



OUTPATIENT PROCEDURES AND CHARGES LIST

LOCATION: TEXAS

RATE EFFECTIVE DATE: 06/3/2024

CODE	SERVICE DESCRIPTION	Rates					Practicum
		MD	PHD1 PSYD1 Licensed PhD/PsyD	PHD2 PSYD2 (Other license)	MFCC LCSW LPC LMFT*	MA, INTERN or OTHER	
	PSYCHOTHERAPY & OTHER MISC. SERVICES						
90792	Initial Psychiatric/Psychological Status Evaluation Meier \$232.00 Trulson \$230.00	Refer to ←					
90791	Initial Psychiatric/Psychological Status Evaluation	\$350.00	\$200.00	\$176.00	\$164.00	\$125.00	\$102.00
90832	Individual (30 minutes)		\$93.00	\$88.00	\$82.00	\$125.00	\$102.00
99213 + 90833	Individual Therapy (30 min) PLUS Med Mgmt MD ONLY Meier \$152.00 Trulson \$152.00	Refer to ←					
90834	Individual (45 minutes)		\$176.00	\$154.00	\$149.00	\$125.00	\$102.00
99213 + 90836	Individual Therapy (45 min) PLUS Med Mgmt MD ONLY Meier \$234.00 Trulson \$234.00	Refer to ←					
90837	Individual (60 minutes)		\$227.00	\$221.00	\$200.00	\$125.00	\$102.00
90839	Psychotherapy for a crisis (each additional 30 min.)		\$263.00	\$257.00	\$221.00	\$176.00	\$88.00
90839 + 90840	Psychotherapy for a crisis (60 min. minimum)		\$392.00	\$381.00	\$334.00	\$272.00	\$176.00
90846	Family Therapy (also conjoint) Without Identified Patient	\$191.00	\$200.00	\$176.00	\$164.00	\$125.00	\$102.00
90847	Family Therapy (also conjoint) With Identified Patient(s)	\$191.00	\$200.00	\$176.00	\$164.00	\$125.00	\$102.00
96130 - 96131	Psychological Testing (specify tests, time spent, referring MD—billed by unit/hours involved)		\$184.00				
96132 - 96133	Neuropsychological Testing (specify tests, time spent, referring MD—billed by unit/hours involved)		\$184.00				
96136 - 96139	Psychological or Neuropsych Test Admin & Scoring – billed by units of 30 mins		\$62.50				
98966	Telephone Call (5-10 minutes)		\$57.00	\$55.00	\$51.00	\$49.00	\$34.00
98967	Telephone Call (11-20 minutes)		\$88.00	\$82.00	\$77.00	\$67.00	\$51.00
98968	Telephone Call (21-30 minutes)		\$160.00	\$154.00	\$134.00	\$125.00	\$102.00
	EVALUATION & MGMT. SERVICES						
99205	Comprehensive-New Patient (60 minutes) Meier \$268.00	Refer to ←					
99213	Expanded-Established Patient (15 min) Meier \$98.00	Refer to ←					
99214	Detailed-Established Patient (25 min.) Meier \$150.00	Refer to ←					
99215	Comprehensive-Established Pat. (40 min) Meier \$180.00	Refer to ←					
99404	Risk reduction intervention (approx.. 60 min.)		\$160.00	\$154.00	\$134.00	\$125.00	\$102.00
99354	Prolonged Services		\$93.00	\$88.00	\$82.00	\$125.00	\$102.00

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.