

\* **NOTE:** Fee schedules are subject to review and amendment by the department. 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.

COVERED INDEPENDENT MENTAL HEALTH PRACTITIONERS

Effective: January 1, 2013  
FY13

Codes listed in red will be discontinued, effective 12/31/2012 and should not be used for dates of service after 1/1/2013.

CODE	PROCEDURE	FEE
	<b>Clinical Psychiatric Diagnostic or Evaluation Procedures</b>	
90791	Psychiatric diagnostic evaluation (no medical services)	\$84.96
90801	Psychiatric diagnostic interview examination, limited to a mental health provider, limited to 1 unit of service each day, maximum of 3 services in any 12-month period	\$84.96
90885	Psychiatric evaluation of records/reports for diagnostic purposes, limited to a mental health provider, limited to 1 unit of service per day	\$48.33
90899	Diagnostic assessment, therapeutic contacts with the recipient, family, and significant others to the extent necessary to complete an accurate psychological evaluation and diagnosis. A unit is 30 minutes or less, limited to no more than 4 hours per 12-mo	\$24.80
96101	Psychological testing, with interpretation and report, per hour, limited to a licensed psychologist	\$52.09
96118	Neuropsychological testing, with interpretation and report, per hour, limited to a licensed psychologist	\$50.58
	<b>Psychiatric Therapeutic Procedures – (Treatment)</b>	
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	\$30.91
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	\$56.19
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	\$71.53
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; unit is 20 to 30 minutes face-to-face with the patient	\$30.91
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; unit is 45 to 50 minutes face-to-face with the patient	\$56.19
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; unit is 75 to 80 minutes face-to-face with the patient	\$71.53
90832	Psychotherapy, 30 minutes with patient and/or family member	\$37.50
90834	Psychotherapy, 45 minutes with patient and/or family member	\$56.19
90837	Psychotherapy, 60 minutes with patient and/or family member	\$75.00
90847	Family psychotherapy, (conjoint psychotherapy) (with patient present); unit is 15 minutes or less a session	\$11.24
90849	Multiple-family group psychotherapy; unit is 15 minutes or less a session	\$11.24

90853	Group medical psychotherapy, (other than a multiple-family group). Not to exceed a maximum of 60 hours in any 12-month period; unit is 15 minutes or less a session	\$11.24
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