



**OUTPATIENT PROCEDURE AND CHARGES LIST**

LOCATION: IDAHO      RATE EFFECTIVE DATE: 01/1/2022

CODE	SERVICE DESCRIPTION	RATES			
		PHD1, PSYD1 (Licensed as PhD)	LCSW, LMFT, LMHC (Other license)	MA MFT	INTER N OR OTHE R
	PSYCHOTHERAPY & OTHER MISC. SERVICES				
90791	Initial Psychiatric/Psychological Status Evaluation	\$270.00	\$190.00	\$170.00	\$140.00
90834	Individual (45 minutes)	\$200.00	\$170.00	\$140.00	\$120.00
90832	Individual (30 minutes)	\$140.00	\$120.00	\$110.00	\$75.00
90837	Individual (60 minutes)	\$270.00	\$235.00	\$210.00	\$180.00
90846	Family Therapy (also conjoint) Without the Identified Patient	\$210.00	\$180.00	\$165.00	\$125.00
90847	Family Therapy (also conjoint) With Identified Patient(s)	\$210.00	\$180.00	\$165.00	\$125.00
96130-96131	Psychological Testing (billed by unit/hours involved)	\$205.00			\$165.00
96132-96133	Neuropsychological Testing (billed by unit/hours involved)	\$205.00			\$165.00
98966	Telephone Call (5-10 min)	\$80.00	\$50.00	\$30.00	\$25.00
98967	Telephone Call (11-20 min.)	\$130.00	\$100.00	\$80.00	\$75.00
98968	Telephone Call (21-30 min.)	\$180.00	\$150.00	\$130.00	\$125.00

**Patients are responsible for co-pays and co-insurance if your provider is contracted with your insurance, or if private pay, they are responsible for the appointment amount listed. If you do not have insurance, a reduced rate can be considered with the completion of a financial disclosure form.**