

## Crime Victims Compensation Program Mental Health Fees Effective July 01, 2021

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Crime Victims Compensation Program Mental Health Fees Effective July 23, 2021

CPT® Code	MD Non Facility	MD Facility	Psychologist Non Facility	Psychologist Facility	ARNP Non Facility	ARNP Facility	Master Level Non Facility	Master Level Facility
90785	\$28.49	\$25.25	\$28.49	\$25.25	\$28.49	\$25.25	\$18.52	\$16.41
90791	\$264.79	\$231.12	\$264.79	\$231.12	\$264.79	\$231.12	\$172.11	\$150.23
90792	\$293.27	\$259.61	\$293.27	\$259.61	\$293.27	\$259.61	\$190.63	\$168.75
90832	\$129.48	\$115.88	\$129.48	\$115.88	\$129.48	\$115.88	\$84.16	\$75.32
90833	\$132.72	\$120.42	\$132.72	\$120.42	\$132.72	\$120.42	N/A	N/A
90834	\$172.21	\$154.08	\$172.21	\$154.08	\$172.21	\$154.08	\$111.94	\$100.15
90836	\$153.44	\$136.07	\$168.32	\$152.14	\$153.40	\$136.07	N/A	N/A
90837	\$256.50	\$244.65	\$256.50	\$244.65	\$256.50	\$244.65	\$166.73	\$146.23
90838	\$201.49	\$179.49	\$201.49	\$179.49	\$201.49	\$179.49	N/A	N/A
90839	\$244.34	\$213.65	Non Covered	Non Covered	\$244.34	\$213.65	Non Covered	Non Covered
90840	\$117.54	\$102.58	Non Covered	Non Covered	\$117.54	\$102.48	Non Covered	Non Covered
90845	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered
90846	\$58.00	\$57.60	\$58.00	\$57.60	\$58.00	\$57.60	\$58.00	\$57.60
90847	\$194.22	\$193.57	\$194.22	\$193.57	\$194.22	\$193.57	\$126.24	\$125.82
90849	\$20.60	\$20.60	\$20.60	\$20.60	\$20.60	\$20.60	\$13.39	\$13.39
90853	\$51.14	\$45.97	\$51.14	\$45.97	\$51.14	\$45.97	\$30.11	\$26.34
90863	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered
90865	\$317.87	\$236.95	N/A	N/A	\$317.87	\$236.95	N/A	N/A
90867	100% charged	100% charged	Non Covered	Non Covered	100% charged	100% charged	Non Covered	Non Covered
90868	100% charged	100% charged	Non Covered	Non Covered	100% charged	100% charged	Non Covered	Non Covered
90869	100% charged	100% charged	N/A	N/A	100% charged	100% charged	N/A	N/A
90870	\$332.76	\$203.93	\$332.76	\$203.93	\$332.76	\$203.93	N/A	N/A
90875	\$115.24	\$114.59	\$115.24	\$114.59	\$115.24	\$114.59	\$74.91	\$74.48
90876	\$182.39	\$163.28	\$182.39	\$163.28	\$182.39	\$163.28	\$118.55	\$106.13
90880	\$182.39	\$149.96	\$182.39	\$149.96	\$182.39	\$149.96	\$118.55	\$97.48
90882	\$80.54	\$80.54	\$80.54	\$80.54	\$80.54	\$80.54	\$52.35	\$52.35
90885	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled
90887	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled
90889	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled	Bundled
90899	100% charges	100% charges	100% charges	100% charges	100% charges	100% charges	100% charges	100% charges
96101	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	N/A	N/A
96102	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	N/A	N/A
96103	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	N/A	N/A
96105	\$173.12	\$173.12	\$173.12	\$173.12	\$173.12	\$173.12	N/A	N/A
96110	\$19.11	\$19.11	\$19.11	\$19.11	\$19.11	\$19.11	N/A	N/A

