

**MADERA COUNTY MENTAL HEALTH PLAN
NETWORK PROVIDER REIMBURSEMENT RATES**

Fiscal Year 2018 - 2019

HCPC/CPT



LCSW, LMFT, PhD, MD

CODES

Rates

Office or Other Outpatient Facility

Individual Psychotherapy O/P (approximately 16-37 min)	30	90832	\$33.00
Individual Psychotherapy O/P (approximately 45-50 min) / (45 minutes)	45	90834	\$48.00
Individual Psychotherapy O/P (approximately 53 + min) / (60 minutes)	60	90837	\$64.00
Psychotherapy - initial evaluation without medical services		90791	\$64.00
Psychotherapy - initial evaluation with medical services		90792	\$64.00
Group Psychotherapy (other than a multiple-family group)		90853	\$21.00
Interactive group Psychotherapy		90853	\$21.00

Central Nervous System Assessment / Tests

Psychological Testing (administering test, interpreting test and preparing report)		96101	\$122.00
Psychological Testing (administered by a computer with interpreting and report)		96103	\$61.00

Evaluation and Management Office or Other Outpatient Facility

Office Other Outpatient Visit- New Patient (typically 10 minutes)	10	99201	\$14.00
Office Other Outpatient Visit- New Patient (typically 20 minutes)	20	99202	\$29.00
Office Other Outpatient Visit- New Patient (typically 30 minutes)	30	99203	\$43.00
Office Other Outpatient Visit- New Patient (typically 45 minutes)	45	99204	\$64.00
Office Other Outpatient Visit- New Patient (typically 60 minutes)	60	99205	\$86.00
Office Other Outpatient Visit-Established (typically 5 minutes)	5	99211	\$7.00
Office Other Outpatient Visit-Established (typically 10 minutes)	10	99212	\$14.00
Office Other Outpatient Visit-Established (typical 15 minutes)	15	99213	\$21.00
Office Other Outpatient Visit-Established (typically 25 minute)	25	99214	\$36.00
Office Other Outpatient Visit-Established (typically 40 minutes)	40	99215	\$57.00

MD Only

Other Psychiatric Services or Procedures

Pharmacologic Management (typically 15 min.)	15	90863	\$29.00
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Hospital Inpatient Services

Hospital Care - Initial (typically 30 min.)	30	99221	\$65.00
Hospital Care - Initial (typically 50 min.)	50	99222	\$98.00
Hospital Care - Initial (typically 70 min.)	70	99223	\$126.00
Hospital Care - Subsequent (typically 15 min)	15	99231	\$30.00
Hospital Care - Subsequent (typically 25 min)	25	99232	\$43.00
Hospital Care - Subsequent (typically 35 min)	35	99233	\$58.00
Inpatient Consultation - (one per admission) (typically 20 min.)	20	99251	\$29.00
Inpatient Consultation - (one per admission) (typically 40 min.)	40	99252	\$57.00
Inpatient Consultation - (one per admission) (typically 55min.)	55	99253	\$79.00
Inpatient Consultation - (one per admission) (typically 80 min.)	80	99254	\$114.00
Inpatient Consultation - (one per admission) (typically 110 min.)	110	99255	\$157.00

Emergency Department Services

Psychotherapy & Emergency Services (30 minutes with modifier)	30	90832	\$36.00
Psychotherapy & Emergency Services (45 minutes with modifier)	45	90834	\$54.00
Psychotherapy & Emergency Services (60 minutes with modifier)	60	90834	\$72.00
Psychotherapy for patient in crisis (per contact)		90834	\$36.00

Nursing Facility Services New or Established Patient

Nursing Facility Initial (typically 25)	25	99304	\$64.00
Nursing Facility Initial (typically 35)	35	99305	\$89.00
Nursing Facility Initial (typically 45)	45	99306	\$114.00

Subsequent Nursing Facility Care

Subsequent Nursing Facility (typically 10)	10	99307	\$19.00
Subsequent Nursing Facility (typically 15)	15	99308	\$30.00
Subsequent Nursing Facility (typically 25)	25	99309	\$43.00
Subsequent Nursing Facility (typically 35)	35	99310	\$60.00