



HEAD INJURY REHABILITATION FEE SCHEDULE Effective January 1, 2023 Appendix C

Description	Fee	Effective Date	Limit Description	
Assessment Period				
HA001	Pre-Admission Assessment and Other Assessment	\$350.00	11/01/2001	For 1 Day Assessment Maximum Fee
HA003	Comprehensive Neuropsychological Evaluation	\$1,500.00	10/01/2008	Per Evaluation (Limit 1 Evaluation)
HA004	Brief Neuropsychological Evaluation	\$105.00	10/01/2008	Per Hour Maximum, 5 Hours Service Maximum
HR008	Routine Case Management Services	\$26.25	07/01/2013	Per ½ hour limited to as specified in Agreement
HR027	Transportation	Commonwealth rate	04/01/2005	Mileage rate per Commonwealth policy
Rehabilitation Period / Outpatient Services Billable				
All services must be documented in the Department of Health approved rehabilitation service plan for reimbursement.				
HR001	Residential Services (Personal Care Daily Rate)	\$55.00	11/01/2001	Per day (includes room and board, personal care and supervision)
HR002	Assisted Neurobehavioral Therapy (Behavioral Management Therapy)	\$50.00	10/01/2008	Per ½ hour Group or Individual Session
HR003	Assistive Community Integration (Life Skills Training)	\$50.00	10/01/2008	Per ½ hour Group or Individual Session
HR004	Supportive Counseling	\$19.25	10/01/2008	Per ½ hour Group or Individual Session
HR005	Substance Abuse Education and Prevention	\$19.25	10/01/2008	Per ½ hour Group or Individual Session
HR006	Therapeutic Recreation	\$50.00	10/01/2008	Per ½ hour Group or Individual Session
HR007	Work Skills Services (Training)	\$50.00	10/01/2008	Per ½ hour Group or Individual Session
HR008	Routine Case Management Services	\$26.25	07/01/2013	Per ½ hour limited to as specified in Agreement
HR009	Cognitive Therapy (Retraining)	\$54.75	10/01/2008	Per ½ hour Individual Session
HR010	Occupational Therapy	\$54.75	10/01/2008	Per ½ hour Individual Session
HR011	Physical Therapy	\$50.25	10/01/2008	Per ½ hour Individual Session
HR012	Psychological Services	\$50.75	10/01/2008	Per ½ hour Individual Session
HR013	Speech Therapy (Speech and Language Therapy)	\$36.00	11/01/2001	Per ½ hour Individual Session
HR014	Cognitive Therapy (Retraining)	\$30.00	11/01/2001	Per ½ hour Group Session
HR015	Occupational Therapy	\$30.00	11/01/2001	Per ½ hour Group Session
HR016	Physical Therapy	\$30.00	11/01/2001	Per ½ hour Group Session
HR017	Psychological Services	\$30.00	11/01/2001	Per ½ hour Group Session
HR018	Speech Therapy (Speech and Language Therapy)	\$30.00	11/01/2001	Per ½ hour Group Session

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HR019	Psychiatry or Neuropsychiatry	\$87.50	04/01/2005	Per ½ hour Individual Session
HR020	Physiatry	\$87.50	04/01/2005	Per ½ hour Individual Session
HR021	Neurology	\$87.50	04/01/2005	Per ½ hour Individual Session
HR022	Nursing	\$25.00	04/01/2005	Per ½ hour Group or Individual Session
HR027	Transportation	Common-wealth rate	04/01/2005	Mileage rate per Commonwealth policy
HR029	Respite	\$25.00	07/01/2017	Per ½ hour (maximum of 24 hours)
HR030	Music Therapy	\$36.00	01/01/2023	Per ½ hour Individual Session
HR031	Art Therapy	\$50.75	01/01/2023	Per ½ hour Individual Session
HR032	Vision Therapy	\$87.50	01/01/2023	Per ½ hour Individual Session
HR033	Vestibular Therapy	\$54.75	01/01/2023	Per ½ hour Individual Session
HR034	Nutritional Therapy (Medical Nutrition Therapy)	\$19.25	01/01/2023	Per ½ hour Individual Session
HR035	Telerehab Cognitive Therapy	\$54.75	01/01/2023	Per ½ hour Individual Session
HR036	Telerehab Cognitive Therapy	\$30.00	01/01/2023	Per ½ hour Group Session

Rehabilitation Period / Inpatient Services Billable

All services must be documented in the Department of Health approved rehabilitation service plan for reimbursement.

HR023	Community Re-Entry Residential	\$400.00	04/01/2005	Per day
HR024	Intensive Rehabilitation –Level One	\$450.00	04/01/2005	Per day
HR025	Intensive Rehabilitation –Level Two	\$600.00	04/01/2005	Per day
HR026	Intensive Neurobehavioral	\$650.00	04/01/2005	Per day
HR027	Transportation	Common-wealth rate	04/01/2005	Mileage rate per Commonwealth policy
HR028	Intensive Neurobehavioral Evaluation	\$850.00	02/01/2007	Per day (maximum of 90 calendar days)
HR008	Routine Case Management Services	\$26.25	07/01/2013	Per ½ hour limited to as specified in Agreement

Transition – Maximum reimbursement \$1,000 for 6 consecutive months.

HT001	Transitional Case Management Services	\$7.50	11/01/2001	Per quarter hour (Limit \$1,000 per client or 33.34 hours for six-month period)
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Assisting the client in gaining access to services from which the client may benefit and for which the client may be eligible. Monitoring and evaluating the client’s progress in transitioning to living in their home or community setting with any necessary supports or to placement in a long-term care facility. Determining that the client has fully transitioned to their home or community or is referred to the appropriate long-term service provider.