

MEDICAID PROGRAM

CLINICAL PSYCHOLOGY

PROCEDURE CODES &

FEE SCHEDULE

GENERAL INFORMATION AND INSTRUCTIONS

1. The fees in this schedule include payment for the face-to-face encounter (time spent in direct contact) with the patient and/or family, the preparation for that encounter, and the post encounter services including analysis or review of records or tests, updating of records, and communication with the referent or patient through written reports and telephone contact.
2. Codes 90832-90837 describe psychotherapy for the individual patient, although times are for face-to-face services with patient and may include informant(s) (family members, guardians, or significant others). The patient must be present for all or a majority of the service.
3. Code 90853 is to be used to bill per patient for one and one-half hour sessions which involve a minimum of two and a maximum of eight patients seen in the same setting at the same time for a similar therapeutic purpose.
4. Listed fees are the maximum reimbursable Medicaid fees.

Clinical Psychology Procedure Codes & Fee Schedule

PROCEDURE CODES

| <u>Code</u> | <u>Description</u> | <u>Non-Facility Fee</u> | <u>Facility Fee</u> |
|-------------|---|-------------------------|---------------------|
| 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing (do not report 70555 unless 96020 is performed) | BR | BR |
| 90785 | Interactive complexity (List separately in addition to the code for primary procedure) | 2.95 | 2.46 |
| 90791 | Psychiatric diagnostic evaluation | 94.19 | 60.38 |
| 90832 | Psychotherapy, 30 minutes with patient | 39.03 | 25.21 |
| 90834 | Psychotherapy, 45 minutes with patient | 49.95 | 37.79 |
| 90837 | Psychotherapy, 60 minutes with patient | 73.07 | 57.05 |
| 90846 | Family psychotherapy (without the patient present), 50 minutes | 53.00 | 43.35 |
| 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | 66.17 | 52.03 |
| 90849 | Multiple-family group psychotherapy | 20.08 | 15.08 |
| 90853 | Group psychotherapy (other than of a multiple family group) (1 and ½ hours, per person, maximum 8 persons per group) | 18.86 | 14.69 |
| 96020 | Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report | BR | BR |
| 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; first hour | 87.22 | NA |
| 96113 | each additional 30 minutes (list separately in addition to code for primary procedure) | 38.97 | NA |
| 96130 | 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 caregiver(s), when performed first hour | 74.63 | 58.30 |
| 96131 | each additional hour (List separately in addition to code for primary procedure) | 56.68 | 44.34 |

Clinical Psychology Procedure Codes & Fee Schedule

| | | | |
|-------|---|-------|-------|
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | 30.59 | 13.23 |
| 96137 | each additional 30 minutes (List separately in addition to code for primary procedure) | 28.31 | 10.35 |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes | 10.10 | NA |
| 99407 | intensive, greater than 10 minutes | 19.19 | NA |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes | 20.20 | NA |
| G0109 | Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes | 11.11 | NA |
| H0049 | Alcohol and/or drug screening | 24.24 | NA |
| H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes | 24.24 | NA |
| T1013 | Sign language or oral interpretive services, per 15 minutes | 11.11 | NA |