

**HORIZON HEALTH EAP SERVICES, INC.  
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 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 HEALTH pays the lesser of billed charges or contracted rate*

*Failure to obtain prior authorization from HORIZON HEALTH for the service code billed will result in a claims denial*

*HORIZON HEALTH does not reimburse for late-cancels or no-shows.*

ACKNOWLEDGED AND AGREED:

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

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

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

EXECUTED BY:

\_\_\_\_\_  
Vice President of Administrative Services,  
Horizon Health EAP Services, Inc.