

Non-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	\$97.80	\$83.13	\$78.24	\$68.46	\$68.46	-
90792	Psychiatric diagnostic evaluation with medical services	\$105.30	\$89.51	-	-	-	-
90832	Psychotherapy, 30 minutes with patient and/or family member	\$47.41	\$40.30	\$37.93	\$33.19	\$33.19	-
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	\$48.35	\$41.10	\$38.68	\$33.85	\$33.85	-
90834	Psychotherapy, 45 minutes with patient and/or family member	\$62.90	\$53.47	\$50.32	\$44.03	\$44.03	-
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	\$61.17	\$51.99	\$48.94	\$42.82	\$42.82	-
90837	Psychotherapy, 60 minutes with patient and/or family member	\$94.13	\$80.01	\$75.30	\$65.89	\$65.89	-
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	\$80.73	\$68.62	\$64.58	\$56.51	\$56.51	-
90839	Psychotherapy for crisis; first 60 minutes	\$98.33	\$83.58	\$78.66	\$68.83	\$68.83	-
90840	each additional 30 minutes	\$47.17	\$40.09	\$37.74	\$33.02	\$33.02	-
90845	Psychoanalysis	\$67.69	\$57.54	\$54.15	\$47.38	\$47.38	-
90846	Family psychotherapy	\$76.19	\$64.76	\$60.95	\$53.33	\$53.33	-
90847	Family psychotherapy with patient present	\$76.85	\$65.32	\$61.48	\$53.80	\$53.80	-

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90849	Multiple-family group psychotherapy	\$24.44	\$20.77	\$19.55	\$17.11	\$17.11	-
90853	Group psychotherapy (other than of a multiple-family group)	\$19.29	\$16.40	\$15.43	\$13.50	\$13.50	-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	\$120.29	\$102.25	-	-	\$84.20	-
90870	Electroconvulsive therapy	\$124.98	-	-	-	-	-
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	\$39.42	\$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	-	\$50.29	\$47.33	\$41.41	-	-
96102*	Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	-	\$38.24	\$35.99	\$31.49	-	-
96103*	Psychological testing, administered by a computer, with qualified health care professional interpretation and report	-	\$16.96	\$15.96	\$13.97	-	-

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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	\$93.59	\$79.55	\$74.87	\$65.51	\$65.51	-
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	\$68.22	\$57.99	-	-	-	-
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	\$71.11	\$60.44	-	-	-	-
96119*	Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	-	\$46.79	\$44.04	\$38.54	-	-
96120*	Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report	-	\$28.11	\$26.46	\$23.15	-	-
96125	Standardized cognitive performance testing	\$80.63	\$68.54	\$64.50	\$56.44	\$56.44	-

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96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	\$15.75	\$13.39	\$12.60	\$11.03	\$11.03	-	
96151	re-assessment	\$15.21	\$12.93	\$12.17	\$10.65	\$10.65	-	
99408	Screening, brief intervention, referral to treatment	\$20.98	\$17.83	\$16.78	\$14.69	\$14.69		
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 ¹	Alcohol and/or drug services, intensive outpatient program	\$58.26						-
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 ¹	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 ¹	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

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