

Fee Schedule Effective August 1, 2023		2023-24 rate
CPT/HCPCS	PROCEDURE DESCRIPTION	
90785	Group Interactive Complexity add-on	\$49
90791	Assessment Level II-III (MA)	\$580
90792	Assessment by Medical Staff (MA)	\$651
90832	Individual Therapy 30 min (16-37) minutes (MA)	\$250
90833	Therapy add on with E&M	\$230
90834	Individual Therpay 45 (38-52) minutes (MA)	\$331
90836	Therapy add on 45 (38-52) min with E&M	\$291
90837	Individual Therapy 60 (over 52) minutes (MA)	\$487
90838	Therapy add-on 60 (over 52) min with E&M	\$386
90839	Individual Therapy for Crisis 30-74 minutes	\$468
90840	Individual Therapy for CRISIS add-on each addl 30 min	\$232
90846	Family Therapy w/o patient	\$315
90847	Family Therapy w/patient	\$328
90849	Multiple-family Group Therapy	\$125
90853	Group Therapy	\$89
90875	Individual Therapy Biofeedback 30 (16-37) min	\$255
90876	Individual Therpay Biofeedback 45 (over38) min	\$444
90887	Intpretation or explanation Consultation with family	\$362
94664	Vapor Inhalations Evaluation	\$59
96116	Neurobehaviorial Status Exam 1st hour	\$309
96121	Neurobehavioral Status addl hour	\$252
96127	Brief Emotional/ Behavioral Assessment	\$16
96130	Psychological Testing Services physician 1st hour	\$398
96131	Psycholigal Testing by physician addl hour	\$288
96156	Health behavioral assessment and/or re-assessment	\$316
96158	Health Behavioral Intervention first 30 minutes	\$216
96159	Health Behavioral Intervention each add'l 15 minutes	\$74
96164	Health Behavioral Intervention group/ face to face 30 minutes	\$32
96165	Health Behavioral Intervention group/ face to face each add'l 15 minutes	\$15
96167	Health Behavioral Intervention family/ face to face 30 minutes w/ patien	\$229
96168	Health Behavioral Intervention family/ face to face each add'l 15 minute	\$81
96170	Health Behavioral Intervention family/ face to face 30 minutes w/o patie	\$236
96171	Health Behavioral Intervention family/ face to face each add'l 15 minute	\$85
96372	Medication Injection Administration	\$81
97535	Self care/Home Mgmt Training	\$112
98966	Telephone Discussion 5-10 minutes	\$44
98967	Telephone Discussion 11-20 minutes	\$80
98968	Telephone Discussion 21-30 minutes	\$111
99199	Case Coordination and Planning	\$29
99202	E&M New Patient OP low to mod serverity	\$244
99203	E&M New Pat OP low complexity	\$376
99204	E&M New Pat OP compr mod complexity	\$557
99205	E&M New Pat OP high complexity	\$734
99211	E&M Extab OP physician not required	\$79
99212	E&M Extab OP self-ltmd/minor serverity	\$191
99213	E&M Extab OP low to moderate severity	\$303
99214	E&M Extab OP mod to high/detailed	\$428
99215	E&M Extab OP mod to high/comprehensive	\$600
99242	E&M OP CONSULT expand straightforward (30 min)	\$365
99243	E&M OP CONSULT detail low complex (40 min)	\$503

99244	E&M OP CONSULT detail mod complex (60 min)	\$749
99245	E&M OP CONSULT detail high complex (80 min)	\$914
99341	E&M NEW patient HOME VISIT, Straight Forward	\$162
99342	E&M NEW patient HOME VISIT, Mod Complexity	\$258
99344	E&M NEW patient HOME VISIT, comprehensive moderate complexity	\$714
99345	E&M NEW patient HOME VISIT comprehensive high complexity	\$671
99347	E&M Established patient HOME VISIT, focused straight forward	\$226
99348	E&M Established patient HOME VISIT, expanded low complexity	\$253
99349	E&M Established patient HOME VISIT, detailed moderate complexity	\$423
99350	E&M Established patient HOME VISIT comprehensive mod to high	\$616
99366	Team conference with patient/family-Healthcare Professional	\$179
99367	Team conference without patient/family by Physician	\$232
99368	Team conference without patient/family-Healthcare Professional	\$153
99401	Preventive Medicine and Individual Counseling 15 minutes	\$43
