

# Horizon Behavioral Services LLC

## REIMBURSEMENT SCHEDULE

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### EAP Services

| CPT Code | Description of Service | Rate    |
|----------|------------------------|---------|
| 90801-52 | Initial Interview      | \$55.00 |
| 90806-52 | Follow-Up Session      | \$55.00 |

### Outpatient Services

| CPT Code | Description of Service                                      | Physician | Psychologist | Masters Level Therapist |
|----------|---|-----------|--------------|-------------------------|
| 90801    | Psychiatric Diagnostic Interview                            | \$125.00  | \$60.00      | \$55.00                 |
| 90805    | Individual Psychotherapy & Pharmacological Mgmt (20-30 Min) | \$75.00   | N/A          | N/A                     |
| 90806    | Individual Psychotherapy (45-50 Min)                        | \$85.00   | \$60.00      | \$55.00                 |
| 90807    | Individual Psychotherapy & Pharmacological Mgmt (45-50 Min) | N/A       | N/A          | N/A                     |
| 90847    | Family Conjoint Therapy                                     | \$85.00   | \$60.00      | \$55.00                 |
| 90853    | Group Psychotherapy   | N/A       | \$40.00      | \$25.00                 |
| 90862    | Pharmacological Mgmt  | \$55.00   | N/A          | N/A                     |
| 90870    | Electroconvulsive Therapy                                   | \$120.00  | N/A          | N/A                     |
| 96101    | Psychological Testing<br>60 Min (Maximum 3 Hours)           | \$85.00   | \$60.00      | N/A                     |

**NOTES:**

*Rates Not Applicable for All-Inclusive Programs*

*Failure to bill the correct code will result in a claims denial*

*Horizon Behavioral Services pays the lesser of billed charges or contracted rate*

*Failure to obtain prior authorization from Horizon Behavioral Services for the service code billed will result in a claims denial*

*Horizon Behavioral Services does not reimburse for late-cancels or no-shows.*

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
Provider Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

**EXECUTED BY:**

\_\_\_\_\_  
Provider Services Manager  
Horizon Behavioral Services LLC