

**Licensed Clinical Nurse Specialist Fee Schedule
Provider Specialty 111**

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 DMA Web site.

Code	Description	Unit	Non-Facility Fee	Facility Fee	Effective Date
90785	Interactive complexity Add-On	per event	\$ 3.37	\$ 3.37	1/1/2013
90791	Psychiatric diagnostic evaluation	per event	\$ 106.58	\$ 83.76	1/1/2013
90832	Psychotherapy, 16-37 minutes	per event	\$ 44.40	\$ 35.18	1/1/2013
90834	Psychotherapy, 38-52 minutes	per event	\$ 57.67	\$ 52.83	1/1/2013
90837	Psychotherapy, 53+ minutes	per event	\$ 84.51	\$ 79.66	1/1/2013
90839	Psychotherapy for crisis, 30-74 minutes	per event	\$ 106.49	\$ 99.81	1/1/2013
90840	Psychotherapy for crisis, each additional 30 minutes beyond initial 74min, up to two add-ons per 90839	per event	\$ 89.65	\$ 83.18	1/1/2013
90846	Family Therapy w/o patient	per event	\$ 61.40	\$ 59.96	7/1/2012
90847	Family Therapy w/patient	per event	\$ 76.24	\$ 71.92	7/1/2012
90849	Group therapy (multi-family)	per event	\$ 22.87	\$ 20.93	7/1/2012
90853	Group therapy (other than of a multi-family group)	per event	\$ 21.74	\$ 20.53	7/1/2012