

**Johnson County Mental Health Center  
Current Fee Schedule 7/1/2019**

Billing Code	Description of Service	Current Full Rate	
90791	Intake-Planning Session	230.00	Session
90792	Intake-Planning Session w/ Medical Services	230.00	Session
+90785	Interactive Complexity	30.00	Session
90832 / 90834 / 90837	Individual Therapy	75/150/225	Session
90847	Family Therapy	175.00	Session
90847HK	In Home Family Therapy	215.00	Session
90853	Group Therapy	87.50	Hour
96372	Injection Service	30.00	Session
96130-96136	Psych Testing & Report	225.00	Hour
99201-99205	New Patient Evaluation and Management	50/ 100/ 150/ 215/ 285	Session
99211-99215	Est Patient Evaluation and Management	30/ 60/ 85/ 130/ 175	Session
+99354	Add On Code for Prolonged Service in Association with E & M Codes first hour	230.00	
+99356	Add On Code for Prolonged Service in Association with E & M Codes for each additional 30 minutes	115.00	
99366 / 99367 / 99368	Case Conference	175.00	Hour
A0160	Support Services	25.00	Hour
H0001	KCPC (Alcohol & Drug Intake Assessment)	230.00	Session
H0004	SUD Individual Therapy	175.00	Hour
H0005	SUD Group Therapy	87.50	Hour
H0006	SUD Case Management	60.00	Hour
H0014	Adult Residential (ADU) Daily Rate	125.00	
H0018	ACT Daily Rate	345.00	
H0036	CPST (Case Management)	127.60	Hour
H0036HH	CPST IDDT (Dual Diagnosis)	138.80	Hour
H0036HJ / H0036HK	CPST Supported Employment / Strength Based	133.60	Hour
H0038	Peer Support Individual	54.52	Hour
H0038HQ	Peer Support Group	17.50	Hour
H2011	Crisis Intervention - Attendant	87.00	Hour
H2011HK	Crisis Intervention - Bachelors	139.20	Hour
H2011HO	Crisis Intervention - LMHP	174.00	Hour
H2017	Psychiatric Rehabilitation - Individual	54.52	Hour
H2017HQ	Psychiatric Rehabilitation Group - Adult	17.50	Hour
H2017TJ	Psychiatric Rehabilitation Group - Child	35.00	Hour
H2021	Wraparound Facilitation	87.00	Hour
H2025	PRTF Employment Prep and Support	40.00	Hour
S5110	Parent Support Services	43.48	Hour
S5110TJ	Parent Support and Training Group	13.04	Hour
S5150	Respite Care	26.08	Hour
T1017	Targeted Case Management	43.32	Hour
T1019HE	MH Attendant Care	27.84	Hour
T1019HK	Waiver MH Attendant Care	26.08	Hour
T2038	Independent Living/Skill Building	43.49	Hour
99408 / 99409 / H0048 / H0049	SBIRT Screen	24/ 48	Session
H0050	SBIRT Brief Intervention	96.00	Hour
H2027/H2027U3	PBS Environmental Assessment/Treatment		
90882-22	PBS Person Centered Planning		
*	30 Min Ind/Fam-60 Min Grp Unkept	87.50	Session
*	60 Min Ind/Fam-120 Min Grp Unkept	175.00	Session
*	90 Min Grp Unkept	131.25	Session
*	Court Testimony/Deposition	175.00	Hour
*	Expert Witness/Attrny Requested	175.00	Hour
*	Pre-K Mentor Group	20.00	Hour
*	Mental Health First Aid	50.00	Session
*	Transportation	3.00	Ticket/ 15 miles
*	Adult Residential Center (ARC) Group Meetings	10.00	Session

\* Denotes services not reimbursed by third party insurance.