Licensed Psychologist Fee Schedule

Provider Specialty 109

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

Code	Mod	Description	Unit	Non-Facility Fee	Facililty Fee	Effective Date
90801		Per Clinical Intake	per event	$ 124.87	$ 105.50	11/1/2011
90802		Interactive Evalucation	per event	$ 133.12	$ 113.48	11/1/2011
90804		Individual Therapy (20-30 min)	per time limit	$ 54.78	$ 46.83	11/1/2011
90806		Individual Therapy (45-50 min)	per time limit	$ 76.88	$ 71.87	11/1/2011
90808		Individual Therapy (75+ min)	per time limit	$ 113.12	$ 108.10	11/1/2011
90810		Interactive Therapy -30 min	per time limit	$ 58.20	$ 51.12	11/1/2011
90812		Interactive Therapy -50 min	per time limit	$ 83.62	$ 76.26	11/1/2011
90814		Interactive Therapy -80 min	per time limit	$ 121.34	$ 114.26	11/1/2011
90816		Individual Therapy (30 min)	per time limit	$ 51.05	$ 51.05	11/1/2011
90818		Individual Therapy (50 min)	per time limit	$ 76.06	$ 76.06	11/1/2011
90821		Individual Therapy (80 min)	per time limit	$ 106.97	$ 106.97	11/1/2011
90823		Interactive Therapy (30 min)	per time limit	$ 55.15	$ 55.14	11/1/2011
90826		Interactive Therapy (50 min)	per time limit	$ 80.69	$ 80.69	11/1/2011
90828		Interactive Therapy (80 min)	per time limit	$ 116.72	$ 116.72	11/1/2011
90846		Family Therapy w/o patient	per event	$ 71.75	$ 70.06	11/1/2011
90847		Family Therapy w/patient	per event	$ 89.09	$ 84.03	11/1/2011
90849		Group therapy (multi-family)	per event	$ 26.72	$ 24.46	11/1/2011
90853		Group therapy (other than of a multi-family group)	per event	$ 25.40	$ 23.99	11/1/2011
90857		Interactive Group Psychotherapy	per event	$ 28.58	$ 25.49	11/1/2011
96101		Psychological testing	per hour	$ 69.48	$ 69.21	11/1/2011
96110		Developmental Testing (limited)	per event	$ 8.52	$ 8.52	11/1/2011
96111		Developmental Testing (extended)	per hour	$ 105.67	$ 103.42	11/1/2011
96116		Neurobehavioral status Exam	per hour	$ 77.03	$ 73.11	11/1/2011
96118		Neuropsychological Testing	per hour	$ 86.86	$ 71.42	11/1/2011
H0001		Behavioral Health Assessment	15 minutes	$ 19.67	$ 19.67	11/1/2011
H0004		Behavioral Health Counseling and Therapy	15 minutes	$ 19.67	$ 19.67	11/1/2011
H0004	HQ	DMH Outpatient Treatment Group	15 minutes	$ 7.25	$ 7.25	11/1/2011
H0004	HR	DMH Outpatient Tx Family Therapy w/Client	15 minutes	$ 19.67	$ 19.67	11/1/2011
H0004	HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	$ 19.67	$ 19.67	11/1/2011
H0005		Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	$ 7.25	$ 7.25	11/1/2011
H0031		Mental Health Assessment	15 minutes	$ 19.67	$ 19.67	11/1/2011