

**FEE SCHEDULE FOR THERAPEUTIC AND EVALUATIVE
MENTAL HEALTH SERVICES FOR EXPANDED EPSDT
Effective January 1, 2019**

Service	Procedure Code	Modifier	Payment Rate per Unit	Allowable Place of Service Codes	Yearly Standard
Psychotherapy	90832	HA	\$57.38	03, 11, 12, 22, 99	36*
	90834		\$76.64		
	90837		\$114.87		
Family Therapy	90846	HA	\$92.37	03, 11, 12, 22, 99	24*
	90847		\$96.17		
Psychiatric Diagnostic Evaluation	90791	HA	\$117.68	03, 11, 12, 22, 99	
Group Therapy	90853	HA	\$ 23.02	03, 11, 22, 99	24
Psychological Evaluation	96130	HA	\$102.29	03, 11, 12, 22, 99	8*
	96131		\$77.96		
Brief Behavioral Health Assessment (Screening)	96127	HA	\$4.91	03, 11, 12, 22, 99	12
Developmental Evaluation	96112	HA	\$116.60	03, 11, 12, 22, 99	7*
	96113		\$52.01		
Neuropsychological Evaluation	96132	HA	\$114.03	03, 11, 12, 22, 99	8*
	96133		\$86.99		
Interactive Complexity	90785	HA	\$12.79	03, 11, 12, 22, 99	None

Updated 1/7/19jb

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

* Services in the same category share yearly service limits.

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