



# 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:

**Effective Date: April 6, 2016**

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	1 session	\$47.50
90834	Psychotherapy, 45 min *with patient and/or family member	1 session	\$71.40
90837	Psychotherapy, 60 min *with patient and/or family member	1 session	\$95.20
90846	Family Therapy without Patient Present	Per 15 Min	\$23.80
90847	Family Therapy with Patient	Per 15 Min	\$23.80
96101	Psychological testing, Interpreting, and Report	60 min	\$95.20
90853	Group Psychotherapy, other than a multi-family group	1 session	\$22.25
96118	Neuropsychological Testing Battery	60 min	\$95.20
96120	Neuropsychological Testing Battery, Interpretation and report (administered by computer)	60 min	\$70.34
H0032	BH Treatment Plan	Per 15 min	\$11.35
H2011	Community Crisis Intervention	Per 15 min	\$11.04
H2017	Community Based Rehabilitative Services	Per 15 min	\$11.35
H2017 HQ	Community Based Rehabilitative Services , Group	Per 15 min	\$3.75
T1005HQ	Respite Care Services—Group	Per 15 min	\$2.50
T2048	Safe and Stable Housing/ Adult Residential	Per Day	\$5.21
90899TF	Clinical Care Consultation	Per 15 min	\$23.80
0359T	Adaptive Behavior Assessment	Hour	\$50.00

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