UNITED BEHAVIORAL HEALTH (OHBS)

2014 cpt code version

Effective Date: 1/1/2015

Natl Std

CPT Code	Service	Fee: MD	Fee: PhD	Fee: MA	Fee: RN
90791	Psychiatric Diagnostic Evaluation without Medical Services	110.00	83.00	75.00	75.00
90792	Psychiatric Diagnostic Evaluation with Medical Services	110.00	83.00	75.00	75.00
90832	Psychotherapy, 30 Min.	60.00	39.00	35.00	35.00
90834	Psychotherapy, 45 Min.	95.00	69.00	60.00	60.00
90837	Psychotherapy, 60 Min.	110.00	83.00	75.00	75.00
90839	Psychotherapy for crisis, first 60 min.	95.00	93.00	95.00	95.00
90846	Family Psychotherapy, without pt present	95.00	69.00	60.00	60.00
90847	Family/Couple Psychotherapy	95.00	69.00	60.00	60.00
90849	Multiple-family Group Psychotherapy	40.00	39.00	40.00	40.00
90853	Group Psychotherapy	40.00	39.00	40.00	40.00
90870	ECT, single seizure and multiple seizure per day	95.00	0.00	0.00	0.00
90889	Preparation of Reports of patient's psychiatric status, history	95.00	69.00	60.00	60.00
90899	Unlisted Psych Service (Programs)	0.00	0.00	0.00	0.00
90901	Biofeedback	95.00	69.00	60.00	60.00
96101	Psych Testing: MMPI per hour, Interpreting and preparing report	0.00	69.00	0.00	0.00
96102	Psych Testing: MMPI per hour, administered by tech	0.00	69.00	0.00	0.00
96103	Psych Testing: MMPI per hour, adminstered by computer. Interpretation and report	0.00	69.00	0.00	0.00
96116	Neurobehavioral Status Exam with interpretation and report per hour	95.00	69.00	0.00	0.00
96118	Neuropsychological Testing Battery, per hour	95.00	69.00	0.00	0.00
96119	Neuropsychological Testing Battery, per hour, administered by tech	95.00	69.00	0.00	0.00
96120	Neuropsychological Testing Battery, per hour, administered by computer. Interpretation and report	95.00	69.00	0.00	0.00
96150	Health and Behavioral Assessment, each 15 min, face to face	30.00	29.00	30.00	30.00
96151	Health and Behavioral Assessment, each 15 min, face to face	30.00	29.00	30.00	30.00
96152	Health and Behavior Intervention, each 15 min, face to face, ind	30.00	29.00	30.00	30.00
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	30.00	29.00	30.00	30.00
96154	Health and Behavior Intervention, each 15 min, w/family & pt	30.00	29.00	30.00	30.00
96155	Health and Behavior Intervention, each 15 min, w/family & w/o pt.	30.00	29.00	30.00	30.00
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	21.99	Not Valid	Not Valid	21.99
99201	E&M of new patient, (10 minutes)	40.00	Not Valid	Not Valid	25.20
99202	E&M of new patient, (20 minutes)	40.00	Not Valid	Not Valid	25.20
99203	E&M of new patient, Presenting problem(s) are moderate severity (30 minutes)	50.00	Not Valid	Not Valid	31.50