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<b>CPT® Code</b>	<b>MD Non Facility</b>	<b>MD Facility</b>	<b>Psychologist Non Facility</b>	<b>Psychologist Facility</b>	<b>ARNP Non Facility</b>	<b>ARNP Facility</b>	<b>Master Level Non Facility</b>	<b>Master Level Facility</b>
96111	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	N/A	N/A
96116	\$165.02	\$140.70	\$165.02	\$140.70	\$165.02	\$140.70	N/A	N/A
96118	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	N/A	N/A
96119	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	N/A	N/A
96120	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered	Non Covered
N/A - Not applicable								

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LOCAL CODES	Description	MD/Psychologist		ARNP		Master Level	
		Non Facility	Facility	Non Facility	Facility	Non Facility	Facility
<b>Administrative codes</b>							
0101C	Telephone conference with or about claimant for therapeutic or diagnostic purposes. Requires written justification, identification of parties involved, report of conference, and department authorization (excludes other reporting required by law, i.e., child protective services).	\$59.06	\$42.10	\$59.06	\$42.10	\$38.39	\$27.37
1040M	Completion of application for benefits form.	\$43.15	\$43.15	\$43.15	\$43.15	\$43.15	\$43.15
1041M	Completion of reopening application form. Diagnostic studies associated with the reopening exam will be allowed in addition to this fee.	\$56.09	\$56.09	\$56.09	\$56.09	\$56.09	\$56.09
1046M	Provider mileage, per mile, when round trip exceeds 14 miles	\$5.53	\$5.53	\$5.53	\$5.53	\$5.53	\$5.53
1063M	Attending provider review of IME/IMHE report.	\$43.15	\$43.15	\$43.15	\$43.15	\$43.15	\$43.15
<b>Consultation codes</b>							
0128C	Limited Consultation - A limited consultation is conducted without the client present. Service is limited to the review of records and consultation with the treating therapist for the purpose of evaluation of a diagnostic or therapeutic challenge, and treatment recommendations. A report is required from the consulting therapist.	\$76.75	\$59.57	\$76.75	\$59.57	\$49.88	\$38.72
0129C	Extensive Consultation - An extensive consultation includes a review of records and the examination of the client for the purpose of evaluation of a diagnostic or therapeutic challenge, and treatment recommendations. A report is required from the consulting therapist.	\$139.44	\$118.02	\$139.44	\$118.02	\$90.63	\$76.71
<b>Reporting codes</b>							
0116C	Treatment report, monitoring treatment only - <i>payable only when treatment costs are not being paid by Crime Victims Compensation Program.</i>	\$16.39	\$16.39	\$16.39	\$16.39	\$10.65	\$10.65
0122C	Initial Response and Assessment: Form I	\$34.62	\$34.62	\$34.62	\$34.62	\$22.50	\$22.50
0123C	Initial Response and Assessment: Form II	\$69.27	\$69.27	\$69.27	\$69.27	\$45.02	\$45.02
0124C	Progress Note: Form III	\$34.62	\$34.62	\$34.62	\$34.62	\$22.50	\$22.50
0125C	Treatment Report: Form IV	\$54.37	\$54.37	\$54.37	\$54.37	\$35.34	\$35.34
0126C	Treatment Report: Form V	\$54.37	\$54.37	\$54.37	\$54.37	\$35.34	\$35.34
0127C	Termination Report: Form VI	\$34.62	\$34.62	\$34.62	\$34.62	\$22.50	\$22.50
<b>Special Programs</b>							

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Non routine services requiring prior agreement with the Department. Approved special programs require prior authorization for each case.							
0112C	Adult self defense	BR	BR	BR	BR	BR	BR
0113C	Child self defense	BR	BR	BR	BR	BR	BR
0114C	Child/adolescent day treatment – Approved program intended to provide a range and mix of planned and structured services for seriously ill persons under the age of 18.	BR	BR	BR	BR	BR	BR
<b>HCPCS CPT® Codes</b>							
S9982	Med record copying per page	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56

BR - By Report