

**FEE SCHEDULE FOR PSYCHIATRISTS AND PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS
FOR MENTAL HEALTH/PSYCHIATRY SERVICES
Effective July 1, 2018**

Service	Procedure Code	Modifier	Payment Rate per Unit
Psychiatric Diagnostic Evaluation	90791		\$117.68
	90792		\$130.78
Evaluation and Management (E/M)	99201	HI	\$36.73
	99202		\$62.38
	99203		\$89.52
	99204		\$137.75
	99205		\$173.56
	99211		\$17.79
	99212		\$36.32
	99213		\$61.02
	99214		\$90.39
	99215		\$122.03
Psychotherapy only	90832		\$57.38
	90834		\$76.64
	90837		\$114.87
Psychotherapy with E/M	90833		*
	90836		*
	90838		*
Family Therapy	90846		\$92.37
	90847		\$96.17
	90849		\$31.31
Group Therapy	90853		\$ 23.02
Electroconvulsive Therapy	90870		\$148.73
Interactive Complexity	90785		\$12.79

Updated 7/5/18jb

Providers must maintain proper and complete documentation to justify the services provided and refer to the current CPT Code Book for proper coding.