

Independent Psychologist Medicaid Covered Services eff. 7/1/20

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	\$ 41.95	1 per admission to program	Cannot	Yes
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 428.50	1 assessment every 6 months	Can	Yes
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$ 492.78	1 assessment every 6 months	Can	Yes
A/C	90791	Psychiatric Assessment - Diag Eval	1 Assessment	1 Assessment	\$ 561.80	4 assessment/SFY	Can	No
A/C	90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 63.98	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	45 minutes	\$ 95.97			Yes
A/C	90837	Psychotherapy, Individual	53-60	60 minutes	\$ 127.96			Yes
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 134.60			Yes
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 67.30			Yes
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 130.76			Yes
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 65.30			Yes
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 52.31			Yes
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 26.14			Yes
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 51.19			Yes
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 25.59			Yes
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 40.17			no annual limit
A/C	96105	Assessment of Aphasia	60 minutes	60 minutes	\$ 162.07	no annual limit	N/A	Yes
A/C	96110	Developmental Test, Limited	60 minutes	60 minutes	\$ 12.81	no annual limit	N/A	Yes
A/C	96112	Developmental Test Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 218.73	no annual limit	N/A	Yes
A/C	96113	Developmental Test Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 98.04	no annual limit	N/A	Yes
A/C	96116	Neurobehavioral Status Exam	60 minutes	60 minutes	\$ 155.93	no annual limit	N/A	Yes

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A/C	96121	Neurobehavioral Status Exam Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 136.37	no annual limit	N/A	Yes
A/C	96130	Psychological Test Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 195.81	6 hours/SFY	Can	No
A/C	96131	Psychological Test Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 150.08	6 hours/SFY	Can	No
A/C	96132	Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st Hour	60 minutes	60 minutes	\$ 214.38	12 hours/SFY	Can	Yes
A/C	96133	Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional Hour	60 minutes	60 minutes	\$ 161.42	12 hours/SFY	Can	Yes
A/C	96136	Psychological/Neuropsychological Testing Evaluation Physician/Qualified Health Professional 1st 30 minutes	30 minutes	30 minutes	\$ 69.90	12 hours/SFY	Can	Yes
A/C	96137	Psychological/Neuropsychological Testing Evaluation Physician/Qualified Health Professional Each Additional	30 minutes	30 minutes	\$ 63.55	12 hours/SFY	Can	Yes
A/C	96146	Psychological/Neuropsychological Testing Evaluation Physician/Qualified Health Professional Automated Result	1 test	N/A	\$ 2.60	N/A	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