

Crime Victims Compensation Program Mental Health Fees Effective July 01, 2025

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Crime Victims Compensation Program Mental Health Fees Effective July 23, 2017

| 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 | \$26.25 | \$22.75 | \$26.25 | \$22.75 | \$26.25 | \$22.75 | \$26.25 | \$22.75 |
| 90791 | \$307.98 | \$261.90 | \$307.98 | \$261.90 | \$307.98 | \$261.90 | \$307.98 | \$261.90 |
| 90792 | \$347.06 | \$299.82 | \$347.06 | \$299.82 | \$347.06 | \$299.82 | \$347.06 | \$299.82 |
| 90832 | \$145.83 | \$125.99 | \$145.83 | \$125.99 | \$145.83 | \$125.99 | \$145.83 | \$125.99 |
| 90833 | \$134.16 | \$134.16 | \$134.16 | \$134.16 | \$134.16 | \$134.16 | N/A | N/A |
| 90834 | \$192.49 | \$166.82 | \$192.49 | \$166.82 | \$192.49 | \$166.82 | \$192.49 | \$166.00 |
| 90836 | \$170.32 | \$149.91 | \$170.32 | \$149.91 | \$170.32 | \$149.91 | N/A | N/A |
| 90837 | \$284.65 | \$246.74 | \$284.65 | \$246.74 | \$284.65 | \$246.74 | \$284.65 | \$246.74 |
| 90838 | \$226.32 | \$200.07 | \$226.32 | \$200.07 | \$226.32 | \$200.07 | N/A | N/A |
| 90839 | \$274.15 | \$238.57 | Non Covered | Non Covered | \$274.15 | \$238.57 | Non Covered | Non Covered |
| 90840 | \$134.16 | \$118.41 | Non Covered | Non Covered | \$134.16 | \$118.41 | \$134.16 | \$118.41 |
| 90845 | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered |
| 90846 | \$180.82 | \$180.24 | \$180.82 | \$180.24 | \$180.82 | \$180.24 | \$180.82 | \$180.24 |
| 90847 | \$187.14 | \$185.94 | \$187.14 | \$185.94 | \$187.14 | \$185.94 | \$187.14 | \$185.94 |
| 90849 | \$70.00 | \$54.25 | \$70.00 | \$54.25 | \$70.00 | \$54.25 | \$70.00 | \$54.25 |
| 90853 | \$51.91 | \$44.33 | \$51.91 | \$44.33 | \$51.91 | \$44.33 | \$51.91 | \$44.33 |
| 90863 | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered |
| 90865 | \$289.32 | \$214.07 | N/A | N/A | \$289.32 | \$214.07 | N/A | N/A |
| 90867 | \$581.14 | \$581.14 | Non Covered | Non Covered | \$581.14 | \$581.14 | Non Covered | Non Covered |
| 90868 | \$464.91 | \$464.91 | Non Covered | Non Covered | \$464.91 | \$464.91 | Non Covered | Non Covered |
| 90869 | \$511.40 | \$511.40 | N/A | N/A | \$511.40 | \$511.40 | N/A | N/A |
| 90870 | \$312.65 | \$184.91 | \$312.65 | \$184.91 | \$312.65 | \$184.91 | N/A | N/A |
| 90875 | \$104.41 | \$103.24 | \$104.41 | \$103.24 | \$104.41 | \$103.24 | \$104.41 | \$103.24 |
| 90876 | \$186.07 | \$165.66 | \$186.07 | \$165.66 | \$186.07 | \$165.66 | \$186.07 | \$165.66 |
| 90880 | \$183.74 | \$150.49 | \$183.74 | \$150.49 | \$183.74 | \$150.49 | \$183.74 | \$150.49 |
| 90882 | \$86.74 | \$86.74 | \$86.74 | \$86.74 | \$86.74 | \$86.74 | \$86.74 | \$86.74 |
| 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 | \$174.41 | \$174.41 | \$174.41 | \$174.41 | \$174.41 | \$174.41 | N/A | N/A |

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|----------------------|----------------------------|------------------------|--------------------------------------|----------------------------------|------------------------------|--------------------------|--------------------------------------|----------------------------------|
| 96110 | \$21.58 | \$21.58 | \$21.58 | \$21.58 | \$21.58 | \$21.58 | N/A | N/A |
| 96111 | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | Non Covered | N/A | N/A |
| 96116 | \$163.91 | \$139.99 | \$163.91 | \$139.99 | \$163.91 | \$139.99 | 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 | | | | | | | | |
| | | | | | | | | |

Crime Victims Compensation Program Mental Health Fees Effective July 23, 2017

| LOCAL CODES | Description | MD/Psychologist | | ARNP | | Master Level | |
|----------------------|--|-----------------|----------|--------------|----------|--------------|----------|
| Administrative codes | | Non Facility | Facility | Non Facility | Facility | Non Facility | Facility |
| 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 | \$59.06 | \$42.10 |
| 1040M | Completion of application for benefits form. | \$46.47 | \$46.47 | \$46.47 | \$46.47 | \$46.47 | \$46.47 |
| 1041M | Completion of reopening application form. Diagnostic studies associated with the reopening exam will be allowed in addition to this fee. | \$60.41 | \$60.41 | \$60.41 | \$60.41 | \$60.41 | \$60.41 |
| 1046M | Provider mileage, per mile, when round trip exceeds 14 miles | \$5.96 | \$5.96 | \$5.96 | \$5.96 | \$5.96 | \$5.96 |
| 1063M | Attending provider review of IME/IMHE report. | \$46.48 | \$46.48 | \$46.48 | \$46.48 | \$46.48 | \$46.48 |
| Consultation codes | | | | | | | |
| 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. | \$201.16 | \$154.97 | \$201.16 | \$154.97 | \$201.16 | \$154.97 |
| 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. | \$367.82 | \$307.59 | \$367.82 | \$307.59 | \$367.82 | \$307.59 |
| Reporting codes | | | | | | | |
| 0116C | Treatment report, monitoring treatment only - <i>payable only when treatment costs are not being paid by Crime Victims Compensation Program.</i> | \$24.59 | \$24.59 | \$24.59 | \$24.59 | \$24.59 | \$24.59 |
| 0122C | Initial Response and Assessment: Form I | \$43.51 | \$43.51 | \$43.51 | \$43.51 | \$43.51 | \$43.51 |
| 0123C | Initial Response and Assessment: Form II | \$87.02 | \$87.02 | \$87.02 | \$87.02 | \$87.02 | \$87.02 |
| 0124C | Progress Note: Form III | \$43.51 | \$43.51 | \$43.51 | \$43.51 | \$43.51 | \$43.51 |
| 0125C | Treatment Report: Form IV | \$59.75 | \$59.75 | \$59.75 | \$59.75 | \$59.75 | \$59.75 |
| 0126C | Treatment Report: Form V | \$59.75 | \$59.75 | \$59.75 | \$59.75 | \$59.75 | \$59.75 |
| 0127C | Termination Report: Form VI | \$43.51 | \$43.51 | \$43.51 | \$43.51 | \$43.51 | \$43.51 |

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| Special Programs | | | | | | | |
|--|---|--------|--------|--------|--------|--------|--------|
| 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 |
| HCPCS CPT® Codes | | | | | | | |
| S9982 | Med record copying per page | \$0.60 | \$0.60 | \$0.60 | \$0.60 | \$0.60 | \$0.60 |

BR - By Report