

Standard Rate Level of Care Rate Increase

The purpose of this Bulletin is to inform providers that CBH is implementing a 5% rate increase for standard rate levels of care that have not received an increase within the past five years. CBH will be issuing new Schedule As to reflect the rate increase for eligible providers. The rate increase will be effective as of May 1, 2019, and will apply to the following levels of care:

- (100-3) ECT SERVICES
- (100-26) EMERGENCY PSYCHIATRIC EVAL.
- (300-3) ASSESSMENT
- (300-7) PSYCHOLOGICAL TESTING
- (300-9) INDIV.THERAPY NON-PSYCHIATRIST
- (300-10) FAMILY/COUPLES PSYCHIATRIST
- (300-11) FAMILY/COUPLE, NON-PSYCHIATRIST
- (300-12) COLLATERAL FAMILY PSYCHIATRIST
- (300-13) GROUP THERAPY
- (300-18) NON-ACUTE ECT
- (300-24) COLLATERAL FAMILY, NON-PSYCHIATRIST
- (300-26) CLOZARIL MONITOR & EVAL
- (300-27) CLOZAPINE SUPP SVCS
- (300-50) BIOPSYCHOSOCIAL EVAL MD
- (300-51) BIOPSYCHOSOCIAL EVAL NON-MD
- (300-54) RE-EVALUATION MD
- (300-55) MEDICATION ADMIN AND EVAL (NON -PSYCHIATRIST)
- (300-57) RE-EVALUATION NON-MD
- (300-96) MOBILE MENTAL HEALTH TREATMENT
- (300-99) SPECIALIZED MMHT FAMILY THERAPY
- (300-100) SPECIALIZED OUTPATIENT FAMILY THERAPY
- (300-101) SPECIALIZED OUTPATIENT INDIVIDUAL THERAPY
- (300-102) SPECIALIZED GROUP THERAPY
- (300-103) SPECIALIZED MMHT INDIVIDUAL THERAPY
- (300-130) IP FOLLOW-UP CONSULTATION, LOW
- (300-131) IP FOLLOW-UP CONSULTATION, MODERATE
- (300-132) IP FOLLOW-UP CONSULTATION, HIGH
- (300-133) NURSING HOME CONSULTATION- INITIAL
- (300-134) NURSING HOME CONSULTATION- FOLLOW-UP
- (300-137) INITIAL INPATIENT CONSULT, MINOR
- (300-138) INITIAL INPATIENT CONSULT, PROBLEM LOW
- (300-139) INITIALINPATIENT CONSULT, MODERATE

(300-140) INITIAL INPATIENT CONSULT, MODERATE TO HIGH
(300-141) INITIAL INPATIENT CONSULT, MODERATE TO HIGH-LONG
(300-142) INDIVIDUAL THERAPY- NON - PSYCHIATRIST-MODERATE
(300-152) CRNP EVALUATION
(300-155) INDIVIDUAL THERAPY NON-PSYCH 60 MIN.
(300-156) INDIVIDUAL THERAPY - CFTSI
(350-2) PHYSICAL EXAM BY A PHYSICIAN
(350-3) ASSESSMENT
(350-9) INDIV.THERAPY-NON-PSYCHIATRIST
(350-11) FAM./COUPLES NON-PSYCHIATRIST
(350-12) COLLATERAL FAMILY PSYCHIATRIST
(350-13) GROUP THERAPY
(350-25) COLLATER.FAM.NON-PSYCHIATRIST
(350-40) BIOPSYCHOSOCIAL EVAL. MD
(350-41) BIOPSYCHOSOCIAL EVAL. NON-MD
(350-42) RE-EVALUATION MD
(350-43) RE-EVALUATION NON-MD
(350-55) MEDICATION ADMIN AND EVAL
(350-152) CRNP EVALUATION
(800-8) FAMILY REHAB SERVICE
(800-13) SPECIALIZED CASE MANAGEMENT
(800-17) SELF-HELP/PEER SERVICES- TELECOMMUNICATION
(800-18) COMMUNITY SUPPORT PSYCHIATRIC TARGET MH CASE MGMT-BLENDED CM
(900-5) MOBILE PSYCHIATRIC REHABILITATION

Please contact your assigned CBH Provider Relations Representative with any questions.