



Spokane County Community Services, Housing, and Community Development Department

Spokane County Regional Behavioral Health (SCRBH)

Mental Health Outpatient Fee for Service Rates - Effective January 1, 2019

SERI Code	Service Definition	Unit Rate
90785	Interactive Complexity	\$0.00
90791	Psychiatric Diagnostic Evaluation	\$286.00
90792 (ARNP Level)	Psychiatric Diagnostic Evaluation w/ Med Services (ARNP Level)	\$323.00
90792 (MD Level)	Psychiatric Diagnostic Evaluation w/ Med Services (MD Level)	\$496.00
90832	Psych Tx 30 (16-37 min)	\$100.00
90833	Psych Tx 30 (16-37 min) w/ Eval and Management	\$100.00
90834	Psych Tx 45 (38-52 min)	\$150.00
90836	Psych Tx 45 (38-52 min) w/ Eval and Management	\$150.00
90837	Psych Tx 60 (53+ min) w/Client &/or Family	\$200.00
90838	Psychotherapy w/Client &/or Family w/ Eval and Management	\$200.00
90846	Family Psych Tx w/o Client	\$158.00
90847	Family Psych Tx w/Client	\$158.00
90849	Multiple Family Group Therapy	\$64.00
90853	Group Psychotherapy (other than mult. Family group)	\$64.00
96101	Psychological Assessment	\$120.25
96102	Psychological Assessment	\$53.45
96103	Psychological Assessment	\$100.00
96110	Developmental Screening	\$16.60
96111	Developmental Testing	\$83.40
96116	Neuro BH Status Exam	\$83.40
96372	Therapeutic, prophylactic or diagnostic injection	\$50.00
99201	Office/Outpatient Visit-Typically 10 mins	\$36.00
99202	Office/Outpatient Visit-Typically 20 mins	\$72.00
99203	Office/Outpatient Visit-Typically 30 mins	\$108.00
99204	Office/Outpatient Visit-Typically 45 mins	\$162.00
99205	Office/Outpatient Visit-Typically 60 mins	\$210.00
99211 (ARNP Level)	Office/Outpatient Visit for Estab. Client-Typically 5 mins (ARNP Level)	\$25.00
99211 (MD Level)	Office/Outpatient Visit for Estab. Client-Typically 5 mins (MD Level)	\$40.00
99212 (ARNP Level)	Office/Outpatient Visit for Estab. Client-Typically 10 mins (ARNP Level)	\$50.00
99212 (MD Level)	Office/Outpatient Visit for Estab. Client-Typically 10 mins (MD Level)	\$80.00
99213 (ARNP Level)	Office/Outpatient Visit for Estab. Client-Typically 15 mins (ARNP Level)	\$75.00
99213 (MD Level)	Office/Outpatient Visit for Estab. Client-Typically 15 mins (MD Level)	\$120.00
99214 (ARNP Level)	Office/Outpatient Visit for Estab. Client-Typically 25 mins (ARNP Level)	\$125.00
99214 (MD Level)	Office/Outpatient Visit for Estab. Client-Typically 25 mins (MD Level)	\$215.00
99215 (ARNP Level)	Office/Outpatient Visit for Estab. Client-Typically 40 mins (ARNP Level)	\$200.00
99215 (MD Level)	Office/Outpatient Visit for Estab. Client-Typically 40 mins (MD Level)	\$335.00
99341	Intake Home Visit/New Client-Typically 20 mins	\$35.00
99342	Intake Home Visit/New Client-Typically 30 mins	\$50.00
99343	Intake Home Visit/New Client-Typically 45 mins	\$81.00
99344	Intake Home Visit/New Client-Typically 60 mins	\$114.00
99345	Intake Home Visit/New Client-Typically 75 mins	\$138.00
99347	Intake Home Visit/Established Client-Typically 15 mins	\$35.00
99348	Intake Home Visit/Established Client-Typically 25 mins	\$53.00
99349	Intake Home Visit/Established Client-Typically 40 mins	\$80.00
99350	Intake Home Visit/Established Client-Typically 60 mins	\$111.00
H0004	Behavioral Health Counseling & Therapy	\$31.25
H0023	Rehab Case Management	\$14.25



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H0025	Behavioral Health Prevention Education	\$16.00
H0031	Mental Health Assessment by non MD	\$250.00
H0032	Child & Family Team Mtg MH Service Plan Development by non MD	\$125.00
H0033	Oral Medication Administration, Direct Observe	\$15.00
H0034	Medication Training and Support	\$30.00
H0038	Self-help Peer Service	\$15.00
H0046	Mental Health Service NOS <i>(does not include Modifier UB)</i>	\$11.00
H0046 Modifier UB	Request for Service	\$0.00
H2014	Skills Training and Development	\$16.00
H2015	Comprehensive Community Support Services	\$50.00
H2017	Psychosocial Rehabilitation Service	\$16.00
H2027	Psych Educational Services	\$16.00
H2031	Clubhouse Services	\$65.60
S9446	PT Education Not Otherwise Classified Group, per session	\$32.00
S9485	Crisis Intervention - Crisis Stabilization - FBH	\$694.00
T1001	Nursing Assessment	\$50.00
T1023	Program Intake Assessment	\$97.00