

**Medicaid Revenue for Substance Abuse Services -
FY 2002/2003 - Medicaid Area 4 (Group 2)**

Provider/ Reimbursements

Mcaid Old Code	M'caid HIPAA Code	Medicaid Code Description	Provider/ Reimbursements										Totals
			Community Rehab	Fl. United Methodist	Halifax Medical	Mental Health Res. Ctr	Northeast FL State Hosp	Northwest BH Svc.	Our Children First	Henry & Rilla White	World Good News		
W1030	H2000HP	Psychiatric Evaluation by physician		\$180.00			\$180.00				\$180.00		\$540.00
	H2000HO	Psychiatric Evaluation by non MD											
	H2010HO	Brief BH Status Exam											
W1031	H2000	Psychiatric Review of Hospital Records											\$0.00
W1048	H0001HO	In-Depth Assessment (SA) - New Patient								\$125.00	\$48.00	\$48.00	\$221.00
W1049	H0001TS	In-Depth Assessment (SA) - Established Patient											\$0.00
W1027	H0001HN	Bio-Psychosocial Eval (SA)			\$48.00		\$46.00						\$94.00
W1073	H2019	Psychological Testing											\$0.00
W1039	H0001	Limited Functional Assessment (SA)									\$15.00		\$15.00
W1067	T1007	Development of the Individ. Tx Plan (SA) new							\$97.00		\$97.00	\$97.00	\$291.00
W1068	T1007	Development of the Individ. Tx Plan (SA) est											\$0.00
W1069	T1007TS	Treatment Plan Review (SA)				\$281.00	\$49.00	\$192.00			\$49.00		\$571.00
W1050	T1015	Medication Management				\$292.00	\$240.00					\$180.00	\$712.00
	H2010HF	Brief Indiv Medical Psytherapy (SA)											
	H2010HQ	Group Medical Therapy											
	T1023HF	BH Screening (SA)											
W1070	H0047	BH Services - verbal interaction SA (clinic visit)	\$10.00										\$10.00
W1070	T1015HF	BH Services - spec coll. SA (clinic visit)											\$0.00
	H0020	Methadone Maintenance											
W1036		Medical/Psychiatric Service to Interpret or Explain the Results of Psychiatric Exam											\$0.00
W1034		Group Medical Therapy											\$0.00
W1037		Office and Outpatient Visit											\$0.00
W1038		Office and Outpatient Visit											\$0.00

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W1074	H2019HR	Individual/Family Therapy	\$108.00		\$55.00	\$53.00		\$801.00			\$330.00	\$1,347.00
W1075	H2019HQ	Group Therapy										\$0.00
W1023	H2012HF	Behavioral Health Day Treatment - Substance Abuse										\$0.00
W1044	H2017	Psychosocial Rehab. Services (Living Skills and				\$400.00						\$400.00
W1046		Rehabilitation Day Treatment				\$437.00						\$437.00
W1064		Rehabilitation Day Treatment										\$0.00
W1071	H2019HO	Therapeutic Behavioral On- Site Services - Therapy (ITOS)							\$49.00			\$49.00
	H2019HM	Therapeutic Behavioral On- Site Services - Beh Mgmt (ITOS)										
W1072	H2019HN	Therapeutic Behavioral On- Site Services - Support (HCBRS)										\$0.00
W1041	H2020HA	Behavioral Health Overlay Services (Child Welfare)		\$819.00							\$950.00	\$1,769.00
W1040	H2020HK	Behavioral Health Overlay Services (Juvenile Justice)								\$3,605.00		\$3,605.00
			\$118.00	\$999.00	\$103.00	\$1,463.00	\$515.00	\$1,090.00	\$174.00	\$3,994.00	\$1,605.00	\$10,061.00