

## Facility

Code	Description	Physician (MD or DO) Modifiers: AM, AF	APRN or Licensed Clinical Psychologist Modifiers: SA, AH	Licensed Masters-level (Supervisor) Modifiers: HO, U8	Associate (under Supervision) Modifiers: U4	Physician Assistant (PA) Modifier: U1	Other Non-Bachelors-level Modifiers: HN
90785	Interactive complexity	\$10.48	\$8.91	\$8.38	\$7.34	\$7.34	-
90791	Psychiatric diagnostic evaluation	\$94.84	\$80.61	\$75.87	\$66.39	\$66.39	-
90792	Psychiatric diagnostic evaluation with medical services	\$102.49	\$75.06	-	-	-	-
90832	Psychotherapy, 30 minutes with patient and/or family member	\$46.94	\$39.90	\$37.55	\$32.86	\$32.86	-
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	\$48.11	\$40.89	\$38.49	\$33.68	\$33.68	-
90834	Psychotherapy, 45 minutes with patient and/or family member	\$62.66	\$53.26	\$50.13	\$43.86	\$43.86	-
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	\$60.71	\$51.60	\$48.57	\$42.50	\$42.50	-
90837	Psychotherapy, 60 minutes with patient and/or family member	\$93.67	\$79.62	\$74.94	\$65.57	\$65.57	-
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	\$80.26	\$68.22	\$64.21	\$56.18	\$56.18	-
90839	Psychotherapy for crisis; first 60 minutes	\$97.63	\$82.99	\$78.10	\$68.34	\$68.34	-
90840	each additional 30 minutes	\$46.94	\$39.90	\$37.55	\$32.86	\$32.86	-

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90845	Psychoanalysis	\$67.22	\$57.14	\$53.78	\$47.05	\$47.05	-
90846	Family psychotherapy	\$75.73	\$64.37	\$60.58	\$53.01	\$53.01	-
90847	Family psychotherapy with patient present	\$78.18	\$66.45	\$62.54	\$54.73	\$54.73	-
90849	Multiple-family group psychotherapy	\$22.10	\$18.79	\$17.68	\$15.47	\$15.47	-
90853	Group psychotherapy (other than of a multiple-family group)	\$18.82	\$16.00	\$15.06	\$13.17	\$13.17	-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	\$94.05	\$79.94	-	-	\$65.84	-
90870	Electroconvulsive therapy	\$81.87	-	-	-	-	-
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 30 minutes	\$31.67	\$26.92	\$25.34	\$22.17	\$22.17	-
90876	45 minutes	\$49.28	\$41.89	\$39.43	\$34.50	\$34.50	-
90899	Unlisted psychiatric service or procedure	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-
96101*	Psychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	-	\$49.89	\$46.95	\$41.08	-	-

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96102*	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	-	\$14.54	\$13.68	\$11.97	-	-
96103*	Psychological testing, administered by a computer, with qualified health care professional interpretation and report	-	\$16.36	\$15.40	\$13.48	-	-
96105	Assessment of aphasia with interpretation and report, per hour	\$72.45	\$61.58	\$57.96	\$50.72	\$50.72	-
96110	Developmental screening, with interpretation and report, per standardized instrument form	\$32.19	\$27.36	\$25.75	\$22.53	\$22.53	-
96111	Developmental testing, with interpretation and report	\$88.11	\$74.89	\$70.49	\$61.68	\$61.68	-
96116	Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	\$64.24	\$54.60	-	-	-	-

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96118**	Neuropsychological testing, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	\$58.46	\$49.69	-	-	-	-
96119*	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	-	\$14.73	\$13.86	\$12.13	-	-
96120*	Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report	-	\$15.96	\$15.02	\$13.15	-	-
96125	Standardized cognitive performance testing	\$80.63	\$68.54	\$64.50	\$56.44	\$56.44	-
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	\$15.52	\$13.19	\$12.42	\$10.86	\$10.86	-
96151	re-assessment	\$14.98	\$12.73	\$11.98	\$10.49	\$10.49	-
99408	Screening, brief intervention, referral to treatment	\$20.00	\$17.00	\$16.00	\$14.00	\$14.00	-
H0001	Alcohol and/or drug assessment	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-
H0002	Behavioral health screening	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-
H0015 <sup>1</sup>	Alcohol and/or drug services, intensive outpatient program			\$58.26			-

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H0031	Mental health assessment by non-physician	-	\$18.30	\$17.22	\$15.07	\$15.07	-	
H0032	Mental health service plan development by non-physician	-	\$18.30	\$17.22	\$15.07	\$15.07	-	
H0038	Self help/peer services, per 15 minutes	-	-	-	-	-	\$8.61	
H2011	Crisis intervention service, per 15 minutes	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-	
H2012	Behavioral health day treatment, per hour	\$86.12	\$73.20	\$68.90	\$60.28	\$60.28	-	
H2019	Therapeutic behavioral health services	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-	
H2021	Community based wrap around services	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-	
S9480 <sup>1</sup>	Intensive outpatient psychiatric services	\$58.26						-
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	\$21.53	\$18.30	\$17.22	\$15.07	\$15.07	-	

\*Limited to LP, LPP, LPA

\*\*Limited to MD/DO/LP

1. Provider group only; must be billed by provider type 66