care;
- 2) Client has demonstrated an uncooperative attitude toward treatment and is actively engaged in counter-productive behavior;
- 3) Client has demonstrated threats and/or other dangerous behavior to other residents or staff;
- 4) Client has engaged in property damage or theft;
- 5) Client has brought contraband articles or material into CONTRACTOR'S Facilities and/or onto the CONTRACTOR'S property;
- 6) Client has engaged in drinking alcohol or using illicit drugs while residing at CONTRACTOR'S Facilities; or
- 7) Client has expired.

Residents that the county and/or conservator whose plan is to drop LPS Conservatorship, against the CONTRACTOR opinion or advise, must be moved to an in-county placement prior to the termination of LPS. This allows the county partners to support the client and be present if the client begins to destabilize.

A.2

DESCRIPTION OF PSYNERGY PROGRAMS OUTPATIENT MENTAL HEALTH CLINICAL SERVICES

Organization/Program Name: Psynergy Programs, Inc.

Contact Person & Information:

Name: Arturo Uribe, LCSW, President and Chief Executive Officer

Address: 18225 Hale Avenue, Morgan Hill, CA 95037

Phone: 408-497-9186

Fax: 408-762-7396

Email: auribe@psynergy.org

Head of Service and License Type:

Arturo Uribe, LCSW

Contracts Manager:

Name: Lynda Kaufmann, Director of Government and Public Affairs

Address: 18225 Hale Avenue, Morgan Hill, CA 95037

Phone: 408-833-5115

Fax: 408-762-7395

Email: lkaufmann@psynergy.org

Physical Address of Medi-Cal Certified Sites:

Psynergy Morgan Hill
18217 Hale Avenue
Morgan Hill, CA 95037

Psynergy Greenfield
215 Huerta Avenue
Greenfield, CA 93927

Psynergy Roosevelt – Portable/Trailer
4604 Roosevelt Avenue,
Sacramento, CA 95820

Psynergy Folsom Sacramento
9343 Tech Center Drive
Suite 110
Sacramento, CA 95827

General Description

Overview:

Each of CONTRACTOR Outpatient Mental Health clinics will be Medi-Cal certified by each individual contracting COUNTY to ensure their specific conditions are met. Psynergy Programs Outpatient Mental Health Clinics will maintain its Medicare Certification and is responsible for updating its Medicare re-certification as require by Noridian. CONTRACTOR will collaborate with counties in regard to Medicare billing for Medi-Medi clients. This includes counties in Northern California, Central and Southern California.

Psynergy Programs Outpatient Mental Health Clinics Intent and Goals:

The overall goal of Psynergy Program Outpatient Mental Health Clinics is to provide Intensive Outpatient Specialty Mental Health Services, including medication support, individual therapy, group therapy, family therapy, rehabilitation, group rehabilitation, and targeted case management services. Psynergy ensures that individuals living in an adult residential facilities or independent/supportive accommodation successfully maintain their community placement by avoiding inpatient and high utilization of psychiatric hospitalizations. The clinical staff support successful transition back to their county of origin, a board and care home, independent living situation, or back to their family's home when appropriate. providing intensive Specialty Mental Health Services, we allow individuals the ability to:

- Cope effectively with life challenges and attain greater autonomy in community living.
- Experience a growing sense of trust, self-confidence and autonomy in their lives and relationships.
- Develop innate capabilities and practical skills necessary to create and sustain a healthy lifestyle.
- Utilize capabilities and skills to move in a positive direction in life and to satisfy basic needs.

Success at each clinical site is measured by the number of days that individuals remain in their residences and out of locked settings, as well as helping individuals successfully transition back to their home counties. Success is also measured by ability and responsibility of attending their own psychiatric and individual therapy appointments. Other objectives we measure and track as part of our level system include:

- Reduction in intensity and frequency of psychiatric symptoms.
- Improvement in functioning in various life domains, including health, daily activities, social relationships, and living arrangement
- Total days of abstinence and reduction in frequency of substance use as observed and reported by residential staff to clinical staff and indicated by toxicology reports.

INTEGRATED DUAL RECOVERY TREATMENT

CONTRACTOR'S outpatient clinics mental health, substance abuse and physical health treatments are integrated within one comprehensive program that is designed to enable individuals to actively participate in their recovery process by developing the skills and capabilities necessary to maintain a healthy lifestyle. In CONTRACTOR'S integrated dual recovery model, mental illness, substance abuse, and physical illnesses are not regarded as separate problems, but rather are holistically viewed as the primary focus. Each participant is encouraged to engage in meaningful work, education, recreation and leisure activities and to develop a capacity for independent living.

