

ATTACHMENT 1

Medical Assistance Program Fee Schedule

National Code	Pricing Modifier	Information Modifier	MA fee	Description	Unit of Service	Limits
90801	UB	HB	75.00	Psychiatric diagnostic interview examination	occurrence	2 per year
90802	UB	HB	75.00	Interactive psychiatric diagnostic interview examination	occurrence	
90804	UB	HB	26.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, face to face	30 min	*
90806	UB	HB	39.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, face to face	45 min	*
90808	UB	HB	65.00	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, face to face	75 min	*
90810		HB	26.00	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face	30 min	*
90812		HB	39.00	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face	45 min	*
90814		HB	65.00	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, face to face	75 min	*
90846	UB	HB	13.00	Family psychotherapy (without patient present)	15 min	Minimum 2 units *
90847	UB	HB	13.00	Family psychotherapy (conjoint psychotherapy) with patient present	15 min	Minimum 2 units *
90853	UB	HB	3.50	Group Psychotherapy (other than for a multiple-family group)	15 min	Minimum 1 hr *
96100	UB	HB	31.00	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMP) with interpretation and report (per hour)(individual, not group)	occurrence	One comprehensive diagnostic psychological evaluation or no more than \$80 worth of individual psychological or intellectual evaluations per 365 days
96100	TF	HB	40.00	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMP) with interpretation and report (per hour)(thermatic)	occurrence	
96100		HB	20.00	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMP) with interpretation and report (per hour)(pen & paper)	occurrence	
96100	UB	HB	31.00	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMP) with interpretation and report (per hour)(pen & paper)	occurrence	
96100	TG	HB	80.00	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMP) with interpretation and report (per hour)	occurrence	
96117		HB	40.00	Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) w/ interpretation and report, per hour	occurrence	
H0034		HK & HB	20.00	Medication training & support	15 min	5 per calendar month **

90862	UB	HB	15.00	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	15 min	3 per 30 days **
H0034		HB	20.00	Medication training & support	15 min	4 per calendar month
H2010		HK & HB	30.00	Comprehensive Medication Services, per 15 minutes	15 min	1 per week and only for clients with any one of the following diagnosis codes: 295.1X, 295.2X, 295.3X, 295.6X and 295.9X (X = any numeric value) Diagnosis must be valid and payable per PROMISE

PLACE OF SERVICE: 15 = mobile

*5 hours per 30 days

** 90826/UB and H0034/HK limited to any combination of 5 per calendar month