

**San Francisco Mental Health Plan
REVISED RATE SCHEDULE
for Participating Providers
EFFECTIVE 07/01/2016**

BHAC, ERMHS and FC MFT/LCSW Fee Table			Basic	Language
Service Code	Procedure Description	License Type	Fee	Fee
90791	Diagnostic Evaluation (No Medical)	MFT/LCSW	86.52	107.52
90832	Psychotherapy (16-37) min	MFT/LCSW	32.45	53.45
90834	Psychotherapy (38-52) min	MFT/LCSW	68.25	89.25
90846	Family Therapy, w/out PT	MFT/LCSW	88.20	109.20
90847	Family Therapy, w/PT	MFT/LCSW	88.20	109.20
90853	Group Psychotherapy, Per Person, Per Session	MFT/LCSW	21.63	42.63
99510	Home Visit for Ind, Fam, Mar, Non MD	MFT/LCSW	75.71	96.71
H2015	Comp Com, Sup Svcs, Non MD, per 15min	MFT/LCSW	14.87	20.12
H2015AP	MH Plan Development (per 15 Minutes) (ERMHS ONLY)	MFT/LCSW	14.87	20.12
H2015AS	MH Assessment (per 15 Minutes) (ERMHS ONLY)	MFT/LCSW	14.87	20.12
T1017	Case Management (per 15 minutes) (ERMHS ONLY)	MFT/LCSW	14.87	20.12

BHAC: Behavioral Health Access Center
ERMHS: Educationally Related Mental Health Services

FC: Foster care

Language Rate: Contact PPN Administration for Certification Criteria

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BHAC,ERMHS and FC PhD Fee Table			Basic	Language
Service Code	Procedure Description	License Type	Fee	Fee
90791	Diagnostic Evaluation (No Medical)	Phd	86.52	107.52
90832	Psychotherapy (16-37) min	Phd	32.45	53.45
90834	Psychotherapy (38-52) min	Phd	68.25	89.25
90846	Family Therapy, w/out PT	Phd	88.20	109.20
90847	Family Therapy, w/PT	Phd	88.20	109.20
90853	Group Psychotherapy, Per Person, Per Session	Phd	21.63	42.63
96101	Test Admin, Scoring, Rpt, Per Hr*	Phd	75.10	96.10
99510	Home Visit for Ind, Fam, Mar, Non MD	Phd	75.71	96.71
H2015	Comp Com, Sup Svcs, Non MD, per 15min	Phd	14.87	20.12
H2015AP	MH Plan Development (per 15 Minutes) (ERMHS ONLY)	Phd	14.87	20.12
H2015AS	MH Assessment (per 15 Minutes) (ERMHS ONLY)	Phd	14.87	20.12
T1017	Case Management (per 15 minutes) (ERMHS ONLY)	Phd	14.87	20.12

*96101 Test Admin, Scoring, Rpt, Per Hr Replaces 96100

BHAC Behavioral Health Access Center

ERMHS Educationally Related Mental Health Services

FC FosterCare

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BHAC/FC MD Outpatient Fee Table			Basic
Service Code	Procedure Description	License Type	Fee
90785	Child/Family Interactive Complexity Add on Code	Psychiatrists	\$54.08
90791	Diagnostic Evaluation (No Medical)	Psychiatrists	\$129.78
90792	Diagnostic Evaluation with Medical	Psychiatrists	\$136.26
90832	Psychotherapy (16-37) min	Psychiatrists	\$52.87
90833	Psychotherapy (30) min Add-On Code	Psychiatrists	\$34.49
90834	Psychotherapy (38-52) min	Psychiatrists	\$77.87
90836	Psychotherapy (45) min Add-On Code	Psychiatrists	\$56.02
90837	Psychotherapy (53+) min (Office only)	Psychiatrists	\$51.00
90846	Family Therapy, w/out PT	Psychiatrists	\$75.71
90847	Family Therapy, w/PT	Psychiatrists	\$75.71
90853	Group Psychotherapy, Per Person, Per Session	Psychiatrists	\$32.45
90870	ECT Single Seizure	Psychiatrists	\$75.77
99202	E/M Med Support NEW Client - Level 2	Psychiatrists	\$64.89
99203	E/M Med Support NEW Client - Level 3	Psychiatrists	\$68.13
99211	E/M Med Support EST Client - Level 1	Psychiatrists	\$50.00
99212	E/M Med Support Est Client - Level 2	Psychiatrists	\$64.89
99213	E/M Med Support Est Client - Level 3	Psychiatrists	\$68.13
99367*	Medical Conference with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more	Psychiatrists	\$54.07