B. Comprehensive Clinical Services

C. CONTRACTOR'S comprehensive clinical services are aimed at helping participants to overcome the physical, emotional, cognitive and social challenges imposed by mental illness, substance abuse, and physical illnesses. CONTRACTOR'S integrated dual recovery program includes the following services:

1. Assertive Community Treatment
2. Coping Skills Training
3. Healthy Lifestyle Training
4. Social Skills Training
5. Supported Employment
6. Specialty Mental Health Services

Practice Evidence Based Treatment Approaches.

- a) Cognitive Behavioral Therapy (CBT) – focuses on strengthening the understanding between thoughts, emotions and behaviors, while reducing maladaptive thinking patterns that impede desirable goals.
- b) Dialectical Behavioral Therapy (DBT) – focuses on similar goals as CBT and adapted for those with strong emotions. DBT assists in increasing acceptance and balancing change-oriented thinking
- c) Motivational Interviewing (MI)—uses empathic listening to explore intrinsic motivation and to build on strengths.
- d) Modified Therapeutic Community—use of peers and counselors as positive role models. Focuses on building self-awareness, social skills and social support.
- e) Behavioral Therapy/Contingency Management—uses positive rewards/incentives. Focuses on establishing goals and rewarding small steps toward achieving goals.
- f) Psychopharmacology—use of medication to stabilize symptoms.
- g) Case Management—focuses on helping individuals gain and maintain linkage basic needs and community resources.
- h) Matrix Model —integrates mutual self-help, CBT and Motivational therapy. Focuses on fostering strong therapeutic relationships, coping skills, social skills, abstinence from substance use and relapse prevention.

General goals of Dual Recovery Treatment

1. Help individuals achieve abstinence/self-control.
2. Foster behavioral changes that support abstinence/self-control, including harm reduction techniques
3. Improve problem solving and coping skills.
4. Identify and address a wide range psychosocial problems (housing, employment, education, social/family relationships).
5. Develop a positive family/social support network.
6. Facilitate active participation in mutual self-help, 12-step programs.

In addition to the goals of Dual Recovery Treatment, Psynergy provides a comprehensive and integrated plan in addressing active substance use by individuals residing at Psynergy Programs, called the Recovery Path. The Recovery Path includes the below interventions for 6-8 weeks to address acute substance use during an individual's stay:

- a) Intensified staff support within residential care,
- b) Intensified frequency of clinical treatment, including individuals and medication appointments,
- c) Enrollment in specific group therapy and rehabilitation services to address the individual's current stage of change,
- d) Additional consultation with collateral support systems, and
- e) Linkage to additional resources to assist the individual's recovery journey.

Specialty Mental Health Services:

CONTRACTOR provides intensive outpatient mental health service in accordance with Short-Doyle Medi-Cal and Medicare services standards and billing practices. Specific services include:

1. **Assessment:** A service activity which may include a clinical analysis of the history and current status of a client's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. This will be completed within three days..
2. **Plan Development:** Involves the development and approval of client's care plan, problem list, and monitoring of client progress.
3. **Therapy:** Focuses primarily on symptom reduction through therapeutic interventions as a means to improve functional impairments. This service activity may be delivered to an individual or group of clients and may also include family therapy.
4. **Collateral:** Contact with one or more significant support persons in the life of the beneficiary with the intent of improving or maintaining the mental health status of the beneficiary. Collateral services include, but are not limited to, helping significant support persons to understand and accept the beneficiary's condition and involving them in service planning and implementation of the service plan(s).
5. **Rehabilitation:** Service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a resident's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and /or medication education. Rehabilitation activities are usually face-to-face or by telephone with the resident and may be provided in the office or in the community.
6. **Targeted Case Management:** Services provided to assist a consumer with accessing medical, educational, social, prevocational, or rehabilitative services. The service activities include interagency and intra-agency consultation, communication coordination and referral; monitoring service delivery to ensure client access to services and service delivery system; and monitoring of the client's progress and any plan development regarding referrals and linkage to services.
7. **Crisis Intervention:** Crisis intervention is an immediate emergency response that is intended to help the client cope with a crisis (e.g., potential danger to self or others, potentially life altering event; severe reaction that is above the client's normal baseline).

8. **Medication Support:** Services that include the administering, dispensing, and monitoring of psychiatric medications provided by staff person within the scope of his/her profession; services are necessary to alleviate the symptoms of mental illness.

**Tres Vista Apartments
Assertive Community Treatment & Supported Accommodations**

Our Assertive Community Treatment (ACT)/Supported Accommodation Program (SAP): Tres Vista Apartments provides the right combination of Services and Supports. We incorporate evidence-based practices as well as draw from therapeutic community and psychosocial rehabilitation models.

