

**Medicaid Revenue for Substance Abuse Services -
FY 2002/2003 - Medicaid Area 9**

Provider/ Reimbursements

Mcaid Old Code	M'caid HIPAA Code	Medicaid Code Description	Provider/ Reimbursements												Totals
			Counseling & Recovery Ctr.	Gratitude House	Hibiscus Child Ctr	Multilingual Psy Tpy Ctr	New Horizons	Oakwood Ctr	South Co MHC	Childrens Place	Visionquest	WPB Cnty Mtr	Western PB Co MTL	Western PB CO MH Clinic	
W1030	H2000HP	Psychiatric Evaluation by physician					\$2,136.00		\$358.00				\$1,786.00		\$4,280.00
	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													\$0.00
W1049	H0001TS	In-Depth Assessment (SA) Established Patient													\$0.00
W1027	H0001HN	Bio-Psychosocial Eval (SA)	\$982.00	\$192.00		\$92.00	\$1,250.00		\$48.00				\$48.00		\$2,612.00
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		\$1,144.00		\$95.00	\$572.00		\$95.00				\$95.00		\$2,001.00
W1068	T1007	Development of the Individ. Tx Plan (SA) est							\$287.00						\$287.00
W1069	T1007TS	Treatment Plan Review (SA)		\$2,123.00			\$564.00	\$47.00				\$49.00			\$2,783.00
W1050	T1015	Medication Management				\$60.00	\$8,744.00		\$2,396.00			\$356.00	\$934.00	\$58.00	\$12,548.00
	H2010HF	Brief Indiv Medical Psychotherapy (SA)													
	H2010HQ	Group Medical Therapy													
	T1023HF	BH Screening (SA)													
W1070	H0047	BH Services - verbal interaction SA (clinic visit)		\$10.00			\$129.00		\$21.00			\$23.00	\$376.00	\$12.00	\$571.00
W1070	T1015HF	BH Services - spec coll. SA (clinic visit)											\$21.00		\$21.00
	H0020	Methadone Maintenance													
W1036		Medical/Psychiatric Service to Interpret or Explain the Results of Psychiatric Exam													\$0.00
W1034		Group Medical Therapy							\$17.00						\$17.00
W1037															\$0.00
W1038		Office and Outpatient Visit													\$0.00

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W1074	H2019HR	Individual/Family Therapy		\$14,687.00		\$644.00	\$9,047.00		\$1,761.00	\$220.00		\$159.00			\$26,518.00
W1075	H2019HQ	Group Therapy	\$542.00	\$976.00			\$1,178.00			\$60.00		\$20.00	\$100.00		\$2,876.00
W1023	H2012HF	Behavioral Health Day Treatment - Substance Abuse	\$16,660.00	\$37,199.00											\$53,859.00
W1044	H2017	Psychosocial Rehab. Services (Living Skills and Rehabilitation Day Treatment)		\$4,232.00				\$4,340.00	\$4,525.00	\$100.00					\$8,857.00
W1046															\$0.00
W1071	H2019HO	Therapeutic Behavioral On- Site Services - Therapy (ITOS)				\$3,395.00									\$3,395.00
	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)													\$0.00
W1040	H2020HK	Behavioral Health Overlay Services (Juvenile Justice)			\$245.00						\$8,120.00				\$8,365.00
			\$18,184.00	\$60,563.00	\$245.00	\$4,286.00	\$23,620.00	\$47.00	\$13,848.00	\$380.00	\$8,120.00	\$607.00	\$3,375.00	\$70.00	\$133,345.00