

COMMUNITY/PRIVATE MENTAL HEALTH CENTERS FEE SCHEDULE Effective 7/01/2020

Print Date: 7/8/20

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

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Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
90785	Fee on File		INTERACTIVE COMPLEXITY	0	999	07/01/2020	12/31/9999	1	13.16
90791	Fee on File		PSYCHIATRIC DIAGNOSTIC EVALUATION	0	999	07/01/2020	12/31/9999	1	122.74
90792	Fee on File		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	0	999	07/01/2020	12/31/9999	1	135.68
90832	Fee on File		PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	0	999	07/01/2020	12/31/9999	1	60.07
90833	Fee on File		PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	0	999	07/01/2020	12/31/9999	1	61.45
90834	Fee on File		PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	0	999	07/01/2020	12/31/9999	1	79.90
90836	Fee on File		PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	0	999	07/01/2020	12/31/9999	1	77.83
90837	Fee on File		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	0	999	07/01/2020	12/31/9999	1	119.68
90838	Fee on File		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	0	999	07/01/2020	12/31/9999	1	102.35
90846	Fee on File		FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	0	999	07/01/2020	12/31/9999	1	88.33
90847	Fee on File		FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)(WITH PATIENT PRESENT), 50 MINUTES	0	999	07/01/2020	12/31/9999	1	91.50
90849	Fee on File		MULTIPLE-FAMILY GROUP PSYCHOTHERAPY MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	0	999	07/01/2020	12/31/9999	1	30.48
90853	Fee on File		GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) GROUP PSYCHO	0	999	07/01/2020	12/31/9999	1	23.81
96127	Fee on File		BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT, WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	0	999	07/01/2020	12/31/9999	2	3.78
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	07/01/2020	12/31/9999	1	103.14
96131	Fee on File		PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA,	0	999	07/01/2020	12/31/9999	7	79.07

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			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						
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 MINUTES	0	999	07/01/2020	12/31/9999	1	38.84
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	07/01/2020	12/31/9999	11	35.52
96372	Fee on File		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	0	999	07/01/2020	12/31/9999	4	11.68
99201	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	0	999	07/01/2020	12/31/9999	1	37.22
99202	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	0	999	07/01/2020	12/31/9999	1	62.21
99203	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	0	999	07/01/2020	12/31/9999	1	88.46
99204	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	0	999	07/01/2020	12/31/9999	1	135.96
99205	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	0	999	07/01/2020	12/31/9999	1	172.16
99211	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	0	999	07/01/2020	12/31/9999	1	18.68
99212	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	0	999	07/01/2020	12/31/9999	2	36.95
99213	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	0	999	07/01/2020	12/31/9999	2	61.64
99214	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	0	999	07/01/2020	12/31/9999	2	89.83
99215	Fee on File		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	0	999	07/01/2020	12/31/9999	1	121.01
99304	Fee on File		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY	0	999	07/01/2020	12/31/9999	1	76.20

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			COMPONENTS: DETAILED OR COMPREHENSIVE HISTORY; DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY						
99305	Fee on File		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: COMPREHENSIVE HISTORY; COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY	0	999	07/01/2020	12/31/9999	1	109.38
99306	Fee on File		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: COMPREHENSIVE HISTORY; COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY	0	999	07/01/2020	12/31/9999	1	141.01
99307	Fee on File		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: PROBLEM FOCUSED INTERVAL HISTORY; PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING	0	999	07/01/2020	12/31/9999	1	36.95
99308	Fee on File		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY	0	999	07/01/2020	12/31/9999	1	57.94
99309	Fee on File		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: DETAILED INTERVAL HISTORY; DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY	0	999	07/01/2020	12/31/9999	1	76.62
99310	Fee on File		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: COMPREHENSIVE INTERVAL HISTORY; COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH	0	999	07/01/2020	12/31/9999	1	113.27
99324	Fee on File		DOMICILIARY OR REST HOME VISIT FOR EVALUATION AND MANAGEMENT OF NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: PROBLEM	0	999	07/01/2020	12/31/9999	1	46.28

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			FOCUSED HISTORY; PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING						
99325	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: EXPANDED PROBLEM FOCUSED HISTORY; EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY	0	999	07/01/2020	12/31/9999	1	67.43
99326	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: DETAILED HISTORY; DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY	0	999	07/01/2020	12/31/9999	1	117.44
99327	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: COMPREHENSIVE HISTORY; COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY	0	999	07/01/2020	12/31/9999	1	157.33
99328	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: COMPREHENSIVE HISTORY; COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY	0	999	07/01/2020	12/31/9999	1	185.87
99334	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: PROBLEM FOCUSED INTERVAL HISTORY; PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING	0	999	07/01/2020	12/31/9999	1	50.85
99335	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY	0	999	07/01/2020	12/31/9999	1	80.63
99336	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: DETAILED INTERVAL HISTORY; DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY	0	999	07/01/2020	12/31/9999	1	113.99

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99337	Fee on File		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: COMPREHENSIVE INTERVAL HISTORY; COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY	0	999	07/01/2020	12/31/9999	1	164.15
99354	Fee on File		PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; FIRST HOUR	0	999	07/01/2020	12/31/9999	1	109.36
99355	Fee on File		PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES	0	999	07/01/2020	12/31/9999	4	83.11
H0031	Fee on File		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	0	999	10/01/2003	12/31/9999	1	93.00
H0032	Fee on File		MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	0	999	10/01/2003	12/31/9999	1	18.45
H0035	Fee on File	Yes	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS	0	999	10/01/2003	12/31/9999	1	113.00
H0036	Fee on File		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	0	999	07/01/2012	12/31/9999	6	14.88
H0038	Fee on File		SELF-HELP/PEER SERVICES, PER 15 MINUTES	0	999	01/01/2012	12/31/9999	6	7.83
H0039	Fee on File	Yes	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES	0	999	07/01/2012	12/31/9999	40	27.50
H2011	Fee on File		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	0	999	07/01/2012	12/31/9999	32	30.00 FTF
H2012	Fee on File	Yes	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	6	20	07/01/2014	12/31/9999	5	32.00
H2021	Fee on File		COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	0	20	07/01/2012	12/31/9999	16	14.88
H2030	Fee on File	Yes	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	18	999	01/01/2012	12/31/9999	20	3.87
S9480	Fee on File	Yes	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	0	20	01/01/2012	12/31/9999	1	122.54
T1002	Fee on File		RN SERVICES, UP TO 15 MINUTES	0	999	07/01/2005	12/31/9999	4	18.45
T1017	Fee on File		TARGETED CASE MANAGEMENT, EACH 15 MINUTES	0	999	03/01/2015	12/31/9999	8	14.88
T1502	Fee on File		ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR	0	999	10/01/2003	12/31/9999	2	4.76
T2048	Fee on File	Yes	BEHAVIORAL HEALTH, LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL T	0	999	01/01/2012	12/31/9999	1	504.62