Psynergy adopted the Modified Therapeutic Community (MTC) model to specifically address acute psychiatric symptoms, cognitive impairments, and reduced level of functioning of individuals struggling with the debilitating effects of mental illness, dual substance use disorders and co-morbid health conditions. In partnership with the MTC model, Psynergy has adapted an ACT model that reflects individuals being supported in the community, and also by creating community.

Working in partnership with clients, our three program phases help individuals move into community settings and culminate with a “Live Out” re-entry program called Tres Vista Apartments.

MODIFIED THERAPEUTIC COMMUNITY: PSYNERGY’S THREE PROGRAM PHASES

	ONE	TWO	THREE
PHASE	Admission: Client Development Services	Primary Treatment: Nueva Vista	Live Out Re-entry: Tres Vista Apartments
FOCUS	Assessment, Engagement, Orientation	Awareness, Change	Adjustment, Productivity

The Services and Supports provided by our professional staff help individuals learn to meet basic needs, develop new skills, increase social support, become a responsible member of the community and live a healthy and productive lifestyle.

The emphasis of “Living Out” within the community is on experiencing enjoyment and satisfaction in the “here and now,” independent problem solving, and taking action to achieve personal goals.

Description of Living Accommodations

Shared Living Unit: Individuals are provided with a completely furnished and equipped apartment in a shared apartment, house, or studio. Amenities include all furnishings, refrigerator, microwave, stove, cable television, kitchenware, cooking utensils, and linens.

Meals and Snacks: Individuals are invited to the community kitchen and given the option to enjoy a nutritious breakfast, lunch, and dinner. Individuals may elect to customize their meal service by preparing certain meals and eating privately in their own living unit if preferred. Tenants are required to attend at least one of the main meal services per day of their own choosing in the main residential facility (lunch or dinner.) This ongoing engagement demonstrates community inclusiveness.

Utilities: the cost of all utilities are included as part of the base rent.

Weekly Housekeeping: Tenants are required to keep their living quarters in a sanitary and orderly condition. Psynergy provides a housekeeper once per week to assist with maintaining the living unit in a clean and sanitary condition.

Laundry Facility: Tenants are required to maintain their clothing in a neat and clean condition. Tenants may use the clothes washer and dryer provided on site free of charge. Tenants must purchase their own laundry detergents and other laundry supplies.

Services and Support: Psynergy staff members are available to conduct “check-ins” with clients on a daily basis to monitor the client’s condition and to provide appropriate support to ensure the client’s safety and stability.

Description of Clinical Services and Supports

Recreational Activities: Tenants are encouraged to participate in recreational activities occurring on a daily basis within the main residential facility. Activities are designed to promote development of social skills, interest in hobbies and enjoyment of leisure time, while decreasing stigmatization and social isolation. Activities include staff supervised outings to the library, movies, parks, recreational sites and community events.

Psychosocial Rehabilitation Classes: Our psycho-educational classes are wellness and recovery oriented and are designed to promote adoption of a healthy lifestyle through the development of life skills. Areas of focus include

positive coping skills, effective communication, symptom management, relapse prevention, medication management and social skills.

Independent Living Skills Group Training: Tenants are encouraged to participate in independent living skills group training, which occurs daily within the main residential facility. Topics of independent living skills group training include money management, budgeting, shopping, cooking, personal health, nutrition, exercise, personal hygiene, and grooming.

Psychiatric and Medication Services: Psychiatric services are provided at Psynergy's outpatient clinic, which is located on campus adjacent to the main facility. The regularly scheduled frequency of psychiatric visits is either two times per month or once per month, depending on client need and stage of treatment. Unscheduled emergency visits with the psychiatrist may occur as needed. The duration of each regular psychiatric visit is typically 30 minutes, depending on the nature and purpose of the visit.

End of Exhibit D

Exhibit E

Psynergy Programs Complex Care Level of Service

Client Name: _____

Diagnosis — *Check all known diagnoses. No points allocated.*

- | | |
|---|--|
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> SUD/Poly-Substance |
| <input type="checkbox"/> Schizo-Affective | <input type="checkbox"/> Major Depression |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Disorder Impulse Control |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Disorder PTSD |
| <input type="checkbox"/> ADD/DHD | <input type="checkbox"/> Intellectual Disabilities |
| <input type="checkbox"/> Personality D/O | <input type="checkbox"/> Autism Spectrum Other |
| | <input type="checkbox"/> _____ |

