

**BILLING GUIDELINES FOR PSYCHIATRISTS AND PSYCHIATRIC MENTAL HEALTH NURSE
PRACTITIONERS FOR MENTAL HEALTH/PSCHIATRY SERVICES
Effective July 1, 2011**

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

Service	Procedure Code	Payment Rate per Unit	Maximum Units per Day
Psychiatric Interview	90801 90802	\$134.27 \$145.76	1 service
Individual Therapy, Office	90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815	\$58.05 \$66.12 \$78.48 \$91.92 \$115.66 \$129.35 \$60.05 \$74.33 \$85.89 \$ 99.63 \$123.91 \$140.25	1 service
Individual Therapy, Inpatient Hospital or Residential Care Facility	90816 90817 90818 90819 90821 90822 90823 90824 90826 90827 90828 90829	\$48.90 \$58.76 \$72.59 \$84.24 \$107.69 \$121.10 \$53.32 \$63.39 \$77.63 \$88.07 \$112.12 \$124.92	1 service
Family Therapy	90846 90847 90849	\$74.11 \$92.21 \$29.56	1 service

Group Therapy	90853 90857	\$ 27.85 \$ 31.91	2 services
Medication Management	90862	\$50.18	1 service
Electroconvulsive Therapy	90870	\$144.41	1 service

Please refer to Section 55.19 of the Provider Policy Manual for Yearly Service Limits for Adults and Yearly Service Standards for Children Under Twenty-One (21) Years Old.