

Addendum M

MANAGED HEALTH NETWORK, INC.
Commercial Professional Fee Schedule
Individual Practitioners Only

The rate of reimbursement for the following lines of business includes, but is not limited to, the procedures set forth below. All billings and payments shall be in accordance with established CPT-4 guidelines.

Addendum A, MHN, Inc. and Affiliates; Addendum B, The EAP Business of MHN, Inc. and Affiliates (Individual Practitioners Only); Addendum C, The Behavioral Health Care Business of MHN, Inc. and Affiliates; Addendum D, The HMO Business of MHN; Addendum E, The Medicare Supplement and Medicare Select Business of MHN; Addendum F, Medicare Risk Programs of HMO Affiliates; Addendum H, The PPO, EPO and Indemnity Business of FHNL, SSLIC or Other Insurance Carrier; Addendum I, The Administrative-Service Only Business of MHN; Addendum K, The Medicaid Business of MHN and HMO Affiliates; Addendum L, All "Other" Lines of Business of MHN and Its Affiliates, Addendum N, New Jersey Business of MHN, Addendum O, New Jersey Medicaid Business of MHN and Affiliates.

(Note: Fees are paid at the level of credentialed licensure, not educational attainment)

CPT	DESCRIPTION	RATE
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Masters Level Therapist

90791	PSYCH DIAG INTERVIEW EXAM	75.00
90832	PSYCHOTHERAPY (30MIN)	30.00
90834	PSYCHOTHERAPY (45 MIN)	60.00
90837	PSYCHOTHERAPY (60 MIN)	90.00
90839	PSYCHOTHERAPY FOR CRISIS, INITIAL (60 MIN)	112.50
90840	PSYCHOTHERAPY FOR CRISIS ADD ON , ADDL 30 MIN	56.25
90846	FAMILY PSYCH - WITHOUT PT	60.00
90847	FAMILY PSYCH - W/PATIENT PRESENT	60.00
90853	GROUP PSYCHOTHERAPY	30.00
99404	PREVENTIVE COUNSELING (EAP)	60.00

Signature

Date

Print Name