

FEE SCHEDULE - LPC
 Effective: 12/23/2022
 Version date: September 28, 2022

Adult or child A=Adult C=Child	Procedure Code/ Modifier	Service Description	Duration	Service Limit & Service Authorization Unit of measure	Unit Payment	Limits- per State Fiscal Year (SFY) unless otherwise indicated	Can or Cannot be extended with Service Authorization	Department Program Approval Category	Telemed Y/N
A/C	T1023	Behavioral Health Screen	1 screening	N/A	\$ 44.50	No annual limit	N/A	All program Approval Types	Y
A/C	H0031	Mental Health Intake Assessment	1 Assessment	1 Assessment	\$ 454.56	No annual limit	N/A	Clinic	Y
A/C	H0031-HH	Integrated Mental Health & Substance Use Intake Assessment	1 Assessment	1 Assessment	\$ 522.75	No annual limit	N/A	Clinic	Y
A/C	90832	Psychotherapy, Individual	16-37 minutes	30 minutes	\$ 67.87	No annual limit	N/A	Clinic	Y
A/C	90834	Psychotherapy, Individual	38-52 minutes	45 minutes	\$ 101.81	No annual limit	N/A	Clinic	Y
A/C	90837	Psychotherapy, Individual	53-60 minutes	60 minutes	\$ 135.75	No annual limit	N/A	Clinic	Y
A/C	90846	Psychotherapy, Family (w/o patient present)	60 minutes	60 minutes	\$ 142.79	No annual limit	N/A	Clinic	Y
A/C	90846-U7	Psychotherapy, Family (w/o patient present)	30 minutes	30 minutes	\$ 71.39	No annual limit	N/A	Clinic	Y
A/C	90847	Psychotherapy, Family (with patient present)	60 minutes	60 minutes	\$ 138.72	No annual limit	N/A	Clinic	Y
A/C	90847-U7	Psychotherapy, Family (with patient present)	30 minutes	30 minutes	\$ 69.27	No annual limit	N/A	Clinic	Y
A/C	90849	Psychotherapy, Multi-family group	60 minutes	60 minutes	\$ 55.49	No annual limit	N/A	Clinic	Y
A/C	90849-U7	Psychotherapy, Multi-family group	30 minutes	30 minutes	\$ 27.73	No annual limit	N/A	Clinic	Y
A/C	90853	Psychotherapy, Group	60 minutes	60 minutes	\$ 54.30	No annual limit	N/A	Clinic	Y
A/C	90853-U7	Psychotherapy, Group	30 minutes	30 minutes	\$ 27.15	No annual limit	N/A	Clinic	Y
A/C	99408	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	15 to 30 minute episode	N/A	\$ 42.61	No annual limit	N/A	Clinic/Rehab	Y

Services that are provided via telemedicine require a procedure code modifier "GT" to designate that the service was not performed in person. When applicable, providers should report multiple procedure code modifiers with a single procedure code as appropriate. For example, report both modifier U7 and GT with procedure code 90847 if the family psychotherapy with the patient present was provided for 30 minutes via telemedicine (90847-U7-GT)