



OUTPATIENT PROCEDURE AND CHARGES LIST

LOCATION: WASHINGTON

RATE EFFECTIVE DATE: 09/25/23

| CODE | SERVICE DESCRIPTION | RATES | | | |
|-------------|--|--|-------------------------------------|-----------|-----------------------|
| | | PHD1, PSYD1 (Licensed as PhD) | (Other lic.) LCSW, LMFT, LMHC | MA MFT | INTERN OR OTHER |
| | PSYCHOTHERAPY & OTHER MISC. SERVICES | | | | |
| 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 | \$125.00 | | | \$85.00 |
| 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.