

**FSY 2008
IOWA
CLINICAL PSYCHOLOGIST FEES**

SPECIALTY 68

CODE	FEE	*Facility Setting FEE
90801	139.25	120.39
90802	147.62	129.75
90804	58.54	51.26
90806	83.42	78.46
90808	123.31	118.02
90810	62.16	55.87
90812	90.49	82.88
90814	129.72	123.10
90816	55.38	55.38
90818	82.53	82.53
90821	122.47	122.47
90823	59.85	59.85
90826	87.91	87.91
90828	127.60	127.60
90845	76.84	75.18
90846	81.29	79.96
90847	101.05	96.08
90849	30.12	27.47
90853	28.60	26.95
90857	32.06	28.75
90880	101.28	92.34
96101	79.98	79.31
96102	46.08	21.25
96103	36.06	22.16
96105	60.07	60.07
96110	9.43	9.43
96111	119.48	117.50
96116	88.44	83.14
96118	102.67	81.82
96119	63.78	26.38
96120	57.57	21.83
96150	21.58	21.25
96151	20.82	20.49
96152	20.11	19.78
96153	4.61	4.28
96154	19.73	19.40
97532	22.00	22.00
97533	23.32	23.32

*These amounts apply when the service is performed in a facility setting. Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance coverage.