99204	E&M of new patient, Presenting problem(s) are moderate to high severity (45 minutes)	90.00	Not Valid	Not Valid	56.70
99205	E&M of new patient, Presenting problem(s) are moderate to high severity (60 minutes)	105.00	Not Valid	Not Valid	66.15
99211	E&M of an established patient, Presenting problem(s) are minimal (5 minutes)	35.00	Not Valid	Not Valid	25.00
99212	E&M of an established patient, (10 minutes)	40.00	Not Valid	Not Valid	25.20
99213	E&M of an established patient, (15 minutes)	40.00	Not Valid	Not Valid	25.20
99214	E&M of an established patient. Presenting problem(s) are moderate to high severity (25 minutes)	53.00	Not Valid	Not Valid	33.39
99215	E&M of an established patient. Presenting problem(s) are moderate to high severity (40 minutes)	88.00	Not Valid	Not Valid	55.44
99221	Initial Hospital Care (30 min.)	50.00	37.00	31.50	31.50
99222	Initial Hospital Care (50 min.)	90.00	67.00	56.70	56.70
99223	Initial Hospital Care (70 min.)	105.00	78.00	66.15	66.15
99231	Subsequent Hospital Care (15 min.)	43.00	0.00	0.00	0.00
99232	Subsequent Hospital Care (25 min.)	56.00	0.00	0.00	0.00
99233	Subsequent Hospital Care (35 min.)	72.00	0.00	0.00	0.00
99234	Observation or I/P hosp care including admission & discharge on the same day low severity	130.70	128.00	Not Valid	appr needed
99235	Observation or I/P hosp care including admission & discharge on the same day moderate severity	128.73	126.00	Not Valid	appr needed
99236	Observation or I/P hosp care including admission and discharge on the same date	135.00	132.00	Not Valid	0.00
99238	Hospital Discharge Services	95.00	0.00	0.00	0.00
99239	Hospital Discharge Services (greater than 30 mins)	95.00	0.00	0.00	0.00
99241	Office/Other Outpt Consult (15 min.)	42.00	29.00	Not Valid	25.00
99242	Office/Other Outpt Consult (30 min.)	55.00	34.00	Not Valid	30.00
99243	Office/Other Outpt Consult (40 min.)	105.00	78.00	Not Valid	66.15
99244	Office/Other Outpt Consult (60 min.)	105.00	78.00	Not Valid	66.15
99245	Office/Other Outpt Consult (80 min.)	105.00	78.00	Not Valid	66.15
99251	Initial Inpatient Consult (20 min.)	55.00	44.00	35.00	35.00
99252	Initial Inpatient Consult (40 min.)	105.00	78.00	66.15	66.15
99253	Initial Inpatient Consult (55 min.)	105.00	78.00	66.15	66.15
99254	Initial Inpatient Consult (80 min.)	105.00	78.00	66.15	66.15
99255	Initial Inpatient Consult (110 min.)	105.00	78.00	66.15	66.15
99281	Emergency Room Visit - straightforward problem focused exam	105.00	78.00	66.15	66.15
99282	Emergency Room Visit - expanded problem focus - low	105.00	78.00	66.15	66.15
99283	Emergency Room Visit - expanded problem focus - moderate	165.00	162.00	165.00	165.00
99284	Emergency Room Visit - detailed exam - moderate complexity	165.00	162.00	165.00	165.00
99285	Emergency Room Visit - detailed exam - urgent and comprehensive	165.00	162.00	165.00	165.00
99304	Nsg Facility Assessment Low	80.00	64.00	65.00	80.00
99305	Nsg Facility Assessment Moderate	120.00	103.00	105.00	120.00
99306	Nsg Facility Assessment High	160.00	137.00	140.00	160.00
99307	Subsequent Nsg Facility Care (10 min.)	45.00	34.00	35.00	45.00
99308	Subsequent Nsg Facility Care Low (15 min.)	65.00	54.00	55.00	65.00

