CPT Service Rates for Specialty 113

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.

Procedure Code	CPT Code Description	Unit	RATE FOR SERVICE		EFFECTIVE DATE
			Non-Facility	Facility	
90785	Interactive complexity Add-On	per event	$ 2.85	$ 2.85	1/1/2013
90791	Psychiatric diagnostic evaluation	per event	$ 90.39	$ 70.67	1/1/2013
90792	Psychiatric diagnostic evaluation with medical services	per event	$ 75.00	$ 73.01	1/1/2013
90832	Psychotherapy, 16-37 minutes	per event	$ 37.61	$ 29.64	1/1/2013
90833	Psychotherapy, 16-37 minutes with E/M service, listed separately	per event	$ 25.04	$ 24.85	1/1/2013
90834	Psychotherapy, 38-52 minutes	per event	$ 48.68	$ 44.49	1/1/2013
90836	Psychotherapy, 38-52 minutes with E/M service, listed separately	per event	$ 40.68	$ 40.68	1/1/2013
90837	Psychotherapy, 53+ minutes	per event	$ 71.29	$ 67.11	1/1/2013
90838	Psychotherapy, 53+ minutes with E/M service, listed separately	per event	$ 65.51	$ 65.30	1/1/2013
90839	Psychotherapy for crisis, 30-74 minutes	per event	$ 125.28	$ 117.42	1/1/2013
90840	Psychotherapy for crisis, each additional 30 minutes beyond initial 74min, up to two add-ons per 90839	per event	$ 76.06	$ 65.41	1/1/2013
92506	Speech Evaluation	per event	$ 117.03	$ 35.90	7/1/2012
92507	Speech Therapy	per event	$ 66.88	$ 23.93	7/1/2012
92508	Speech Therapy Group	per event	$ 23.40	$ 10.96	7/1/2012
96101	Psychological testing	per hour	$ 69.95	$ 69.68	7/1/2012
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	per event	$ 16.70	$ 16.70	7/1/2012
97001	Physical Therapy Eval	per event	$ 57.14	$ 57.14	7/1/2012
97002	Physical Therapy Re-eval	per event	$ 30.59	$ 30.59	7/1/2012
97003	Occupational Therapy Eval	per event	$ 60.44	$ 60.44	7/1/2012
97004	Occupational Therapy Re-eval	per event	$ 34.83	$ 34.83	7/1/2012
97110	Physical Therapy	per 15 mins	$ 22.91	$ 22.91	7/1/2012
97112	Physical Therapy	per 15 mins	$ 23.55	$ 23.55	7/1/2012
97113	Physical Therapy aquatic w/exercise	per 15 mins	$ 27.78	$ 27.78	7/1/2012
97116	Gait Training	per 15 mins	$ 20.06	$ 20.06	7/1/2012
97124	Massage Thersapy	per 15 mins	$ 18.23	$ 18.23	7/1/2012
97140	Manual Therapy	per 15 mins	$ 21.24	$ 21.24	7/1/2012
97530	Therapeutic activities	per 15 mins	$ 24.10	$ 24.10	7/1/2012
97750	Physical performance test w/report 15 min	per 15 mins	$ 23.46	$ 23.46	7/1/2012
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	per 15 mins	$ 23.18	$ 23.18	7/1/2012
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	per 15 mins	$ 26.40	$ 26.40	7/1/2012
99201	ov new pt minor-phys time approx. 10 minutes	per time limit	$ 32.52	$ 21.00	7/1/2012
99202	ov new pt,moderate-phys time approx 20 minutes	per time limit	$ 56.39	$ 40.55	7/1/2012
99203	ov new pt, moderate-phys time approx 30 minutes	per time limit	$ 81.69	$ 61.20	7/1/2012
99204	ov new pt, complex-phys time approx 45 minutes	per time limit	$ 126.68	$ 102.77	7/1/2012
99205	ov new pt, severe-phys time approx 60 minutes	per time limit	$ 160.14	$ 133.74	7/1/2012
99211	ov estab pt, minimal w/wo phys, time approx 5 min	per time limit	$ 16.48	$ 7.78	7/1/2012
99212	ov established pt, minor-phys time approx 10 min.	per time limit	$ 32.83	$ 20.72	7/1/2012
99213	ov estab. pt, moderate. phys time approx 15 min.	per time limit	$ 54.82	$ 40.54	7/1/2012
99214	ov estab. pt, severe. phys time approx 25 min.	per time limit	$ 82.60	$ 62.72	7/1/2012
99215	ov estab. pt, severe. phys time approx 40 min.	per time limit	$ 111.72	$ 89.05	7/1/2012
99222	initial hosp care,moderate-phys time approx 50 min	per time limit	$ 111.07	$ 111.07	7/1/2012
99223	initial hosp care, severe-phys time approx 70 min	per time limit	$ 163.55	$ 163.55	7/1/2012
99231	hosp visit, stable. phys time approx 15 minutes	per time limit	$ 33.61	$ 33.61	7/1/2012
99232	hosp visit, moderate. phys time approx 25 minutes	per time limit	$ 60.57	$ 60.57	7/1/2012
99233	hosp visit, complex. phys time approx 35 minutes	per time limit	$ 86.76	$ 86.76	7/1/2012
99235	observation or inpatient hospital care, for the evaluation and management of a	per event	$ 150.84	$ 150.84	7/1/2012
99236	observation or inpatient hospital care, for the evaluation and management of a	per event	$ 187.46	$ 187.46	7/1/2012
99238	hospital discharge day management; 30 minutes or less	per time limit	$ 59.89	$ 59.89	7/1/2012
99239	hospital discharge day management; more than 30 minutes	per time limit	$ 87.03	$ 87.03	7/1/2012
99243	outpt. consult, severe- phys time approx 40 min.	per time limit	$ 100.95	$ 79.47	7/1/2012
99244	outpt. consult, severe- phys time approx 60 min.	per time limit	$ 149.94	$ 126.19	7/1/2012