Certified Clinical Supervisor Fee Schedule

Provider Specialty 129

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the

Code	Mod	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
90816		Individual Therapy (20-30 min)	per time limit	$ 38.55	$ 38.55	7/1/2012
90818		Individual Therapy (45-50 min)	per time limit	$ 57.44	$ 57.44	7/1/2012
90821		Individual Therapy (75-80 min)	per time limit	$ 80.78	$ 80.78	7/1/2012
90823		Interactive Therapy (20-30 min)	per time limit	$ 41.64	$ 41.64	7/1/2012
90826		Interactive Therapy (45-50 min)	per time limit	$ 60.94	$ 60.94	7/1/2012
90828		Interactive Therapy (75-80 min)	per time limit	$ 88.13	$ 88.13	7/1/2012