99309	Subsequent Nsg Facility Care Moderate (25 min.)	85.00	74.00	75.00	85.00
99310	Subsequent Nsg Facility Care High (35 min.)	115.00	103.00	105.00	115.00
99318	E&M N/E Annual Nurse Facility	70.00	39.00	30.00	30.00
99324	Domiciliary or rest home visit for the evaluation and management of a new patient. (20 Minutes)	80.00	78.00	80.00	80.00
99325	Domiciliary or rest home visit for the evaluation and management of a new patient (30 minutes)	80.00	78.00	80.00	80.00
99326	Domiciliary or rest home visit for the evaluation and management of a new patient (45 minutes)	120.00	118.00	120.00	120.00
99327	Domiciliary or rest home visit for the evaluation and management of a new patient (60 minutes)	160.00	157.00	160.00	160.00
99328	Domiciliary or rest home visit for the evaluation and management of a new patient (75 minutes)	160.00	157.00	160.00	160.00
99334	Domiciliary or rest home visit for the evaluation and management of an established patient (15 minutes)	65.00	64.00	65.00	65.00
99335	Domiciliary or rest home visit for the evaluation and management of an established patient (25 minutes)	65.00	64.00	65.00	65.00
99336	Domiciliary or rest home visit for the evaluation and management of an established patient (40 minutes)	85.00	83.00	85.00	85.00
99337	Domiciliary or rest home visit for the evaluation and management of an established patient (60 minutes)	130.00	127.00	130.00	130.00
99341	Home Visit - New Pt/low severity	110.00	0.00	0.00	110.00
99342	Home Visit - New Pt/moderate severity	130.00	0.00	0.00	130.00
99343	Home Visit - New Pt/high severity	160.00	0.00	0.00	160.00
99347	Home Visit - Established Pt/stable	110.00	0.00	0.00	110.00
99348	Home Visit - Established Pt/poor response to tx	130.00	0.00	0.00	130.00
99349	Home Visit - Established Pt/signi. complication	160.00	0.00	0.00	160.00
99383	Inpatient History and Physical- initial (5-11 yrs)	105.00	0.00	0.00	0.00
99384	Inpatient History and Physical- (12-17 yrs)	105.00	0.00	0.00	0.00
99385	Inpatient History and Physical- (18-39 yrs)	105.00	0.00	0.00	0.00
99386	Inpatient History and Physical- (40-64 yrs)	105.00	0.00	0.00	0.00
99408	Alcohol/SA abuse(other than tobacco) screening & brief intervention. 15-30 minutes	35.00	29.00	25.00	25.00
99409	Alcohol/SA abuse(other than tobacco) screening & brief intervention. > 30 minutes	60.00	54.00	50.00	50.00
99441	Telephonic evaluation 5-10 minutes	14.00	12.00	10.00	10.00
99442	Telephonic evaluation 11-20 minutes	28.00	23.00	20.00	20.00
99443	Telephonic evaluation 21-30 minutes	42.00	27.00	25.00	25.00
99510	CPT Codes Home visit for individual, family, or marriage counseling	0.00	70.00	70.00	0.00
H0004	Family-Based Therapy (15 Min)	15.00	15.00	15.00	15.00
H0031	Mental Health Assessment by Non-Physician (60 Min)	0.00	118.00	120.00	120.00
H0032	MH Service Plan Development by Non-Physician	0.00	15.00	15.00	15.00
H0046	Mental Health Services, Not Otherwise Specified (60 Min)	30.00	29.00	30.00	30.00
H2012	Behavioral Health Day Treatment, per Hour - Child/Adolescent	60.00	59.00	60.00	60.00
H2014	Skills Training and Development (15 Min)	8.00	8.00	8.00	8.00
H2019	Therapeutic Behavioral Services (15 Min)	15.00	15.00	15.00	15.00
H2021	In-Home Intervention/Community-Based Wrap Around Services	15.00	15.00	15.00	15.00

T1013	Sign language or oral interpretive services, per 15 minutes	0.00	0.00	11.00	0.00
T1016	Case Management (15 Min)	10.00	10.00	10.00	10.00
T2022	Case Management Per Month	443.50	443.50	443.50	443.50
Add-On Code:					
90785	Interactive complexity	5.00	4.00	3.75	3.75
90833	Psychotherapy pt&/fam w/e&m 30 min	40.00	33.00	Not Valid	30.00
90836	Psychotherapy pt&/fam w/e&m 45 min	60.00	50.00	Not Valid	45.00
90838	Psychotherapy pt&/fam w/e&m 60 min	80.00	67.00	Not Valid	60.00
90840	Psychotherapy crisis each additional 30 min	5.00	4.00	3.75	3.75
90863	Pharmacologic mgmt with psychotherapy	Not Valid	Not Valid	Not Valid	Not Valid