Community Health Resources

Feb-26

**Based on self-pay rate, adj for insurance liability

Services / CPT Codes for BH Services	PUBLISHED CHARGE	Self-Pay Rate	Slide A (25% pay)	Slide B (50% pay)	Slide C (75% pay)
90791 Assessment	**$ 250.00**	**$ 155.00**	$ 38.75	$ 77.50	$ 116.25
90792 Psych Eval - MD and APRN	**$ 350.00**	**$ 170.00**	$ 42.50	$ 85.00	$ 127.50
90832 Individual Therapy 16-37 minutes	**$ 90.00**	**$ 75.00**	$ 18.75	$ 37.50	$ 56.25
90834 Individual Therapy 38-52 minutes	**$ 170.00**	**$ 100.00**	$ 25.00	$ 50.00	$ 75.00
90837 Individual Therapy 53+ minutes	**$ 210.00**	**$ 150.00**	$ 37.50	$ 75.00	$ 112.50
90846 Family Therapy w/o Client	**$ 170.00**	**$ 120.00**	$ 30.00	$ 60.00	$ 90.00
90847 Family Therapy w/ Client	**$ 170.00**	**$ 120.00**	$ 30.00	$ 60.00	$ 90.00
90849 Multi-Family Group	**$ 70.00**	**$ 45.00**	$ 11.25	$ 22.50	$ 33.75
90853 Group Therapy	**$ 70.00**	**$ 45.00**	$ 11.25	$ 22.50	$ 33.75
99211 E&M, established patient - MD and APRN	**$ 100.00**	**$ 70.00**	$ 17.50	$ 35.00	$ 52.50
99212 E&M, established patient - MD and APRN	**$ 110.00**	**$ 75.00**	$ 18.75	$ 37.50	$ 56.25
99213 E&M, established patient - MD and APRN	**$ 130.00**	**$ 90.00**	$ 22.50	$ 45.00	$ 67.50
99214 E&M, established patient - MD and APRN	**$ 180.00**	**$ 130.00**	$ 32.50	$ 65.00	$ 97.50
99215 E&M, established patient - MD and APRN	**$ 410.00**	**$ 280.00**	$ 70.00	$ 140.00	$ 210.00
99406 Tobacco Cessation Individual 3-10 minutes	**$ 40.00**	**$ 30.00**	$ 7.50	$ 15.00	$ 22.50
99407 Tobacco Cessation Individual >10 minutes	**$ 50.00**	**$ 40.00**	$ 10.00	$ 20.00	$ 30.00
99412 Tobacco Cessation Group	**$ 30.00**	**$ 20.00**	$ 5.00	$ 10.00	$ 15.00
S9484 / 90839 Crisis Follow-up	**$ 250.00**	**$ 220.00**	$ 55.00	$ 110.00	$ 165.00
S9485 / 90839 Crisis Eval	**$ 340.00**	**$ 300.00**	$ 75.00	$ 150.00	$ 225.00
H0004 / H2019 Therapeutic Behavioral Services (IICAPS)	**$ 40.00**	**$ 30.00**	$ 7.50	$ 15.00	$ 22.50
H0004 / H2019 Therapeutic Behavioral Services (all others)	**$ 40.00**	**$ 30.00**	$ 7.50	$ 15.00	$ 22.50
H0023 / T1017 Case Management - Clinical (IICAPS)	**$ 50.00**	**$ 40.00**	$ 10.00	$ 20.00	$ 30.00
H0023 / T1017 Case Management - Clinical (all others)	**$ 50.00**	**$ 40.00**	$ 10.00	$ 20.00	$ 30.00
H0039 Assertive Community Treatment	**$ 50.00**	**$ 40.00**	$ 10.00	$ 20.00	$ 30.00
Methadone Daily Dose/Bottle (H0020)	**$ 35.00**	**$ 15.00**	$ 3.75	$ 7.50	$ 11.25
H0020 / G2067 -Methadone Weekly Dose	**$ 245.00**	**$ 110.00**	$ 27.50	$ 55.00	$ 82.50
Intensive Outpatient	**$ 270.00**	**$ 220.00**	$ 55.00	$ 110.00	$ 165.00
Roots to Recovery - Residential	**$ 410.00**	**$ 200.00**			
Milestone - Residential	**$ 410.00**	**$ 200.00**			
New Life - Residential	**$ 410.00**	**$ 300.00**			
Northfield - Residential (weekly)	**$ 3,800.00**	**$ 3,600.00**			
Drug Screen Urine	**$ 53.00**	**$ 15.00**			

Rates Effective as of 2/27/26

Rates Effective through 2/27/27