



MINNESOTA INDIAN PRIMARY RESIDENTIAL
TREATMENT CENTER, INC.
P.O. Box 66
Sawyer, MN 55780
Phone: 218-879-6731
Adult Unit fax#: 218-879-6734
Adolescent Unit fax#: 218-878-2947

BOARD OF DIRECTORS:
Chairman Red Lake Reservation
Chairman White Earth Reservation
Chairman Fond du Lac Reservation
Chairman Leech Lake Reservation
Chairman Bois Forte Reservation
Chairman Grand Portage Reservation
Rep. MN Sioux Communities

As of July 1st 2011, our service rates will depend on whether the client has a Co-occurring Disorder, which will apply under any of the following conditions: 1) The client has been previously diagnosed with a mental health disorder; 2) The client is currently prescribed a psychotropic medication; 3) The Rule 25 Assessor, another Professional or Collateral Contact has recommended he/she have a mental health screening and/or evaluation.

Provider Name: Mash-ka-wisen Treatment Center
1150 Mission Road Sawyer, MN 55780

Phone #: 218-879-6731 Fax: 218-879-6734 NPI #: 1578621579

ADULT IN-PATIENT Including Co-occurring Services

Procedure Code: H2036 **Revenue Code:** 0944 or 0945

Modifiers: TG: \$174.00; UC: \$20.88; U4: \$5.22 = **Total Rate:** \$200.10

Revenue Code: 1002 **Rate:** \$54.09 **Total daily Per Diem:** \$254.19

ADULT IN-PATIENT With-out Co-occurring Services

Procedure Code: H2036 **Revenue Code:** 0944 or 0945

Modifiers: TG: \$174.00; U4: \$5.22; U5: \$10.44 = **Total Rate:** \$189.66

Revenue Code: 1002 **Rate:** \$54.09 **Total daily Per Diem:** \$243.75

ADOLESCENT IN-PATIENT Including Co-occurring Services

Procedure Code: H2036 **Revenue Code:** 0944 or 0945

Modifiers: HA: \$210.00; UC: \$25.20; U4: \$6.30 = **Total Rate:** \$241.50

Revenue Code: 1002 **Rate:** \$73.08 **Total daily Per Diem:** \$314.58

ADOLESCENT IN-PATIENT With-out Co-occurring Services

Procedure Code: H2036 **Revenue Code:** 0944 or 0945

Modifiers: HA: \$210.00; U4: \$6.30; U5: \$12.60 = **Total Rate:** \$228.90

Revenue Code: 1002 **Rate:** \$73.08 **Total daily Per Diem:** \$301.98

PLEASE NOTE: If at any point during the treatment episode the Rehab Team determines a mental health screening and/or evaluation is necessary, the focal counselor will contact the funding agent to request the service rate be changed to the Co-Occurring Services rate.

Our Thunderbird/Wren House has 1 standard rate regardless of Co-occurring Services:

Provider Name: Thunderbird / Wren Halfway House
PO Box 66 Sawyer, MN 55780

Phone #: 218-727-7699 Fax: 218-727-1476 NPI #: 1588732762

Procedure Code: H2036 **Revenue Code:** 0944 or 0945

Modifiers: TF: \$129.00; U4: \$3.87; U5: \$11.61 = **Total Rate:** \$144.48

Revenue Code: 1002 **Rate:** \$54.09

AN AMERICAN INDIAN RESIDENTIAL TREATMENT CENTER FOR CHEMICAL DEPENDENCY