



Idaho Department of Health & Welfare

Division of Behavioral Health

The following table includes the Division of Behavioral Health's published rates for reimbursement of services:

Procedure Code	Service Description	Unit	Rate Limit
90791	Psychiatric Diagnostic Evaluation	Per Assessment	\$102
90792	Psychiatric Diagnostic Evaluation with Medical Services	Per Assessment	\$125
90832	Psychotherapy, 30 min *with patient and/or family member	Per Session	\$47.50
90834	Psychotherapy, 45 min *with patient and/or family member	Per Session	\$71.40
90837	Psychotherapy, 60 min *with patient and/or family member	Per Session	\$95.20
90846	Family Therapy without Patient Present	Per 15 min	\$23.80
90847	Family Therapy with Patient	Per 15 min	\$23.80
90849	Multi-Family Group Psychotherapy	Per 15 min	\$12.00
90853	Group Psychotherapy, other than a multi-family group	Per Session	\$22.25
96120	Neuropsychological Testing Battery, Interpretation and report (administered by computer)	60 min	\$70.34
96130	Psychological Testing, Interpreting and Report; *first hour	60 min	\$103.42
96131	Psychological Testing, Interpreting and Report; *each additional hour	60 min	\$78.78
96132	Neuropsychological Testing Evaluation *first hour	60 min	\$74.39
96133	Neuropsychological Testing Evaluation *each additional hour	60 min	\$88.14
96136	Psychological or Neuropsychological Test Administration and Scoring by Physician *first 30 minutes	30 min	\$40.28
96137	Psychological or Neuropsychological Test Administration and Scoring by Physician *each additional 30 minutes	30 min	\$37.20
96138	Psychological or Neuropsychological Test Administration and Scoring by Technician *first 30 minutes	30 min	\$31.47
96139	Psychological or Neuropsychological Test Administration and Scoring by Technician *each additional 30 minutes	30 min	\$31.47
96372	Injection	Per Injection	\$19.79
99202	New Outpatient: 20 Minutes	Per Session	\$51.68
99203	New Outpatient: 30 Minutes	Per Session	\$75.77
99204	New Outpatient: 45 Minutes	Per Session	\$116.61
99205	New Outpatient: 60 Minutes	Per Session	\$146.80
99212	Establish Outpatient: 10 Minutes	Per Session	\$30.80
99213	Establish Outpatient: 15 Minutes	Per Session	\$50.29
99214	Establish Outpatient: 25 Minutes	Per Session	\$75.68
99215	Establish Outpatient: 40 Minutes	Per Session	\$102.44
H0046	Case Coordination in Specialized MH Program	PMPM	\$30.00
H0046HK	Pharmacological Management in Specialized MH Program	1 Session	\$50.22
H0046HW	Case Coordination for MHC	PMPM	\$275
H0046PA	Parenting with Love and Limits (PLL) Program Administrative Services	Per Family Per TX Episode	Up to \$750
H0046PGC	Parenting with Love and Limits (PLL) Program Group Cohort Supplement	Per Group Cohort	\$500
H0046PR	Parenting with Love and Limits (PLL) Program Stages of Model Implementation Report	Per Year	\$5,000
H0032	BH Treatment Plan	Per 15 min	\$11.35
H0043HE	Homes with Adult Residential Treatment Services (HART)	Per Day	\$65.00

H0043HK	Homes with Adult Residential Treatment Services (HART) Enhanced	Per Day	\$76.42
H0046HE	1:1 Monitoring and Observation in a HART	Per Hour	1 to 6 \$45.00
			9 to 7 \$32.50
			10 to 12 \$28.33
			13 to 15 \$26.25
			16 to 18 \$25.00
			19 to 21 \$24.17
			22 to 24 \$23.57
H2011	Community Crisis Intervention	Per 15 min	\$11.04
H2017	Community Based Rehabilitative Services	Per 15 min	\$13.63
H2017HQ	Community Based Rehabilitative Services , Group	Per 15 min	\$3.75
T2048	Safe and Stable Housing/Adult Residential	Per Day	\$5.21
90899TF	Clinical Care Consultation	Per 15 min	\$23.80
0359T	Adaptive Behavior Assessment	Per Hour	\$50.00
T1005HK	Crisis Respite Services--Ind	Per 15 min	\$6.25
T1005	Respite Care Services—Ind	Per 15 min	\$7.55
T1005HQ	Respite Care Services—Group	Per 15 min	\$3.75
T1017	Behavioral Health Targeted Case Management	Per 15 min	\$12.09
Q3014GT	Telehealth Originating Site Fee	Per Session	\$20.00
T1014GT	Telehealth Transmission	Per 15 min	\$20.00
MHC1	Mental Health Court Phase 1 Services (4 month minimum required)	Per Participant/Per Month	Up to \$729.53
MHC2	Mental Health Court Phase 2 Services (4 month minimum required)	Per Participant/Per Month	Up to \$633.86
MHC3	Mental Health Court Phase 3 Services (4 month minimum required)	Per Participant/Per Month	Up to \$571.16
MHC4	Mental Health Court Phase 4 Services (4 month minimum required)	Per Participant/Per Month	Up to \$519.99
2524R	PSI GRRS Clinical Review	Per Review	\$38.00
2524A	PSI Mental Health Evaluation	Per Evaluation	\$185.00

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[If you have questions or would like more information, please contact your regional office.](#)