99402	Preventive Medicine and Individual Counseling 30 minutes	\$81
99403	Preventive Medicine and Individual Counseling 45 minutes	\$112
99404	Preventative Med, Indiv Counseling 60 min	\$143
99406	Smoking Cessation Counseling greater than 3 minutes	\$50
99408	Alcohol and/or Substance abuse structured screening 15-30 minutes	\$46
99409	Alcohol and/or Substance abuse structured screening -Greater than 30 m	\$86
99415	Prolonged Clinical Staff w/ Pyscian or Other Qualified Health Care Prof	\$65
99416	Prolonged Clinical Staff w/ Pyscian or Other Qualified Health Care Prof	\$30
99441	MH E&M Telephone by physician 5-10 min	\$189
99442	MH E&M Telephone by physician 11-20 minutes	\$303
99443	MH E&M Telephone by physician 21-30 min	\$427
99484	Care management services for behavioral health conditions, at least 20 m	\$144
99492	Initial psychiatric collaborative care management, first 70 minutes	\$506
99493	Subsequent psychiatric collaborative care management, first 60 minutes	\$477
99494	Initial or subsequent psychiatric collaborative care management, each ad	\$194
H0001	SA Assessment Level II-III	\$741
H0002	Assessment Level I screening	\$100
H0004	Individual Therapy 8-14 min MA or above	\$162
H0005	SA Multi-Family Group Therapy with client	\$113
H0006	SA Case Management, per encounter	\$93
H0007	Crisis Intervention	\$18
H0011	WM 3.7	\$1,484
H0015	SA IOP Intestive Outpatient Program per day	\$344
H0017	ATU Residential Service per diem	\$900
H0018	Residential CSU Crisis Stabilization, per diem	\$2,348
H0019	BH Hospital Long-term, Residential without Room and Board, per diem	\$2,348
H0023	MA Group Behavioral Health Outreach	\$85
H0025	MH Prevention Education Group with or without client	\$107
H0031	MH Assessment LEVEL II , Non-physician	\$460
H0032	MH service plan development, Non-physician	\$163
H0033	Oral medication administration, direct observation	\$99
H0034	Medication training individual or group & support per 15	\$122
H0036	*Community Psych Supportive Treatment, 8 min- 4 hr	\$57
H0037	Community Psych Supportive Treatment, per diem	\$688
H0038	*Self-help/peer services, mentoring, per 15 minutes	\$74
H0039	*Assertive Community Treatment (ACT) assessment, group, face to face	\$178
H0040	Assertive Community Treatment (ACT) , tx pgm, per Encounter	\$688
H0044	Supported Housing per month	\$441
H0045	Residential Respite	\$688
H0048	Patch Monitoring with confirmation	\$50
H2000	Comprehensive Multidisciplinary Evaluation	\$232

H2001	Rehabilitation Program, per 1/2 day	\$344
H2011	Crisis Intervention service, 8 min- 4 hr	\$178
H2012	Behavioral Health Day Treatment, per hour	\$113
H2014	Individual/Group Skills training and development, per 15 minutes	\$122
H2015	Comprehensive Community support services, per 15 min	\$20
H2016	Comprehensive community support services, per diem	\$481
H2017	Psychosocial rehabilitation services, per 15 minutes	\$57
H2018	Psychosocial rehabilitation services, per diem	\$688
H2021	Community-based wrap-around services, per 15 min	\$57
H2022	Community-based wrap-around services, per diem over 4 hours	\$688
H2023	Vocational supported employment, per 15 minutes	\$20
H2024	Vocational supported employment, per diem over 4 hours	\$481
H2025	Vocational Ongoing Support to maintain employment, per 15 min	\$20
H2026	Vocational Ongoing Support to maintain employment, per diem over 4 h	\$481
H2027	Individual/Group Family Psychoeducational service, per 15 minutes	\$20
H2030	MH Clubhouse services, per 15 minutes	\$20
H2031	MH Clubhouse services, per diem over 4 hours	\$481
H2032	Individual/Group Activity therapy, per 15 minutes	\$26
H2033	Multi-systemic therapy for juveniles, per 15 min (FCC,FFT,MST)	\$178
H2036 (3.7)	Residential Garcia House Per Diem 3.7 Level of Care	\$1,004
