

**Licensed Psychological Associate Fee Schedule
Provider Specialty 128**

Code	Mod	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
90801		Per Clinical Intake	per event	\$ 101.37	\$ 87.09	7/1/2008
90802		Interactive Evaluation	per event	\$ 107.43	\$ 93.90	7/1/2008
90804		Individual Therapy (20-30 min)	per time limit	\$ 42.58	\$ 37.07	7/1/2008
90806		Individual Therapy (45-50 min)	per time limit	\$ 60.47	\$ 56.72	7/1/2008
90808		Individual Therapy (75-80 min)	per time limit	\$ 89.33	\$ 85.32	7/1/2008
90810		Interactive Therapy (20-30 min)	per time limit	\$ 45.19	\$ 40.43	7/1/2008
90812		Interactive Therapy (45-50 min)	per time limit	\$ 65.67	\$ 59.91	7/1/2008
90814		Interactive Therapy (75-80 min)	per time limit	\$ 94.02	\$ 89.02	7/1/2008
90816		Individual Therapy (20-30 min)	per time limit	\$ 40.13	\$ 40.13	7/1/2008
90818		Individual Therapy (45-50 min)	per time limit	\$ 59.76	\$ 59.76	7/1/2008
90821		Individual Therapy (75-80 min)	per time limit	\$ 88.64	\$ 88.64	7/1/2008
90823		Interactive Therapy (20-30 min)	per time limit	\$ 43.35	\$ 43.35	7/1/2008
90826		Interactive Therapy (45-50 min)	per time limit	\$ 63.67	\$ 63.67	7/1/2008
90828		Interactive Therapy (75-80 min)	per time limit	\$ 92.36	\$ 92.36	7/1/2008
90846		Family Therapy w/o patient	per event	\$ 58.91	\$ 57.90	7/1/2008
90847		Family Therapy w/patient	per event	\$ 73.31	\$ 69.56	7/1/2008
90849		Group therapy (multi-family)	per event	\$ 21.97	\$ 19.97	7/1/2008
90853		Group therapy (other than of a multi-family group)	per event	\$ 20.80	\$ 19.55	7/1/2008
90857		Interactive Group Psychotherapy	per event	\$ 23.36	\$ 20.86	7/1/2008
96101		Psychological testing	per hour	\$ 57.89	\$ 57.38	7/1/2008
96110		Developmental Testing (limited)	per event	\$ 7.21	\$ 7.21	7/1/2009
96111		Developmental Testing (extended)	per event	\$ 87.02	\$ 85.52	7/1/2008
96116		Neurobehavioral status Exam	per hour	\$ 64.63	\$ 60.62	7/1/2008
96118		Neuropsychological Testing	per hour	\$ 73.55	\$ 59.62	7/1/2009
H0001		Behavioral Health Assessment	15 minutes	\$ 22.00	\$ 22.00	2/1/2005
H0004		Behavioral Health Counseling and Therapy	15 minutes	\$ 22.00	\$ 22.00	2/1/2005
H0004	HQ	DMH Outpatient Treatment Group	15 minutes	\$ 8.11	\$ 8.11	2/1/2005
H0004	HR	DMH Outpatient Tx Family Therapy w/Client	15 minutes	\$ 22.00	\$ 22.00	2/1/2005
H0004	HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$ 22.00	\$ 22.00	2/1/2005
H0005		Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$ 8.11	\$ 8.11	2/1/2005
H0031		Mental Health Assessment	15 minutes	\$ 22.00	\$ 22.00	2/1/2005