## Effective 10/1/2009

SERVICE CODE with MODIFIERS	MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION	BILLING UNIT	RATE FOR SERVICE
H0019	Behavioral Health long term residential (HRI Level III - 4 Beds or Less)	per diem	\$ 237.63
H0019	Behavioral Health long term residential (HRI Level III - 5 Beds or More)	per diem	\$ 193.62
H0019	Behavioral Health long term residential (HRI Level IV)	per diem	\$ 322.15

## Attachment D

Special Billing Instructions H0019 MH State Services			4/3/06 Rate
H0019	Behavioral Health long term residential (HRI Level III - 4 Beds or Less)	/dav	193.62
H0019	Behavioral Health long term residential (HRI Level III - 5 Beds or More)	/day	193.6
H0019	Behavioral Health long term residential (HRI Level IV)	/day	193.6
	<ul> <li>* - due to HIPAA constraints which require all of the above services be cove IPRS system limitations all of the above services are being set at the lowest r Programs/LMEs are responsible for submitting provider-specific rate req Medicaid service for Level III-4 beds ot less (\$237.63) and Let</li> </ul>	ate as the default r Jests equal to the	ate. Ar