

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX D: PSYCHIATRIC CODES

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PSYCHIATRIC PROCEDURE CODES

The following are allowable *Current Procedure Terminology* (CPT) codes for psychiatric services:

Codes	Descriptions	Billing Limitations
90801 or 90802	Psychiatric Diagnostic or Evaluative Interview Procedures	Counts toward the outpatient visit service limit allowed per calendar year for adult Medicaid recipients (age 21 and older) Each code is reimbursable once per recipient per 365 days per attending provider.
90804 – 90815	Psychiatric Therapeutic Procedures	Counts toward the outpatient visit service limit allowed per calendar year for adult Medicaid recipients (age 21 and older)
96101	Psychological Testing	Reimbursable once per recipient per 365 days per attending provider. Providers shall bill all applicable units of service related to this procedure code on one date of service and not divide the units into multiple dates of service or claim lines. This procedure code is not counted toward the outpatient visit service limit allowed per calendar year for adult recipients (age 21 and older).

Providers must **refer to and follow the entire policy on Psychiatric Services.**

NOTE: If nationally approved changes occur to CPT codes for psychiatric services at a future date, providers are to follow the most accurate coding available for covered services for that particular date of service, unless otherwise directed.