

Mental Health Physician Clinic Medicaid Covered Services
(Procedure Codes, Annual Limits, Payment Rates)
Effective December 1, 2011
REVISED with 2013 CPT Codes

Adult or Child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration/ Unit	Service Limit & Service Authorization Unit of Measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Telemed Y/N
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	43.80	no annual limit	N/A	Y
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	175.00	1 assessment every 6 months	Can	Y
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	300.00			Y
A/C	90801	Psychiatric Assessment - Interview (ends 12/31/12)	1 Assessment	1 Assessment	230.00	4 assessments/SFY	Can	Y
A/C	90802	Psychiatric Assessment - Interactive (ends 12/31/12)	1 Assessment	1 Assessment	230.00			Y
A/C	90791	Psychiatric Assessment - Diag Eval (effective 1/1/13)	1 Assessment	1 Assessment	230.00			Y
A/C	96101	Psychological Testing	1 hour	1 hour	100.00	6 hours/SFY	Can	Y
A/C	96101-U6	Psychological Testing	15 minutes	15 minutes	25.00			Y
A/C	96118	Neuropsychological Testing	1 hour	1 hour	100.00	12 hours/SFY	Can	Y
A/C	96118-U6	Neuropsychological Testing	15 minutes	15 minutes	25.00			Y
A/C	90804	Psychotherapy, Individual (ends 12/31/12)	30 minutes	30 minutes	50.00	Limit for All Psychotherapy (Individual, Group, Family, Multi-Family Group) Services COMBINED Any combination of psychotherapy services; 10 hours/SFY	Can	Y
C	90810	Psychotherapy, Individual (ends 12/31/12)	30 minutes	30 minutes	50.00			Y
A/C	90832	Psychotherapy, Individual (effective 1/1/13)	16 - 37 minutes	30 minutes	50.00			Y
A/C	90806	Psychotherapy, Individual (ends 12/31/12)	60 minutes	60 minutes	100.00			Y
C	90812	Psychotherapy, Individual (ends 12/31/12)	60 minutes	60 minutes	100.00			Y
A/C	90834	Psychotherapy, Individual (effective 1/1/13)	38 - 52 minutes	60 minutes	100.00			Y
A/C	90837	Psychotherapy, Individual (effective 1/1/13)	53 - 60 minutes	60 minutes	100.00			Y
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	110.00			Y
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	55.00			Y
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	110.00			Y
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	55.00			Y
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	110.00			Y
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	55.00			Y
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	56.00			Y
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	28.00			Y

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A/C	90862	Pharmacologic Management (ends 12/31/12)	1 visit	1 visit	75.00	1 visit per week during first 4 weeks; 1 visit per month thereafter unless more frequent monitoring is required	N/A Document Clinical Record with necessity for more frequent monitoring	Y
A/C	H2010	Comprehensive Medication Services (effective 1/1/13)	1 visit	1 visit	75.00			Y
A/C	S9484	Short-term Crisis Intervention Service	1 hour	1 hour	92.00	22 hours/SFY	Can	N
A/C	S9484-U6	Short-term Crisis Intervention Service	15 minutes	15 minutes	23.00			N
A/C	Q3014	Facilitation of Telemedicine	1 case presentation	1 case presentation	62.43	N/A	N/A	N/A

Services that are provided via telemedicine require a procedure code modifier of "GT" to designate that the service was not performed in person. When applicable, providers should report multiple procedure code modifiers with a single procedure code as appropriate. For example, report both modifier U7 and GT with procedure code 90847 if the family psychotherapy with the patient present was provided for 30 minutes via telemedicine (90847-U7-GT)