



FEE SCHEDULE EFFECTIVE NOVEMBER 1, 2021

CPT/HCPCS	PROCEDURE DESCRIPTION	NEW RATE
90785	Group Interactive Complexity add-on	\$44
90791	Assessment Level II-III (MA)	\$439
90792	Assessment by Medical Staff (MA)	\$493
90832	Individual Therapy 30 min (16-37) minutes (MA)	\$202
90833	Therapy add-on with E&M	\$207
90834	Individual Therapy 45 (38-52) minutes (MA)	\$268
90836	Therapy add-on 45 (38-52) min with E&M	\$262
90837	Individual Therapy 60 (over 52) minutes (MA)	\$401
90838	Therapy add-on 60 (over 52) min with E&M	\$344
90839	Individual Therapy for Crisis 30-74 minutes	\$418
90840	Individual Therapy for CRISIS add-on each additional 30 min	\$201
90846	Family Therapy w/o patient	\$293
90847	Family Therapy w/patient	\$304
90849	Multiple-family Group Therapy	\$105
90853	Group Therapy	\$80
90875	Individual Therapy Biofeedback 30 (16-37) min	\$180
90876	Individual Therapy Biofeedback 45 (over38) min	\$315
90887	Interpretation or explanation Consultation with family	\$256
94664	Vapor Inhalations Evaluation	\$65
96116	Neurobehavioral Status Exam 1st hour	\$282
96121	Neurobehavioral Status additional hour	\$244

96130	Psychological Testing Services physician 1st hour	\$346
96131	Psychological Testing by physician additional hour	\$266
96372	Medication Injection Administration	\$65
97535	Self-care/Home Mgmt Training	\$100
99075	Court Testimony AFS CORE	\$20
99199	Case Coordination and Planning	\$9
99202	E&M New Patient OP low to mod severity	\$219
99203	E&M New Pat OP low complexity	\$310
99204	E&M New Pat OP compr mod complexity	\$473
99205	E&M New Pat OP high complexity	\$598
99211	E&M Extab OP physician not required	\$67
99212	E&M Estab OP self-ltmd/minor severity	\$131
99213	E&M Estab OP low to moderate severity	\$216
99214	E&M Estab OP mod to high/detailed	\$313
99215	E&M Estab OP mod to high/comprehensive	\$420
99218	Initial Observation Care 30 min	\$290
99219	Initial Observation Care 50 min	\$395
99220	Initial Observation Care 70 min	\$540
99241	E&M OP CONSULT focused straightforward	\$303
99242	E&M OP CONSULT expand straightforward (30 min)	\$261
99243	E&M OP CONSULT detail low complex (40 min)	\$357
99244	E&M OP CONSULT detail mod complex (60 min)	\$534
99245	E&M OP CONSULT detail high complex (80 min)	\$651
99334	E&M Established Patient, Straight Forward, Rest Home (ACF)	\$170
99335	E&M Established Patient, Low Complexity, Rest Home (ACF)	\$270
99336	E&M Established Patient, Moderate Complexity, Rest Home (ACF)	\$381
99337	E&M Established Patient, Mod to High Complexity, Rest Home (ACF)	\$549
99341	E&M NEW patient HOME VISIT, Straight Forward	\$155
99342	E&M NEW patient HOME VISIT, Mod Complexity	\$222

