

Independent Psychologist Medicaid Covered Services eff. 7/1/21

Adult or Child A=Adult C=Child	Procedure Code / Modifier	Service Description	Duration	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 Yes/No		
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 42.83	1 per admission to program	Cannot	Yes		
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 437.50	1 assessment every 6 months	Can	Yes		
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$ 503.13	1 assessment every 6 months	Can	Yes		
A/C	90791	Psychiatric Assessment - Diag Eval	1 Assessment	1 Assessment	\$ 573.60	4 assessment/SFY	Can	No		
A/C	90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 65.32	Limit for All Psychotherapy (Individual, Group, Family, Multi- Family Group) Services COMBINED Any combination of psychotherapy services; 10 hours/SFY	Can	Yes		
A/C	90834	Psychotherapy, Individual	38-52 minutes	60 minutes	\$ 97.99			Yes		
A/C	90837	Psychotherapy, Individual	53-60	60 minutes	\$ 130.65			Yes		
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 137.43			Yes		
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 68.71			Yes		
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 133.51			Yes		
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 66.67			Yes		
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 53.41			Yes		
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 26.69			Yes		
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 52.26			Yes		
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 26.13			Yes		
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 41.01			no annual limit	N/A	Yes
A/C	96105	Assessment of Aphasia	60 minutes	60 minutes	\$ 148.68			no annual limit	N/A	Yes
A/C	96110	Developmental Test, Limited	60 minutes	60 minutes	\$ 12.26	no annual limit	N/A	Yes		
A/C	96112	Developmental Test Physician/Qualified Health Plan 1st Hour	60 minutes	60 minutes	\$ 196.72	no annual limit	N/A	Yes		
A/C	96113	Developmental Test Physician/Qualified Health Plan Each Additional Hour	60 minutes	60 minutes	\$ 88.19	no annual limit	N/A	Yes		
A/C	96116	Neurobehavioral Status Exam	60 minutes	60 minutes	\$ 144.91	no annual limit	N/A	Yes		
A/C	96121	Neurobehavioral Status Exam Physician/Qualified Health Plan Each Additional Hour	60 minutes	60 minutes	\$ 124.68	no annual limit	N/A	Yes		
A/C	96130	Psychological Test Evaluation Physician/Qualified Health Plan 1st Hour	60 minutes	60 minutes	\$ 183.99	no annual limit	N/A	No		
A/C	96131	Psychological Test Evaluation Physician/Qualified Health Plan Each Additional Hour	60 minutes	60 minutes	\$ 139.51	no annual limit	N/A	No		
A/C	96132	Neuropsychological Testing Evaluation Physician/Qualified Health Plan 1st Hour	60 minutes	60 minutes	\$ 199.64	no annual limit	N/A	Yes		
A/C	96133	Neuropsychological Testing Evaluation Physician/Qualified Health Plan Each Additional Hour	60 minutes	60 minutes	\$ 155.54	no annual limit	N/A	Yes		
A/C	96136	Psychological/Neuropsychological Testing Evaluation Physician/Qualified Health Plan 1st 30 minutes	30 minutes	30 minutes	\$ 64.83	no annual limit	N/A	Yes		
A/C	96137	Psychological/Neuropsychological Testing Evaluation Physician/Qualified Health Plan Each Additional	30 minutes	30 minutes	\$ 57.89	no annual limit	N/A	Yes		
A/C	96146	Psychological/Neuropsychological Testing Evaluation Physician/Qualified Health Plan Automated Result	1 test	N/A	\$ 2.38	no annual limit	N/A	Yes		

Services that are provided via telemedicine require a procedure code modifier "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)