

Discount & Fee Schedule

Effective March 1, 2021

Discount Rates are based on Federal Poverty Guidelines (Income is Gross Family Income)

Family Size	<100% of FPG 80%	<150% of FPG 60%	<200% of FPG 40%	>200% of FPG Full Fee
1	\$12,880	\$12,881 - \$19,320	\$19,321 - \$25,760	>\$25,760
2	\$17,420	\$17,421 - \$26,130	\$26,131 - \$34,840	>\$34,840
3	\$21,960	\$21,961 - \$32,940	\$32,941 - \$43,920	>\$43,920
4	\$26,500	\$26,501 - \$39,750	\$39,751 - \$53,000	>\$53,000
5	\$31,040	\$31,041 - \$46,560	\$46,561 - \$62,080	>\$62,080
6	\$35,580	\$35,581 - \$53,370	\$53,371 - \$71,160	>\$71,160
7	\$40,120	\$40,121 - \$60,180	\$60,181 - \$80,240	>\$80,240
8	\$44,660	\$44,661 - \$66,990	\$66,991 - \$89,320	>\$89,320

For each additional family member add \$4,540

Psychiatric Services (Physician and Nurse Practitioners)

Event	Svc	80%	60%	40%	Full Fee
Evaluation	90792	\$46.40	\$92.80	\$139.20	\$232
Office Visit – Level 2	99212	\$12.80	\$25.60	\$38.40	\$64
Office Visit – Level 3	99213	\$16.00	\$32.00	\$48.00	\$80
Office Visit – Level 4	99214	\$24.00	\$48.00	\$72.00	\$120
Office Visit – Level 5	99215	\$34.40	\$68.80	\$103.20	\$172
Urine Drug Screen	80305	\$4.40	\$8.80	\$13.20	\$22
Nurse Visit	99211	\$4.40	\$8.80	\$13.20	\$22
Lab – Urine Pregnancy Test	81025	\$2.00	\$4.00	\$6.00	\$10
Lab – Lipid Panel	83721	\$3.00	\$6.00	\$9.00	\$15
Lab – A1C Glucose Test	83037	\$3.00	\$6.00	\$9.00	\$15
Lab – Thyroid TSH only	84443	\$5.00	\$10.00	\$15.00	\$25

Therapy w/ Therapist

Service	Code	80%	60%	40%	Full Fee
Initial Therapy Evaluation	90791	\$31.20	\$62.40	\$93.60	\$156
Individual Therapy 16 to 37 minutes	90832	\$11.20	\$22.40	\$33.60	\$56
Individual Therapy 38 to 52 minutes	90834	\$23.20	\$46.40	\$69.60	\$116
Individual Therapy 53 or more minutes	90837	\$32.80	\$65.60	\$98.40	\$164
Family Therapy without patient	90846	\$23.20	\$46.40	\$69.60	\$116
Family Therapy with patient	90847	\$23.20	\$46.40	\$69.60	\$116
Group Therapy	90853	\$8.80	\$17.60	\$26.40	\$44

Therapy w/ Psychologist

Service	Code	80%	60%	40%	Full Fee
Initial Therapy Evaluation	90791	\$40.00	\$80.00	\$120.00	\$200
Individual Therapy 16 to 37 minutes	90832	\$15.20	\$30.40	\$45.60	\$76
Individual Therapy 38 to 52 minutes	90834	\$31.20	\$62.40	\$93.60	\$156
Individual Therapy 53 or more minutes	90837	\$46.40	\$92.80	\$139.20	\$232
Family Therapy without patient	90846	\$31.20	\$62.40	\$93.60	\$156
Family Therapy with patient	90847	\$31.20	\$62.40	\$93.60	\$156
Group Therapy	90853	\$8.80	\$17.60	\$26.40	\$44

Summary of Income must be completed in order to qualify for a discount. Full fee clients may qualify for a need based discount after meeting with Client Financial Services (Billing Department).

Revised: 1/1/22

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Addiction Services

Service	Code	80%	60%	40%	Full Fee
Evaluation	90791	\$31.20	\$62.40	\$93.60	\$176
Relapse Prevention Group	90853	\$8.80	\$17.60	\$26.40	\$44
Intensive Outpatient (IOP)	H0015	\$22.00	\$42.00	\$63.00	\$176
Peer Recovery (per 15 minutes)	H0038	\$2.00	\$4.00	\$6.00	\$10

Recovery Center (Methadone)

Event	80%	60%	40%	Full Fee
Assessment	\$22	\$42	\$64	\$50
Methadone dose/day	\$8.80	\$17.60	\$26.40	\$16

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Revised: 1/1/22