

TITLE 11
DEPARTMENT OF HEALTH
CHAPTER 179
PAYMENT FEES FOR COMMUNITY MENTAL HEALTH CENTERS

§11-179-1 Purpose

§11-179-2 Definitions

§11-179-3 Liability for fees

§11-179-4 Right to appeal

§11-179-1 Purpose.

The purpose of this chapter is to establish a payment fee schedule for care and treatment of clients in community mental health centers and to establish billing procedures. [Eff OCT 04 1991] (Auth: HRS §334-9) (Imp: HRS §334-6)

§11-179-2 Definitions.

As used in this chapter:

"Community mental health center" means one or more facilities which alone or in conjunction with other facilities, public or private, are part of a coordinated program providing a variety of mental health services principally for persons residing in a community or communities in or near which the center is located, and is under the jurisdiction of the state or county or derives more than fifty per cent of its revenues from the general fund of the State.

"Client" means a person under the observation, care, or treatment at a community mental health center.

"Department" means the department of health. [Eff OCT 04 1991] (Auth: HRS §334-9) (Imp: HRS §334-6)

§11-179-3 Liability for fees.

(a) Every client who receives services at a community mental health center shall be liable for payment pursuant to the rates as set forth in the Community Mental Health Charge Slip 12/1/90 and Clinic Rate Schedule 12/1/90, located at the end of this chapter, except when such payment would be in violation of federal or state law.

(b) Collections shall be made pursuant to HRS §334-6. [Eff OCT 04, 1991] (Auth: HRS §334.9) (Imp: HRS §334-6)

§11-179-4 Right to appeal.

- (a) Every client shall be responsible for submitting a completed financial assessment form as requested by the department.
- (b) At the request of the community mental health center, the client shall provide verification of all statements made on the financial assessment form.
- (c) The client may request in writing reconsideration of his bill by the director of the community mental health center or children's team head. If not satisfied with the findings of the center director or children's team head, the client may submit a written appeal to the deputy director, behavioral health services administration of the department whose decision shall be final. [Eff OCT 04 1991] (Auth: HRS §334-9) (Imp: HRS §334-6)

CENTER _____

COMMUNITY MENTAL HEALTH CENTER

CHARGE SLIP

Name of Provider Number Date of Service Walk

Name of Client _____ CR # _____

PATIENT COMPLAINT: _____

_____ W9205-52 Clinic Visit -

Group

___90620 Consultation, Initial, Compre. ___ W9206 DHS Psych. Diag./Evaluation

___90630 Consultation, Initial, Complex ___ Occupational Therapy

___90640 F/U Consultation, Brief

___90641 F/U Consultation, Limited

PRESCRIPTION

RX NO. NATIONAL DRUG CODE QUANTITY DAYS SUPPLY REFILL CHARGES DEDUCTIBLE
BALANCE

1. _____

2. _____

3. _____

SUMMARY/SYNOPSIS OF VISIT: _____

Provider Signature: _____

12/1/90

CLINIC

RATE SCHEDULE

PROC. CODE DESCRIPTION RATE

90000 OFV, BRIEF, NEW 40.00

90010 OFV, LIMITED, NEW 73.75

90015 OFV, INTERMEDIATE, NEW 116.00

90020 OFV, COMPREHENSIVE, NEW 159.00

90030 OFV, MINIMAL, ESTABLISHED 32.60

90040 OFV, BRIEF, ESTABLISHED 44.00

90050 OFV, LIMITED, ESTABLISHED 58.00

90060 OFV, INTERMEDIATE, ESTABLISHED 70.00

90070 OFV, EXTENDED, ESTABLISHED 110.00

90080 OFV, COMPREHENSIVE, ESTABLISHED 127.00

90200 INITIAL HOSP. CARE - BRIEF 100.00

90215 INITIAL HOSP. CARE - INTERMEDIATE 166.00

90220 INITIAL HOSP. CARE - COMPREHENSIVE 209.00

90600 CONSULTATION, INITIAL, LIMITED 114.00

90605 CONSULTATION, INITIAL, INTERMEDIATE 131.00

90610 CONSULTATION, INITIAL, EXTENDED 151.00

90620 CONSULTATION, INITIAL, COMPREHENSIVE 169.00

90630 CONSULTATION, INITIAL, COMPLEX 190.00

90640 CONSULTATION, FOLLOW-UP, BRIEF 42.00

90641 CONSULTATION, FOLLOW-UP, LIMITED 59.00

90642 CONSULTATION, FOLLOW-UP, INTERMEDIATE 85.00

90643 CONSULTATION, FOLLOW-UP, COMPLEX 109.00

90801 PSYCHIATRIC DIAGNOSTIC EVALUATION 141.00

90801-22 PSYCH. EVAL DIAGNOSTIC EVALUATION 180.00

90801-52 PSYCHIATRIC DIAGNOSTIC EVALUATION 70.00

90825 PSYCHIATRIC EVAL. OF HOSP. RECORDS 142.00

90830 PSYCHOLOGICAL TESTING 141.00

90841 PSYCHO-THERAPY (UP TO 15 MINUTES) 40.00

90843 PSYCHO-THERAPY (UP TO 35 MINUTES) 73.20

90844 PSYCHO-THERAPY (UP TO 50 MINUTES) 133.40

90847 FAMILY/CONJOINT PSYCHO-THERAPY 148.00

90853 GROUP PSYCHO-THERAPY 67.00

90782 THER. INJECT. INTRAMUSCULAR 5.00

90849 MULTI-FAMILY GROUP THERAPY 48.33

W9205 CLINIC VISIT 45.00

W9205-52 CLINIC VISIT 27.00

W9206 PSYCH. EVAL/DIAGNOSIS 141.00