

Provider Type 26 Psychologist Reimbursement Rates

Updated: **May 1, 2015**

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Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Proc Code	Description	Mod	Rate
90785	Psytx complex interactive		4.40
90791	Psych diagnostic evaluation		139.46
90792	Psych diag eval w/med srvc		113.76
90832	Psytx pt&/family 30 minutes		57.78
90833	Psytx pt&/fam w/e&m 30 min		38.06
90834	Psytx pt&/family 45 minutes		73.92
90836	Psytx pt&/fam w/e&m 45 min		61.72
90837	Psytx pt&/family 60 minutes		108.15
90838	Psytx pt&/fam w/e&m 60 min		99.49
90839	Psytx crisis initial 60 min		112.55
90840	Psytx crisis ea addl 30 min		56.27
90845	PSYCHOANALYSIS		79.69
90846	FAMILY PSYTX W/O PATIENT		81.42
90847	FAMILY PSYTX W/PATIENT		97.85
90849	MULTIPLE FAMILY GROUP PSYTX		28.53
90853	GROUP PSYCHOTHERAPY		29.85
90875	PSYCHOPHYSIOLOGICAL THERAPY		67.08
90876	PSYCHOPHYSIOLOGICAL THERAPY		97.85
90901	BIOFEEDBACK TRAIN ANY METH		39.69
90911	BIOFEEDBACK PERI/URO/RECTAL		56.92
96020	FUNCTIONAL BRAIN MAPPING	26	33.14
96101	PSYCHO TESTING BY PSYCH/PHYS		79.91
96102	PSYCHO TESTING BY TECHNICIAN		36.94
96103	PSYCHO TESTING ADMIN BY COMP		23.13
96111	DEVELOPMENTAL TEST EXTEND		112.36
96116	NEUROBEHAVIORAL STATUS EXAM		89.95

96118	NEUROPSYCH TST BY PSYCH/PHYS			107.92
96119	NEUROPSYCH TESTING BY TEC			55.62
96120	NEUROPSYCH TST ADMIN W/COMP			40.14
96127	Brief emotional/behav assmt			4.82
96150	ASSESS HLTH/BEHAVE INIT			22.77
96151	ASSESS HLTH/BEHAVE SUBSEQ			22.15
96152	INTERVENE HLTH/BEHAVE INDIV			21.23
96153	INTERVENE HLTH/BEHAVE GROUP			4.62
96154	INTERV HLTH/BEHAV FAM W/PT			20.62
99224	SUBSEQUENT OBSERVATION CARE			25.59
99225	SUBSEQUENT OBSERVATION CARE			45.16
99226	SUBSEQUENT OBSERVATION CARE			67.61
H0002	ALCOHOL AND/OR DRUG SCREENIN			30.77
H0004	ALCOHOL AND/OR DRUG SERVICES	HQ		7.25
H0004	ALCOHOL AND/OR DRUG SERVICES			30.28
H0031	MH HEALTH ASSESS BY NON-MD			182.59
H0038	SELF-HELP/PEER SVC PER 15MIN	HQ		1.58
H0038	SELF-HELP/PEER SVC PER 15MIN			7.88
H2011	CRISIS INTERVEN SVC, 15 MIN	HT		34.22
H2011	CRISIS INTERVEN SVC, 15 MIN	GT		12.17
H2011	CRISIS INTERVEN SVC, 15 MIN			21.71
H2012	BEHAV HLTH DAY TREAT, PER HR			32.43
H2014	SKILLS TRAIN AND DEV, 15 MIN	HQ		2.27
H2014	SKILLS TRAIN AND DEV, 15 MIN			9.09
H2017	PSYSOC REHAB SVC, PER 15 MIN	HQ		3.60
H2017	PSYSOC REHAB SVC, PER 15 MIN			14.38
Q3014	TELEHEALTH FACILITY FEE	GT		24.24
Q3014	TELEHEALTH FACILITY FEE	GQ		24.24
Q3014	TELEHEALTH FACILITY FEE			24.24
T1016	CASE MANAGEMENT			8.61