H2036 (3.5)	Residential Garcia House Per Diem 3.5 Level of Care	\$675
S5150	Unskilled respite care, not hospice, per 15 minutes	\$29
S5151	Unskilled respite care, not hospice, per diem over 4 hours	\$573
S9453	Smoking Cessation classes	\$107
S9480	IOP Intensive Outpatient Program	\$516
S9485	Crisis intervention mental health services, per diem over 4 hours	\$510
S9976	Residential Room and Board	\$150
T1006	Family Therapy	\$421
T1016	Case Management, each 15 min	\$93
T1017	Targeted Case management	\$95
T2001	Non-emergency Transportation, per encounter	\$100
10060	Incision and Drainage of abscess (carbuncle, abscess, cyst, ETC) Simple	\$429
10061	Incision and Drainage of abscess (carbuncle, abscess, cyst, ETC) Compl	\$722
10080	Incision and Drainage of Pilonidal Cyst Simple	\$873
10081	Incision and Drainage of Pilonidal Cyst Complicated	\$1,182
10120	Incision and Removal of Foreign Body Subcutaneous tissue, Simple	\$519
10121	Incision and Removal of Foreign Body Subcutaneous tissue, Complicati	\$900
10140	Incision and Drainage of Seroma, Hematoma, bulla, or cyst, Simple	\$578
10160	Incision and Drainage of Seroma, Hematoma, bulla, or cyst, Complicati	\$444
11719	Trimming of nondystrophic nails	\$48
11730	Avulsion of nail plate, partial or complete, simple, single	\$394
11732	Avulsion of nail plate, partial or complete, simple, each add'l nail plate	\$114
11750	Excision of nail and nail matrix, partial or complete, eg, ingrown or defo	\$545
11755	Biopsy of nail unit eg, plate, bed, matrix, hyponychium, proximal and la	\$419
11760	Repair of nail bed	\$641
11762	Reconstruction of nailbed with graft	\$982
11765	Wedge excision of skin of nail fold eg, for ingrown toenail	\$568
20552	Single or Multiple trigger points 1 or 2 muscles	\$179
20553	Single or Multiple trigger points 3 or more muscles	\$207
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$53
69210	Removal impacted cerumen requiring instrument, unilateral	\$160
93000	ECG Routine with at least 12 leads, with interpretation and report	\$49
93005	ECG Routine with at least 12 leads, tracing only, without interpretation a	\$22
93010	ECG Routine with at least 12 leads, ONLY interpretation and report	\$27
94640	Nebulizer Treatment	\$31

97597	Debridement, open wound, including topical application, wound assessm	\$345
97598	Each additional 20 sq cm, or part thereof (add on code)	\$152
97602	Removal of devitalized tissue from wound, non-selective debridement, v	\$52
97605	Negative pressure wound therapy, utilizing durable medical equipment,	\$145
97606	Total wound surface area greater than 50 sq cm	\$174
97607	Negative pressure wound therapy, utilizing disposable, non-durable med	\$1,274
97608	Total wound surface area greater than 50 sq cm	\$1,278
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	\$93
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	\$134
98942	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more region	\$173
98943	Chiropractic manipulative treatment (CMT); spinal, 5 regions	\$80
99304	Initial nursing facility care, per day, for the evaluationand management of	\$267
99305	Initial nursing facility care, per day, for the evaluationand management of	\$442
99306	Initial nursing facility care, per day, for the evaluationand management of	\$604
99307	Subsequent nursing facility care, per day, for the evaluationand manager	\$132
99308	Subsequent nursing facility care, per day, for the evaluationand manager	\$247
99309	Subsequent nursing facility care, per day, for the evaluationand manager	\$354
99310	Initial nursing facility care, per day, for the evaluationand management of	\$509
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addic	\$600