

INDEPENDENT MENTAL HEALTH PRACTITIONERS

Effective Date: 04/01/2019

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	Psychiatric diagnostic evaluation	\$113.47
90832	Psychotherapy, 30 Minutes	\$55.20
90834	Psychotherapy, 45 Minutes	\$73.49
90837	Psychotherapy, 60 Minutes	\$110.09
90839	Psychotherapy for crisis, first 60 Minutes	\$97.99
90840	Psychotherapy for crisis, each additional 30 minutes	\$48.99
90847	Family psychotherapy including patient, 50 minutes	\$50.50
90849	Multiple family group psychotherapy with patient present	\$50.50
90853	Group psychotherapy (other than of a multiple-family group)	\$50.50
90899	Diagnostic Evaluation - contacts with the recipient's relatives and significant others (not billable w/ 90791)	\$27.86
96116	Neurobehavioral status examination by QHP, first 60 minutes	\$66.58
96130	Psychological testing evaluation by QHP, first 60 minutes	\$96.54
96131	Psychological testing evaluation by QHP, additional 60 minutes	\$96.54
96132	Neuropsychological testing evaluation by QHP, first 60 minutes	\$96.54
96133	Neuropsychological testing evaluation by QHP, first 60 minutes	\$96.54
96136	Psychological/Neuropsychological Test Administration and Scoring, first 30 minutes	\$48.27
96137	Psychological/Neuropsychological Test Administration and Scoring, additional 30 minutes	\$48.27
H0046	Collateral Contacts	\$32.21

A provider may request South Dakota Medicaid review a procedure code for a possible rate adjustment. A provider may also request the inclusion or exclusion of a procedure code from the fee schedule. Changes must be requested through the provider portal, which can be accessed at :

<https://dss.sd.gov/medicaid/portal.aspx>

Under the communications tab on the provider portal, select "reviews and requests." Please include relevant documentation with your requests that supports the need for your requested change.