

WPS Medicare
Kansas REVISED Mental Health Fee Schedule
Effective July 1, 2008 - December 31, 2008

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| NOTE | PROCEDURE | MOD | PAR AMOUNT | NON-PAR AMOUNT | LIMITING CHARGE |
|------|-----------|-----|------------|----------------|-----------------|
| | 90804 | | 61.87 | 58.78 | 67.60 |
| # | 90804 | | 54.12 | 51.41 | 59.12 |
| | 90805 | | 68.52 | 65.09 | 74.85 |
| # | 90805 | | 60.77 | 57.73 | 66.39 |
| | 90806 | | 88.08 | 83.68 | 96.23 |
| # | 90806 | | 82.80 | 78.66 | 90.46 |
| | 90807 | | 97.11 | 92.25 | 106.09 |
| # | 90807 | | 89.71 | 85.22 | 98.00 |
| | 90808 | | 130.20 | 123.69 | 142.24 |
| # | 90808 | | 124.56 | 118.33 | 136.08 |
| | 90809 | | 138.52 | 131.59 | 151.33 |
| # | 90809 | | 131.11 | 124.55 | 143.23 |
| | 90810 | | 65.72 | 62.43 | 71.79 |
| # | 90810 | | 59.03 | 56.08 | 64.49 |
| | 90811 | | 75.55 | 71.77 | 82.54 |
| # | 90811 | | 65.69 | 62.41 | 71.77 |
| | 90812 | | 95.56 | 90.78 | 104.40 |
| # | 90812 | | 87.47 | 83.10 | 95.57 |
| | 90813 | | 104.63 | 99.40 | 114.31 |
| # | 90813 | | 94.77 | 90.03 | 103.53 |
| | 90814 | | 136.96 | 130.11 | 149.63 |
| # | 90814 | | 129.92 | 123.42 | 141.93 |
| | 90815 | | 145.28 | 138.02 | 158.72 |
| # | 90815 | | 135.42 | 128.65 | 147.95 |
| | 90816 | | 58.49 | 55.57 | 63.91 |
| | 90817 | | 64.44 | 61.22 | 70.40 |
| | 90818 | | 87.13 | 82.77 | 95.19 |
| | 90819 | | 93.38 | 88.71 | 102.02 |
| | 90821 | | 129.28 | 122.82 | 141.24 |
| | 90822 | | 135.03 | 128.28 | 147.52 |
| | 90823 | | 63.19 | 60.03 | 69.03 |
| | 90824 | | 69.75 | 66.26 | 76.20 |
| | 90826 | | 92.83 | 88.19 | 101.42 |
| | 90827 | | 97.68 | 92.80 | 106.72 |
| | 90828 | | 134.69 | 127.96 | 147.15 |
| | 90829 | | 139.48 | 132.51 | 152.39 |

- THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.
C - THE PAYMENT FOR THE TECHNICAL COMPONENT IS CAPPED AT THE OPPTS AMOUNT.
LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.