

Exhibit A - EVERNORTH Behavioral Health Maximum Reimbursement Rates

Outpatient Services

	<u>CPT</u>	<u>Time</u>	<u>Fee</u>
BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHN	0362T	15	\$20.00
ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES	0373T	15	\$20.00
DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEV	80305		\$10.00
DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEV	80306		\$14.00
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791		\$121.00
PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	90832		\$59.00
PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	90834		\$79.00
PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	90837		\$117.00
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	90839		\$122.00
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN	90840	30	\$59.00
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	90846		\$92.00
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50	90847		\$95.00
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	90849		\$35.00
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	90853		\$23.00
PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION AND REVIEW OF MEDICATIO	90863		\$22.00
INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAININ	90875	20-30 MIN	\$55.00
INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAININ	90876	45-50 MIN	\$92.00
HYPNOTHERAPY	90880		\$92.00
BIOFEEDBACK TRAINING BY ANY MODALITY	90901		\$34.00
NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING	96116	60 MIN	\$83.00
NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING	96121	60	\$72.00
BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTI	96127		\$4.00
PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIE	96130	60	\$126.00
PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIE	96131	60	\$98.00
NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUA	96132	60	\$141.00
NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUA	96133	60	\$107.00
PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY P	96136	30	\$50.00
PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY P	96137	30	\$46.00
PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY T	96138	30	\$40.00
PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY T	96139	30	\$40.00
PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUT	96146	60	\$3.00
BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER	97151	15	\$23.00
BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHN	97152	15	\$10.00
ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDE	97153	15	\$10.00
GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICA	97154	15	\$10.00
ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY	97155	15	\$20.00
FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN O	97156	15	\$20.00
MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED	97157	15	\$20.00
GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTER	97158	15	\$15.00
PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION	99404		\$79.00
CRITICAL INCIDENT RESPONSE SERVICES, PER HR	EAP01		\$150.00
ALL OTHER ON-SITE SERVICES, PER HR	EAP02		\$112.00

	<u>CPT</u>	<u>Time</u>	<u>Fee</u>
INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIM	90785		\$13.00
DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR G	96112		\$117.00
DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR G	96113		\$53.00
HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALTH-FOCUSED CLINICA	96156		\$83.00
HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; INITIAL 30 MINUT	96158		\$57.00
HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL	96159		\$20.00
HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FACE-TO-FACE;	96164		\$8.00
HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FACE-TO-FACE;	96165		\$4.00
HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO	96167		\$61.00

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HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO	96168		\$22.00
HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE	96170		\$69.00
HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE	96171		\$25.00
PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT	99354		\$111.00
PROLONGED SERVICE(S) IN THE OUTPATIENT SETTING REQUIRING DIRECT PATIENT	99355		\$84.00