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|  | MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE | |
| | SUBJECT Increased Fees for Outpatient Psychiatric Clinics, Psychiatric Partial Hospitalization Programs and Outpatient Drug and Alcohol Clinics | BY  Christine M. Bowser Acting Deputy Secretary for Medical Assistance Programs |
| NUMBER: | 28-99-03, 29-99-02, 33-99-01 | |
| ISSUE DATE: | June 23, 1999 | |
| EFFECTIVE DATE: | July 1, 1999 | |

PURPOSE:

The purpose of this bulletin is to notify outpatient psychiatric clinics, psychiatric partial hospitalization programs and outpatient drug and alcohol clinics of fee increases effective July 1, 1999.

BACKGROUND/DISCUSSION:

The General Appropriation Act of 1999, (Act 1-A) provided funds to increase fees for outpatient psychiatric clinic services, outpatient partial hospitalization services and outpatient drug and alcohol services.

PROCEDURE:

Beginning July 1, 1999, the fees for outpatient psychiatric clinics, psychiatric partial hospitalization programs and outpatient drug and alcohol clinics are as follows:

| <u>PROCEDURE CODE</u> | <u>DESCRIPTION</u> | <u>FEE</u> |
|---|--|-------------------|
| OUTPATIENT DRUG AND ALCOHOL | | |
| W9801 | AF Individual Psychotherapy; one-half hour | \$26.00 |
| W0856 | AG Methadone Maintenance Clinic Visit for Administration and Evaluation of Methadone (15 minute visit only) | \$ 7.50 |
| W0981 | AF Group Psychotherapy; 1/2 Hour, \$14.00 per person per hour, minimum session one hour; minimum two and maximum ten persons (recipients and non-recipients) | \$ 7.00 |
| W0987 | AF Psychiatric Evaluation; Examination and Evaluation of a Patient | \$75.00 |
| W0983 | AF Family Psychotherapy; One-Half Hour | \$26.00 |
| W0845 | AF Personality Inventories (without graphics or projectives) MMPI or (16 Personality factors) | \$31.00 |
| W0841 | AF Individual Measurements: WAIS, WISC, Binet or Raven only | \$31.00 |
| OUTPATIENT PSYCH PARTIAL HOSPITALIZATION | | |
| W0865 | AH Licensed Children's Psychiatric Partial Hospitalization Program, Child, Per Hour | \$15.00 |
| W0860 | AH Licensed Adult Psychiatric Partial Hospitalization Program; Adult; Per Hour | \$14.00 |
| W0862 | AH Psy Partial Hospital Program; Non-covered Medicare Hours, Adult | \$14.00 |
| W0866 | AH Licensed Children's Psychiatric Partial Hospitalization Program; Child (15-20 years of age) Per Hour | \$15.00 |
| W0861 | AH Licensed Adult Psychiatric Partial Hospitalization Program; Child, Per Hour | \$15.00 |
| W0868 | AH Licensed Child Psychiatric Partial Hospitalization Program; Child, Per Hour (0 through 14 years of age) (Services beyond 720 hours) | \$15.00 |

| PROCEDURE CODE | DESCRIPTION | FEE |
|-----------------------|---|------------|
| W0869 | AH Licensed Child Psychiatric Partial Hospitalization Program; Child, Per Hour (15 through 20 years of age) (Services beyond 720 hours) | \$15.00 |
| W0867 | AH Licensed Adult Psychiatric Partial Hospitalization Program; Child, Per Hour (0 through 20 years of age) (Services beyond 720 hours) | \$15.00 |

**OUTPATIENT
PSYCHIATRIC**

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|-------|--|---------|
| W9801 | 70 Individual Psychotherapy; one-half hour | \$26.00 |
| W1855 | 70 Psychiatric Clinic Med Visit (15 minute visit only) for Drug Administration and Evaluation | \$15.00 |
| W0987 | 70 Psychiatric Evaluation; Examination and Evaluation of a Patient | \$75.00 |
| W0981 | 70 Group Psychotherapy 1/2 Hour, \$14.00 Per Person per hour; Minimum sessions 1 hr; minimum two and maximum ten sessions in group (recipients and non-recipients) | \$ 7.00 |
| W0983 | 70 Family Psychotherapy; One-Half Hour | \$26.00 |
| W0984 | 70 Collateral Fam Psychotherapy; 1/2 Hour session provided to the family member(s) of a clinical patient in the absence of that patient | \$26.00 |
| W1856 | 70 Clozaril Monitor & Evaluation Visit-Psych Clinic | \$20.00 |
| W0988 | 40 Anesthesia for Electroconvulsion Therapy | \$41.00 |
| W0988 | 70 Anesthesia for Electroconvulsion Therapy | \$41.00 |
| W0841 | 70 Generally Accepted Individual Measurements | \$31.00 |
| W0845 | 70 Generally Accepted Personality Inventories | \$31.00 |
| W0985 | 70 Clinic, Neurological Evaluation | \$53.00 |
| W0148 | 70 Psychotherapy (Indiv, Family, Collat) quarter-hour increments; only to be used after the initial half-hour session. | \$10.00 |

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.