



**OUTPATIENT PROCEDURE AND CHARGES LIST**

LOCATION: WASHINGTON

RATE EFFECTIVE DATE: 01/1/22

CODE	SERVICE DESCRIPTION	RATES			
		PHD1, PSYD1 (Licensed as PhD)	(Other lic.) LCSW, LMFT, LMHC	MA MFT	INTERN OR OTHER
	<b>PSYCHOTHERAPY &amp; OTHER MISC. SERVICES</b>				
90791	Initial Psychiatric/Psychological Status Evaluation	\$210.00	\$190.00	\$185.00	\$175.00
90834	Individual (45 minutes)	\$190.00	\$180.00	\$175.00	\$170.00
90832	Individual (30 minutes)	\$120.00	\$120.00	\$100.00	\$90.00
90837	Individual (60 minutes)	\$230.00	\$220.00	\$200.00	\$190.00
90846	Family Therapy (also conjoint) Without the Identified Patient	\$200.00	\$185.00	\$180.00	\$175.00
90847	Family Therapy (also conjoint) With Identified Patient(s)	\$200.00	\$185.00	\$180.00	\$175.00
90853	Group Therapy (may vary - indicate # of hours)	\$70.00	\$60.00	\$50.00	\$40.00
96130-96131	Psychological Testing (billed by unit/hours involved)	\$250.00			\$175.00
96132-96133	Neuropsychological Testing (billed by unit/hours involved)	\$250.00			\$175.00
96136-96137	Psychological or Neuropsych Test Admin & Scoring-billed by units of 30 minutes	\$250.00			\$175.00
98966	Telephone Call (5-10 min)	\$60.00	\$50.00	\$40.00	\$30.00
98967	Telephone Call (11-20 min.)	\$110.00	\$100.00	\$80.00	\$75.00
98968	Telephone Call (21-30 min.)	\$120.00	\$120.00	\$100.00	\$90.00

**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.**