Symptoms *Check all that apply*

- | | |
|---|--|
| <input type="checkbox"/> (1) Psychosomatic | <input type="checkbox"/> (2) Psychosis |
| <input type="checkbox"/> (3) Labile | <input type="checkbox"/> (1) Mania |
| <input type="checkbox"/> (2) Depression | <input type="checkbox"/> (2) Suicidal Ideation |
| <input type="checkbox"/> (1) Anxiety | <input type="checkbox"/> (3) Paranoia |
| <input type="checkbox"/> (2) Perseverating | <input type="checkbox"/> (1) Fearfulness |
| <input type="checkbox"/> (1) Delusional | <input type="checkbox"/> (2) Disorganized |
| <input type="checkbox"/> (3) Hallucinations | <input type="checkbox"/> () Other _____ |

Total 0

Behavioral Supports — *Check all that apply*

- | | |
|---|---|
| <input type="checkbox"/> (3) Needs excessive prompts/ redirection | <input type="checkbox"/> (2) Assaultive behaviors |
| <input type="checkbox"/> (2) Intrusive/ Poor boundaries | <input type="checkbox"/> (3) Labile |
| <input type="checkbox"/> (3) Intermittent Explosiveness | <input type="checkbox"/> (3) Verbally Assaultive |
| <input type="checkbox"/> (2) Inappropriate Sexual Bx | <input type="checkbox"/> (1) Victimization |
| <input type="checkbox"/> (1) OCD Bxs | <input type="checkbox"/> (4) Elopement/UAA Bxs |
| <input type="checkbox"/> (2) Threatening Behaviors | <input type="checkbox"/> (2) Disruptive to Milieu |
| <input type="checkbox"/> (2) Impulsive behaviors | <input type="checkbox"/> (1) Isolation |
| | <input type="checkbox"/> (2) Aggressive Behaviors |
| | <input type="checkbox"/> (2) Property Destruction |
| | <input type="checkbox"/> (2) Break house rules |
| | <input type="checkbox"/> (2) _____ |

Total 0

Legal Restrictions

- (3) On Probation , AOT Referral, CARE Act Referral
- (2) Registered Sex Offender
- (3) Arsonist/Fire-Setting with intent to destroy property
- (3) Electronic Monitoring Device
- (4) Mental Health Diversion PC1001.36
- (2) LPS Conservatorship

Total 0

Restricted Health Care Plans

- (3) Urinary Incontinence, Enuresis
- (4) Fecal Incontinence
- (2) Diabetes, BSL Management
- (2) Inhaler/Asthma/Allergy
- (2) Hypertension
- (2) COPD with Inhaler
- (2) Vitals, Blood Pressure, Temperature, Etc.
- (2) Pacemaker
- (3) Colostomy Care () Other _____
- (1) LAI Support

Total 0

Special Diets

- (2) Ground/Pureed/Chopped
- (2) Vegan, Vegetarian, GERD friendly
- (3) Weight management, shakes, dbl portions, etc
- (2) Other:

(must be approved by Food Services Manager prior to admission)

Total 0

Medication and Medical Management

- | | |
|--|---|
| <input type="checkbox"/> (3) Clozaril | <input type="checkbox"/> (2) 1-6 Oral Medications |
| <input type="checkbox"/> (3) Lithium | <input type="checkbox"/> (3) 7-11 Oral Medications |
| <input type="checkbox"/> (3) Depakote | <input type="checkbox"/> (4) 12-18 Oral Medications |
| <input type="checkbox"/> (4) Insulin | |
| <input type="checkbox"/> (2) 1-2 Treatments | <input type="checkbox"/> (3) 3+ Treatments |
| <input type="checkbox"/> (3) 2 or more Antipsychotics | |
| <input type="checkbox"/> (3) Crushed Medications Order | |
| <input type="checkbox"/> (3) Medication adherence precautions / Med Refusals | |

Total 0

Suicidal Attempt & Self Injurious Bx

- (3) Past 30 Days
- (2) 30-90 Days
- (1) 90-180 Days
- (0) 180+ Days & History of SA/SIB

Total 0

Physical Disabilities

- (2) Assistive Device, Walker, Knee Scooter, Etc.
- (3) Visual Impaired (ex. Blind)
- (3) Hearing Impaired

Total 0

Activities of Daily Living Assistance

- (4) Bathing, Grooming, Dressing
- () Other: _____

Total 0

Dual Recovery Program Support

(MUST BE DIAGNOSED- INCLUDES ETOH, POLYSUBSTANCE, AND CAFFEINE)

- (1) x1 Random Tox Screen per 6 months
- (2) x2 Random Tox Screen per 6 months
- (3) x3 Random Tox Screen per 6 months
- (3) Relapse Prevention Plan – Active

Total 0

Summary of changes since last Assessment

Total Level of Service Score

- Level I Management 20+
- Level II Management 0-19

Total Points: 0

Prior Score: _____

Current Score: _____

Psynergy Programs Only: CLIENT NAME _____
 COUNTY NAME: _____

Completed by Client Development or Facility Administrator:

Signature:

Date:

County Case Manager or Conservator:

Signature:

Date:

This form must be completed prior to initial admission, discharge and when there is a change of condition that leads to the Needs and Services Plan to be reviewed and updated.

