

COLUMN:

1	2	3	4
TOS	CODE	DESCRIPTION	FEE
14	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	116.86
14	90804	INDIVIDUAL PSYCHOTHERAPY 20-30 MIN	50.23
14	90806	INDIVIDUAL PSYCHOTHERAPY 45-50 MIN	75.65
14	90847	FAMILY PSYCHOTHERAPY	89.66
14	96101	PSYCHOLOGICAL TESTING BY PSYCH/PHYS	74.69

LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

COLUMN 1. TOS (Type Of Service): Definition: Code used in the selection of procedure code and payment of claim.

Listed below is an explanation of the Type of Service found on this schedule. A combination of a claim type of 04 and a provider specialty of 95 or 96 determine the type of service for these procedures.

TOS 14 - For Psychological and Behavioral Services

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Self-explanatory.