

FEE SCHEDULE - Independent Psychologists

Effective: 12/23/2022

Version date: September 28, 2022

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 Y/N
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 44.50	No annual limit	N/A	Y
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 454.56	No annual limit	N/A	Y
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$ 522.75	No annual limit	N/A	Y
A/C	90791	Psychiatric Assessment - Diag Eval	1 Assessment	1 Assessment	\$ 595.97	No annual limit	N/A	Y
A/C	90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 67.87	No annual limit	N/A	Y
A/C	90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 101.81	No annual limit	N/A	Y
A/C	90837	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 135.75	No annual limit	N/A	Y
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 142.79	No annual limit	N/A	Y
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 71.39	No annual limit	N/A	Y
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 138.72	No annual limit	N/A	Y
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 69.27	No annual limit	N/A	Y
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 55.49	No annual limit	N/A	Y
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 27.73	No annual limit	N/A	Y
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 54.30	No annual limit	N/A	Y
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 27.15	No annual limit	N/A	Y
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 42.61	No annual limit	N/A	Y
A/C	96105	Assessment of Aphasia	60 minutes	60 minutes	\$ 148.68	No annual limit	N/A	Y
A/C	96110	Developmental Test, Limited	60 minutes	60 minutes	\$ 12.26	No annual limit	N/A	Y
A/C	96112	Developmental Test Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 196.72	No annual limit	N/A	Y
A/C	96113	Developmental Test Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 88.18	No annual limit	N/A	Y
A/C	96116	Neurobehavioral Status Exam	60 minutes	60 minutes	\$ 144.91	No annual limit	N/A	Y
A/C	96121	Neurobehavioral Status Exam Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 124.68	No annual limit	N/A	Y
A/C	96130	Psychological Test Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 183.99	6 hours	Can	Y
A/C	96131	Psychological Test Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 139.51	6 hours	Can	Y
A/C	96132	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 199.64	12 hours	Can	Y
A/C	96133	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 155.54	12 hours	Can	Y
A/C	96136	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st 30 minutes	30 minutes	30 minutes	\$ 64.83	12 hours	Can	Y
A/C	96137	Neuropsychological Testing Evaluation	30 minutes	30 minutes	\$ 57.89	12 hours	Can	Y

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A/C	96146	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Automated Result	1 test	N/A	\$ 2.38	N/A	N/A	Y

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