

**UPDATED BILLING GUIDELINES FOR THERAPEUTIC AND EVALUATIVE MENTAL HEALTH SERVICES FOR CHILDREN (FORMERLY BILLING GUIDELINES FOR COMMUNITY- BASED MENTAL HEALTH SERVICES)  
Effective July 1, 2011**

**Providers must refer to the current CPT and HCPCS codebooks for proper coding.**

<b>Service</b>	<b>Procedure Code</b>	<b>Payment Rate per Unit</b>	<b>Maximum Units per Day</b>	<b>Allowable Place of Service Codes</b>	<b>Yearly Standard</b>
Individual Therapy	90804 90806 90808 90810 90812 90814	\$ 58.05 \$ 78.48 \$115.66 \$ 60.05 \$ 85.89 \$123.91	1 service	03,11,12,22,99	36
Family Therapy	90846 90847	\$74.11 \$92.21	1 service	03,11,12,22,99	24
Assessment	H0031	\$110.00	1 service	03,11,12,22,99	24
Group Therapy	90853 90857	\$ 27.85 \$ 31.91	2 services	03,11,22,99	45

<b>Service</b>	<b>Procedure Code</b>	<b>Payment Rate per Unit</b>	<b>Maximum Units per Day</b>	<b>Allowable Place of Service Codes</b>	<b>Yearly Standard</b>
Psychological Evaluation	96101	\$85.68	4 units	03,11,12,22,99	4 units
Developmental Evaluation	96110	\$38.87	1 service	03,11,12,22,99	1 service
	96111	\$109.75			1 service
Neuropsychological Evaluation	96118	\$100.00	10 units	03,11,12,22,99	10 units
Day Treatment	H2012	\$2.00	5 units	03, 11, 22	None