

**Licensed Psychologist Fee Schedule
Provider Specialty 109**

Code	Mod	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
90801		Per Clinical Intake	per event	\$ 135.16	\$ 116.12	7/1/2008
90802		Interactive Evaluation	per event	\$ 143.24	\$ 125.20	7/1/2008
90804		Individual Therapy (20-30 min)	per time limit	\$ 56.77	\$ 49.42	7/1/2008
90806		Individual Therapy (45-50 min)	per time limit	\$ 80.63	\$ 75.62	7/1/2008
90808		Individual Therapy (75+ min)	per time limit	\$ 119.10	\$ 113.76	7/1/2008
90810		Interactive Therapy -30 min	per time limit	\$ 60.25	\$ 53.91	7/1/2008
90812		Interactive Therapy -50 min	per time limit	\$ 87.56	\$ 79.88	7/1/2008
90814		Interactive Therapy -80 min	per time limit	\$ 125.36	\$ 118.69	7/1/2008
90816		Individual Therapy (30 min)	per time limit	\$ 53.51	\$ 53.51	7/1/2008
90818		Individual Therapy (50 min)	per time limit	\$ 79.68	\$ 79.68	7/1/2008
90821		Individual Therapy (80 min)	per time limit	\$ 118.18	\$ 118.18	7/1/2008
90823		Interactive Therapy (30 min)	per time limit	\$ 57.80	\$ 57.80	7/1/2008
90826		Interactive Therapy (50 min)	per time limit	\$ 84.89	\$ 84.89	7/1/2008
90828		Interactive Therapy (80 min)	per time limit	\$ 123.14	\$ 123.14	7/1/2008
90846		Family Therapy w/o patient	per event	\$ 78.54	\$ 77.20	7/1/2008
90847		Family Therapy w/patient	per event	\$ 97.75	\$ 92.74	7/1/2008
90849		Group therapy	per event	\$ 29.29	\$ 26.62	7/1/2008
90853		Group therapy	per event	\$ 27.73	\$ 26.06	7/1/2008
90857		Interactive Group Psychotherapy	per event	\$ 31.15	\$ 27.81	7/1/2008
96101		Psychological testing	per hour	\$ 77.18	\$ 76.51	7/1/2008
96110		Developmental Testing	per event	\$ 9.61	\$ 9.61	7/1/2009
96111		Developmental Testing	per hour	\$ 116.03	\$ 114.03	7/1/2008
96116		Neurobehavioral status Exam	per hour	\$ 86.17	\$ 80.82	7/1/2008
96118		Neuropsychological Testing	per hour	\$ 98.07	\$ 79.49	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