

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

LCSW, LMFT, PhD, MD	HCPC/CPT	Rates	HCPC/CPT	
	CODES		CODES	
	July 1		Jan 1	
Office or Other Outpatient Facility				
Individual Psychotherapy O/P (approximately 20-30 min) / (30 minutes)	90804	\$30.00	90832	\$30.00
Individual Psychotherapy O/P (approximately 45-50 min) / (45 minutes)	80806	\$60.00	90834	\$45.00
Individual Psychotherapy O/P (approximately 75-80 min) / (60 minutes)	90808	\$75.00	90808	\$60.00
Psychotherapy – initial evaluation without Medical services non-physician	N/A		90791	\$60.00
Psychotherapy – initial evaluation without Medical services physician	N/A		90792	\$60.00
Group Psychotherapy (other than a multiple-family group)	90853	\$30.00	90853	\$30.00
Interactive group Psychotherapy	90857	\$30.00	90853	\$30.00
Family Psychotherapy (without the patient present)	90846	\$30.00	N/A	
Family Psychotherapy (conjoint psychotherapy with patient present)	90847	\$30.00	N/A	
Special Services, Procedures and Reports				
Medical Testimony (only once in a 30 day period)	99075	\$60.00	99075	\$60.00
Central Nervous System Assessment / Tests				
Psychological Testing (administering test, interpreting test and preparing report)	96101	\$120.00	96101	\$120.00
Psychological Testing (administered by a computer with interpreting and report)	96103	\$60.00	96103	\$60.00
Evaluation and Management Office or Other Outpatient Facility				
Office Other Outpatient Visit- New Patient (10 minutes)	99201	\$13.30	99201	\$13.30
Office Other Outpatient Visit- New Patient (20 minutes)	99202	\$26.60	99202	\$26.60
Office Other Outpatient Visit- New Patient (30 minutes)	99203	\$39.90	99203	\$39.90
Office Other Outpatient Visit- New Patient (45 minutes)	99204	\$59.85	99204	\$59.85
Office Other Outpatient Visit- New Patient (60 minutes)	99205	\$79.80	99205	\$79.80
Office Other Outpatient Visit-Established (5 minutes)	99211	\$6.65	99211	\$6.65
Office Other Outpatient Visit-Established (10 minutes)	99212	\$13.30	99212	\$13.30
Office Other Outpatient Visit-Established (15 minutes)	99213	\$19.95	99213	\$19.95
Office Other Outpatient Visit-Established (25 minutes)	99214	\$33.25	99214	\$33.25
Office Other Outpatient Visit-Established (40 minutes)	99215	\$53.20	99215	\$53.20
MD Only				
Other Psychiatric Services or Procedures				
Pharmacologic Management (15 min.)	90862	\$28.05	N/A	
Hospital Inpatient Services				
Hospital Care - Initial (typically 30 min.)	99221	\$52.50	99221	\$52.50
Hospital Care - Initial (typically 50 min.)	99222	\$87.50	99222	\$87.50
Hospital Care - Initial (typically 70 min.)	99223	\$112.20	99223	\$112.20
Hospital Care - Subsequent (typically 15 min)	99231	\$28.05	99231	\$28.05
Hospital Care - Subsequent (typically 25 min)	99232	\$40.00	99232	\$40.00
Hospital Care - Subsequent (typically 35 min)	99233	\$56.10	99233	\$56.10
Inpatient Consultation – (one per admission) (typically 20 min.)	99251	\$26.60	99251	\$26.60
Inpatient Consultation – (one per admission) (typically 40 min.)	99252	\$53.20	99252	\$53.20
Inpatient Consultation – (one per admission) (typically 55min.)	99253	\$79.80	99253	\$79.80
Inpatient Consultation – (one per admission) (typically 80 min.)	99254	\$106.40	99254	\$106.40
Inpatient Consultation – (one per admission) (typically 110 min.)	99255	\$146.30	99255	\$146.30
Emergency Department Services				
Emergency Department (moderate severity)	90832	\$36.86	N/A	
Emergency Department (high severity but do not posed a immediate significant threat to life or physiologic function)	99284	\$36.86	N/A	
Emergency Department (high severity and posed a immediate significant threat to life or physiologic function)	99285	\$36.86	N/A	
Psychotherapy & Emergency Services (30 minutes with modifier)	N/A		90832	\$70.80
Psychotherapy & Emergency Services (45 minutes with modifier)	N/A		90834	\$106.20
Psychotherapy & Emergency Services (60 minutes with modifier)	N/A		90834	\$141.60
Psychotherapy for patient in crisis (per contact)			90834	\$30.00
Nursing Facility Services New or Established Patient				
Nursing Facility Initial (typically 25)	99304	\$62.33	99304	\$62.33
Nursing Facility Initial (typically 35)	99305	\$87.26	99305	\$87.26
Nursing Facility Initial (typically 45)	99306	\$112.20	99306	\$112.20
Subsequent Nursing Facility Care				
Subsequent Nursing Facility (typically 10)	99307	\$16.00	99307	\$16.00
Subsequent Nursing Facility (typically 15)	99308	\$24.00	99308	\$24.00
Subsequent Nursing Facility (typically 25)	99309	\$40.00	99309	\$40.00
Subsequent Nursing Facility (typically 35)	99310	\$56.10	99310	\$56.10