*99367 Replaces CPT codes 99361 and 99362

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IP/ER MD Fee Table			Basic
Service Code	Procedure Description	License Type	Fee
99221	IP Psychiatric Unit, Intial Hosp. Care - (30 min)	Psychiatrists	\$87.44
99222	IP Psychiatric Unit, Initial Hospital Care - (50 min)	Psychiatrists	\$91.82
99223	IP Psychiatric Unit, Int. Hosp. Care - (70 min)	Psychiatrists	\$96.41
99231	IP Psychiatric Unit, Subsequent Hosp. Care - (15 min)	Psychiatrists	\$83.28
99232	IP Psychiatric Unit, Subsequent Hosp. Care - (25 min)	Psychiatrists	\$87.44
99233	IP Psychiatric Unit, Subsequent Hosp. Care - (35 min)	Psychiatrists	\$91.82
99238	Hospital Discharge Service - (30 min or less)	Psychiatrists	\$39.14
99239	Hospital Discharge Service - (30 min or more)	Psychiatrists	\$53.40
99281	Emergency Dept. - (Minor)	Psychiatrists	\$75.71
99282	Emergency Dept. - (Lo-Moderate)	Psychiatrists	\$79.49
99283	Emergency Dept. - (Moderate)	Psychiatrists	\$83.47
99284	Emergency Dept. - (High)	Psychiatrists	\$87.64
99285	Emergency Dept. - (High w Immediate threat)	Psychiatrists	\$108.08

IP/ER Inpatient including Emergency Room

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IMD/Nursing Facility MD Fee Table			Basic
Service Code	Procedure Description	License Type	Fee
99304	Initial E/M Nursing Facility Care (Low Severity)	Psychiatrists	\$46.58
99305	Initial E/M Nursing Facility Care (Moderate)	Psychiatrists	\$48.91
99306	Initial E/M Nursing Facility Care (High)	Psychiatrists	\$72.10
99307	Subsequent Nursing Facility Care - 10 min FTF	Psychiatrists	\$44.26
99308	Subsequent Nursing Facility Care - 15 min FTF	Psychiatrists	\$44.26
99309	Subsequent Nursing Facility Care- 25 min FTF	Psychiatrists	\$46.58
99310	Subsequent Nursing Facility Care- 35 min FTF	Psychiatrists	\$52.00
99315	Nursing Facility Discharge 30 min or less FTF	Psychiatrists	\$44.36
99316	Nursing Facility Discharge 30 min or more FTF	Psychiatrists	\$46.60
99318	Eval & Mgmt in Nursing Facility or Annual LPS Exam	Psychiatrists	\$87.21

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RCF MD Fee Table			Basic
Service Code	Procedure Description	License Type	Fee
99324	Dom. Rest Home New Patient - (20 min)	Psychiatrists	\$103.34
99325	Dom. Rest Home New Patient - (30 min)	Psychiatrists	\$108.51
99326	Dom. Rest Home New Patient - (45 min)	Psychiatrists	\$113.93
99327	Dom. Rest Home New Patient - (60 min)	Psychiatrists	\$119.63
99328	Dom. Rest Home New Patient - (75 min)	Psychiatrists	\$150.26
99334	Dom. Rest Home Est. Patient - (15 min)	Psychiatrists	\$98.42
99335	Dom. Rest Home Est. Patient - (25 min)	Psychiatrists	\$103.34
99336	Dom. Rest Home Est. Patient - (40 min)	Psychiatrists	\$108.51
99337	Dom. Rest Home Est. Patient - (60 min)	Psychiatrists	\$113.93

RCF Residential Care Facility

**San Francisco Mental Health Plan
REVISED RATE SCHEDULE
for Family Mosaic Project
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FMP MFT/LCSW Fee Table			Basic	Language
Service Code	Procedure Description	License Type	Fee	Fee
90791	Diagnostic Evaluation (No Medical)	MFT/LCSW	86.52	107.52
90832	Psychotherapy (16-37) min	MFT/LCSW	32.45	53.45
90834	Psychotherapy (38-52) min	MFT/LCSW	68.25	89.25
90837	Psychotherapy 53 or more minutes	MFT/LCSW	86.63	107.63
90846	Family Therapy, w/out PT	MFT/LCSW	88.20	109.20
90847	Family Therapy, w/PT	MFT/LCSW	88.20	109.20
90853	Group Psychotherapy, Per Person, Per Session	MFT/LCSW	21.63	42.63
99510	Home Visit for Ind, Fam, Mar, Non MD	MFT/LCSW	75.71	96.71
H0036	Fam,Ind,Grp Svc- Field/Home/OthLoc 15min	MFT/LCSW	22.05	27.30
H0046	Collateral Service (per 15 Minutes)	MFT/LCSW	14.87	20.12
H2015	Comp Com, Sup Svcs, Non MD, per 15min	MFT/LCSW	14.87	20.12
H2015AP	MH Plan Development (per 15 Minutes)	MFT/LCSW	14.87	20.12
H2015AS	MH Assessment (per 15 Minutes)	MFT/LCSW	14.87	20.12
T1017	Case Management (per 15 minutes)	MFT/LCSW	14.87	20.12