

## INDEPENDENT MENTAL HEALTH PRACTITIONERS

Effective Date: 07/01/2014

Updated: 06/24/2013

Rates displayed below do not reflect rates for codes billed containing modifiers.  
For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	FEE
90791	Psych diagnostic evaluation	\$91.75
90832	Psytx pt&/family 30 minutes	\$40.50
90834	Psytx pt&/family 45 minutes	\$60.69
90837	Psytx pt&/family 60 minutes	\$81.00
90839	Psytx crisis initial 60 min	\$81.00
90840	Psytx crisis ea addl 30 min	\$40.50
90847	FAMILY PSYCHOTHERAPY-CONJOINT	\$47.42
90849	MULTIPLE-FAMILY-GROUP-PSYCHOTHERAPY	\$47.42
90853	GROUP MEDICAL PSYCHOTHERAPY	\$47.42
90885	Psy evaluation of records	\$50.99
90899	UNLISTED PSYCHIATRIC SERVICE OR PROC	\$26.16
96101	Psycho testing by psych/phys	\$54.96
96105	Assessment of aphasia	\$64.47
96116	Neurobehavioral status exam	\$62.52
96118	Neuropsych tst by psych/phys	\$53.35

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.