

**UPDATED BILLING GUIDELINES FOR THERAPEUTIC AND EVALUATIVE  
MENTAL HEALTH SERVICES FOR EXPANDED EPSDT  
Effective July 1, 2016**

<b>Service</b>	<b>2016 Procedure Code</b>	<b>Modifier</b>	<b>Payment Rate per Unit</b>	<b>Allowable Place of Service Codes</b>	<b>Yearly Standard</b>
Psychotherapy	90832 90834 90837	HA	\$56.01 \$74.46 \$111.93	03, 11, 12, 22, 99	36
Family Therapy	90846 90847	HA	\$90.25 \$93.47	03, 11, 12, 22, 99	24
Psychiatric Diagnostic Evaluation	90791	HA	\$115.27	03, 11, 12, 22, 99	
Group Therapy	90853	HA	\$ 22.47	03, 11, 22, 99	24
Psychological Evaluation	96101	HA	\$70.23	03, 11, 12, 22, 99	4
Brief Behavioral Health Assessment (Screening) *	96127	HA	\$4.10	03, 11, 12, 22, 99	12
Developmental Evaluation	96111	HA	\$111.96	03, 11, 12, 22, 99	2
Neuropsychological Evaluation	96118	HA	\$84.43	03, 11, 12, 22, 99	10
Interactive Complexity	90785	HA	\$12.22	03, 11, 12, 22, 99	None

Updated 09/14/2016jb

**Providers must maintain proper and complete documentation to justify the service provided and refer to the current CPT Code Book for proper coding.**