End of Exhibit E

Exhibit F

COMPLIANCE AND PROGRAM INTEGRITY

Evidence of Contractual Compliance

Contractor shall document evidence of compliance with all contractual provisions and provide to County upon request.

Exclusions Checks

Consistent with the requirements of 42 Code of Federal Regulations, (C.F.R.) part 455.436, Contractor shall confirm the identify and determine the exclusion status of all providers (employees and subcontractors), as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through monthly checks of Federal and State databases. The databases to be included are:

- A. The Social Security Administration's Death Master File
- B. The National Plan and Provider Enumeration System (NPPES)
- C. The Office of Inspector General's List of Excluded Individuals/Entities (LEIE)
- D. The System for Award Management (SAM)
- E. The California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List (S & I List)

Contractor shall retain evidence of monthly checks and provide to County upon request. If the Contractor finds a party that is excluded, Contractor shall notify the County within one (1) business day. Contractor shall not permit an excluded provider to render services to a County client.

Ownership Disclosure

Pursuant to the requirements of 42 C.F.R. § 455.104, Contractor must make disclosures regarding any person (individual or corporation) who has an ownership or control interest in the Contractor, whether the person (individual or corporation) is related to another person with an ownership or control interest in the Contractor as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child or sibling.

The term "person with an ownership or control interest" means, with respect to the Contractor, a person who:

- A. Has directly or indirectly an ownership of five percent (5%) or more in the Contractor; or
- B. Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured in whole (or in part) by the Contractor or any property of or assets thereof, which whole or part interest is equal to or exceeds five percent (5%) of the total property and assets or the entity; or
- C. Is an officer or director of the Contractor if the Contractor is organized as a corporation; or
- D. Is a partner in the Contractor, if the Contractor is organized as a partnership

Contractor will provide County the following disclosures prior to the execution of this contract (and annually thereafter), prior to its extension or renewal (and annually thereafter), and within thirty five (35) days after any change in Contractor ownership:

- A. The name and address of any person (individual or corporation) with an ownership or control interest in the Contractor. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- B. Date of birth and Social Security Number (in the case of an individual);
- C. Other tax identification number [in the case of a corporation with an ownership or control interest in the Contractor or in any subcontractor in which the Contractor has a five percent (5%) or more interest];
- D. Whether the person (individual or corporation) with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling;
- E. The name of any other disclosing entity in which the Contractor has an ownership or control interest. Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
 - (1) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
 - (2) Any Medicare intermediary or carrier; and
 - (3) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
 - (4) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

Business Transactions Disclosure

Contractor must submit disclosures and updated disclosures to County regarding certain business transactions within thirty five (35) days, upon request. The following must be disclosed:

- A. The ownership of any subcontractor with whom Contractor had business transactions totaling more than \$25,000 during the 12-month period ending on the date of request; and
- B. Any significant business transactions between Contractor and any wholly owned supplier, or between Contractor and any subcontractor, during the 5-year period ending on the date of request.

Persons Convicted of Crimes Disclosure

Contractor shall submit the following disclosures to County regarding Contractor's management prior to execution of this contract and at any time upon County request:

- (A) The identity of any person who is a managing employee of Contractor who has been convicted of a crime related to federal health care programs. [42 C.F.R. § 455.106(a)(1), (2).]
- (B) The identity of any person who is an agent of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 C.F.R. § 455.101.

Criminal Background Checks

Contractor must require providers (employees and contracted) to consent to criminal background checks including livescans pursuant to 42 C.F.R. 455.434(a). Upon DHCS' determination that Contractor or a person with a five percent (5%) or more direct or indirect ownership interest in Contractor meets DHCS' criteria for criminal background checks as a high risk to the Medicaid program, Contractor's providers (employees and contracted) must submit livescans pursuant to 42 C.F.R. 455.434(b)(1).

End of Exhibit F

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Psynergy Programs

Contract Description: For the purpose of providing long-term care for adults with serious mental illness

APPROVED AS TO FORM:

Date: 06/12/2024



Office of the Tehama County Counsel
Margaret E. Long, County Counsel