MARE7010

# Mental Hygiene Administration
# Public Mental Health System

## Service Count And Expenditures By CPT Code and Provider - STATEWIDE

Claims Paid From Through

**PROVIDER : PROVIDER NAME INC**
**PROVIDER ID: ##########**

| CPT/REV | PROCEDURE DESCRIPTION | SERVICE COUNTS MEDICAID | MEDICAID STATE FUNDED | UNINSURED | TOTAL | TOTAL EXPENDITURES MEDICAID | MEDICAID STATE FUNDED | UNINSURED | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| **Fiscal Year** | 2007 | | | | | | | | |
| 90801 | PSYCHIATRIC DIAGNOSTIC INTERVIEW | 17 | 1 | 0 | 18 | $3,004.75 | $176.75 | $0.00 | $3,181.50 |
| 90804 | PSYTX, OFFICE (20-30) | 102 | 1 | 0 | 103 | $5,567.50 | $55.00 | $0.00 | $5,622.50 |
| 90805 | PSYTX, OFFICE (20-30) W/E&M | 35 | 0 | 0 | 35 | $3,069.75 | $0.00 | $0.00 | $3,069.75 |
| 90806 | PSYTX, OFFICE (45-50) | 92 | 0 | 0 | 92 | $8,900.25 | $0.00 | $0.00 | $8,900.25 |
| 90807 | PSYTX, OFFICE (45-50) W/E&M | 3 | 0 | 0 | 3 | $350.75 | $0.00 | $0.00 | $350.75 |
| 90846 | PSYCHOTHERAPY FAMILY | 3 | 0 | 0 | 3 | $277.25 | $0.00 | $0.00 | $277.25 |
| 90847 | Family psychotherapy with patient present--Abbrev | 12 | 0 | 0 | 12 | $1,018.00 | $0.00 | $0.00 | $1,018.00 |
| 90853 | GROUP-PSYCHOTHERAPY | 113 | 0 | 0 | 113 | $4,276.00 | $0.00 | $0.00 | $4,276.00 |
| 90862 | PHARMACOLOGICAL MANAGEMENT INC PRESCRIPT | 36 | 0 | 0 | 36 | $2,286.00 | $0.00 | $0.00 | $2,286.00 |
| **Total for 2007** | | **413** | **2** | **0** | **415** | **$28,750.25** | **$231.75** | **$0.00** | **$28,982.00** |
| **Total for Provider** | **##########** | **413** | **2** | **0** | **415** | **$28,750.25** | **$231.75** | **$0.00** | **$28,982.00** |