



**OUTPATIENT PROCEDURE AND CHARGES LIST**

LOCATION: MARYLAND

RATE EFFECTIVE DATE: 01/1/2022

CODE	SERVICE DESCRIPTION CODE	PROVIDER TYPE
		MFC, LCSW, LPC, LMFT*
	<b>PSYCHOTHERAPY &amp; OTHER MISC. SERVICES</b>	
90791	Initial Psychiatric/Psychological Status Evaluation	\$205.00
90834	Individual Therapy Session (45-50 minutes)	\$180.00
90832	Individual Therapy Session (30 minutes)	\$135.00
90837	Individual Therapy Session (60 minutes)	\$225.00
90846	Family Therapy (also conjoint) Without the Identified Patient	\$200.00
90847	Family Therapy (also conjoint) With Identified Patient(s)	\$200.00
98967	Telephone Call (11-20 min.)	\$120.00
98968	Telephone Call (21-30 min.)	\$180.00

**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.**