

* **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

Attention: The procedure codes with established rates effective for dates of service starting July 1, 2012, through June 30, 2013 reflect a reduction in rates of 5.1% for SFY12 and increase of .5% for SFY13. Codes with no established rate pay at a percentage of billed charges per administrative rule and the same percentage for SFY12 reductions and SFY13 increase will be applied.

The Rates represented are not reflective of applicable cost share and other payment adjustments.

Last Updated June 21, 2012

CODE	PROCEDURE	FEE
	Clinical Psychiatric Diagnostic or Evaluation Procedures	
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
	Psychiatric Therapeutic Procedures – (Treatment)	
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
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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