99343	E&M NEW patient HOME VISIT detailed mod complex	\$364
99344	E&M NEW patient HOME VISIT, comprehensive moderate complexity	\$516
99345	E&M NEW patient HOME VISIT comprehensive high complexity	\$628
99347	E&M Established patient HOME VISIT, focused straight forward	\$155
99348	E&M Established patient HOME VISIT, expanded low complexity	\$238
99349	E&M Established patient HOME VISIT, detailed moderate complexity	\$364
99350	E&M Established patient HOME VISIT comprehensive mod to high	\$507
99366	Team conference with patient/family-Healthcare Professional	\$127
99367	Team conference without patient/family by Physician	\$165
99368	Team conference without patient/family-Healthcare Professional	\$109
99404	Preventative Med, Individual Counseling 45 min	\$280
99441	MH E&M Telephone by physician 5-10 min	\$117
99442	MH E&M Telephone by physician 11-20 minutes	\$206
99443	MH E&M Telephone by physician 21-30 min	\$298
H0001	SA Assessment Level II-III	\$439
H0002	Assessment Level I screening	\$80
H0004	Individual Therapy 8-14 min MA or above	\$102
H0005	SA Multi-Family Group Therapy with client	\$80
H0006	SA Case Management, per encounter	\$66
H0007	Crisis Intervention	\$18
H0015	SA IOP Intensive Outpatient Program per day	\$221
H0017	ATU Residential Service per diem	\$900
H0018	Residential CSU Crisis Stabilization, per diem	\$1,220
H0019	BH Hospital Long-term, Residential without Room and Board, per diem	\$220
H2021	Community-based wrap-around services, per 15 min	
H0023	MA Group Behavioral Health Outreach	\$61
H0025	MH Prevention Education Group with or without client	\$73
H0031	MH Assessment LEVEL II , Non-physician	\$320
H0032	MH service plan development, Non-physician	\$115

H0033	Oral medication administration, direct observation	\$38
H0034	Medication training individual or group & support per 15	\$79
H0036	*Community Psych Supportive Treatment, 8 min- 4 hr	\$38
H0037	Community Psych Supportive Treatment, per diem	\$442
H0038	*Self-help/peer services, mentoring, per 15 minutes	\$54
H0039	*Assertive Community Treatment (ACT) assessment, group, face to face, per 15 min	\$111
H0040	Assertive Community Treatment (ACT) , tx pgm, per Encounter	\$442
H0044	Supported Housing per month	\$315
H0045	Residential Respite	\$442
H0048	Patch Monitoring with confirmation	\$50
H2000	Comprehensive Multidisciplinary Evaluation	\$175
H2001	Rehabilitation Program, per 1/2 day	\$260
H2011	Crisis Intervention service, 8 min- 4 hr	\$126
H2012	Behavioral Health Day Treatment, per hour	\$80
H2014	Individual/Group Skills training and development, per 15 minutes	\$79
H2015	Comprehensive Community support services, per 15 min	\$15
H2016	Comprehensive community support services, per diem	\$344
H2017	Psychosocial rehabilitation services, per 15 minutes	\$38
H2018	Community-based wrap-around services, per 15 min	\$38
H2022	Community-based wrap-around services, per diem over 4 hours	\$442
H2023	Vocational supported employment, per 15 minutes	\$15
H2024	Vocational supported employment, per diem over 4 hours	\$344
H2025	Vocational Ongoing Support to maintain employment, per 15 min	\$15
H2026	Vocational Ongoing Support to maintain employment, per diem over 4 hrs	\$344
H2027	Individual/Group Family Psychoeducational service, per 15 minutes	\$20
H2030	MH Clubhouse services, per 15 minutes	\$15
H2031	MH Clubhouse services, per diem over 4 hours	\$344
H2032	Individual/Group Activity therapy, per 15 minutes	\$15

H2033	Multi-systemic therapy for juveniles, per 15 min (FCC,FFT,MST)	\$111
H2036	Residential Garcia House Per Diem 3.7 Level of Care	\$650
H2036	Residential Garcia House Per Diem 3.5 Level of Care	\$450
S5150	Unskilled respite care, not hospice, per 15 minutes	\$15
S5151	Unskilled respite care, not hospice, per diem over 4 hours	\$344
S9453	Smoking Cessation classes	\$73
S9480	IOP Intensive Outpatient Program	\$385
S9485	Crisis intervention mental health services, per diem over 4 hours	\$360
S9976	Residential Room and Board	\$150
T1006	Family Therapy	\$25
T1016	Case Management, each 15 min	\$30
T1017	Targeted Case management	\$67
T2001	Non-emergency Transportation, per encounter	\$60