

Therapeutic and Evaluation Mental Health Services for Expand

Print Date: 5/5/20

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Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed. All codes require the HA modifier.

Code	Modifier-Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90785	Fee on File		INTERACTIVE COMPLEXITY	0	999	07/01/2019	12/31/9999	1	13.08
90791	Fee on File		PSYCHIATRIC DIAGNOSTIC EVALUATION	0	999	07/01/2019	12/31/9999	1	120.64
90832	Fee on File		PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	0	999	07/01/2019	12/31/9999	1	59.13
90834	Fee on File		PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	0	999	07/01/2019	12/31/9999	1	78.69
90837	Fee on File		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	0	999	07/01/2019	12/31/9999	1	118.10
90846	Fee on File		FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	0	999	07/01/2019	12/31/9999	1	95.01
90847	Fee on File		FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)(WITH PATIENT PRESENT), 50 MINUTES	0	999	07/01/2019	12/31/9999	1	98.82
90853	Fee on File		GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) GROUP PSYCHO	0	999	01/01/2020	12/31/9999	1	23.61
96112	Fee on File	Yes	DEVELOPMENTAL TEST ADMINISTRATION, BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT; FIRST HOUR	0	20	01/01/2019	12/31/9999	1	116.60
96113	Fee on File	Yes	DEVELOPMENTAL TEST ADMINISTRATION, BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT; EACH ADDITIONAL 30	0	20	01/01/2019	12/31/9999	6	52.01
96127	Fee on File		BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT, WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	0	999	07/01/2019	12/31/9999	2	4.07
96130	Fee on File		PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT. FAMILY MEMBER(S) OR	0	999	01/01/2019	12/31/9999	1	102.29
96131	Fee on File		PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT. FAMILY MEMBER(S) OR	0	999	01/01/2019	12/31/9999	7	77.96

Code	Modifier-Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
96132	Fee on File	Yes	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S)	0	20	01/01/2019	12/31/9999	1	114.03
96133	Fee on File	Yes	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPORT, AND INTERACTIVE FEEDBACK TO THE PATIENT, FAMILY MEMBER(S)	0	20	01/01/2019	12/31/9999	7	86.99
96136	Fee on File	Yes	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; FIRST 30	0	999	03/25/2019	12/31/9999	1	39.37
96137	Fee on File	Yes	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; EACH ADDITIONAL 30 MINUTES	0	999	03/25/2019	12/31/9999	7	36.32