**CPT CODES, FEE SCHEDULE, AND PAYMENT ARRANGEMENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW PATIENT PSYCHIATRIC E/M CODES: RATE:**

99202: New Patient Expanded Problem-focused, 20 min $150.00

99203: New Patient Detailed Intake, 30 min (15-37 min) $200.00

99204: New Patient Comprehensive Intake, 45 min (38-52 min) $300.00

99205: New Patient Comprehensive Intake, 60 min (53+ min) $350.00

**ESTABLISHED PATIENT PSYCHIATRIC E/M CODES:**

99212: Established Expanded Problem-Focused, 15 min $125.00

99213: Established Expanded Problem-Focused, 15 min $150.00

99214: Established Detailed Problem-Focused, 25 min $225.00

99215: Established Comprehensive Problem-Focused, 40+ min $250.00

**PSYCHIATRIC THERAPEUTIC ADD-ON CODES (with E/M code)**:

+90833: Individual Psychotherapy, 30 min (16-37 min) performed with E/M $150.00

+90836: Individual Psychotherapy, 45 min (38-52 min) performed with E/M $150.00

+90838: Individual Psychotherapy, 60 min (53+ min) performed with E/M $150.00

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PSYCHOTHERAPY CODES, with Psychologist**:

90791: Psychiatric Diagnostic Evaluation $225.00

90832: Psychotherapy, 30 minutes with patient $150.00

90834: Psychotherapy, 45 minutes with patient $175.00

90837: Psychotherapy, 60+ minutes with patient $200.00

90846: Family psychotherapy (without the patient present), 50+ minutes $200.00

90847: Family psychotherapy (conjoint psychotherapy) with patient present, $200.00

50+ minutes

90853: Group psychotherapy (other than of a multiple-family group) 60+ min $50.00

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PSYCHOTHERAPY CODES, with Licensed Clinical Social Worker**:

90791: Psychiatric Diagnostic Evaluation $200.00

90832: Psychotherapy, 30 minutes with patient $100.00

90834: Psychotherapy, 45 minutes with patient $125.00

90837: Psychotherapy, 60+ minutes with patient $150.00

90846: Family psychotherapy (without the patient present), 50+ minutes $150.00

90847: Family psychotherapy (conjoint psychotherapy) with patient present, $150.00

50+ minutes

90853: Group psychotherapy (other than of a multiple-family group) 60+ min $50.00

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING CODES, with Psychologist**

96130: Psychological testing evaluation by health care professional, first hour $200.00

+96131: Each additional hour $175.00

96116: Neurobehavioral status exam, first hour $200.00

 +96121: Each additional hour $175.00

96132: Neuropsychological testing evaluation by health care professional, $200.00

first hour

+96133: Each additional hour $175.00

96136: Psychological or neuropsychological test administration and scoring $100.00

by qualified healthcare professional, first 30 minutes

+96137: Each additional 30 minutes $100.00

96138: Psychological or neuropsychological test administration and scoring $75.00

by technician, first 30 minutes

+96137: Each additional 30 minutes $75.00

**COMPLEXITY ADD-ON CODES**

+90785: Interactive Complexity Code $75.00

+90839: Psychotherapy for crisis, first 60 minutes $225.00

+90840: Psychotherapy for crisis, each additional 30 minutes $100.00

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINANCIAL POLICY**

We are committed to providing the community with quality mental health services in a warm, friendly, economical, service-oriented environment. It is important to our professional relationship that you have a clear understanding of our financial policy. We are pleased to discuss our fees and answer any questions about this policy at any time.

**WE DO NOT NEGOTIATE SETTLEMENTS ON DISPUTED CLAIMS**

Following services rendered, we will submit charges to your insurance company, and will accept assignment of benefits. Please be aware of your coverage, benefits, and eligibility. Please be aware of your provider’s in-network / out-of-network status with your insurance company, as well as your deductible and co-pay responsibilities. Your provider’s relationship is with you and not your insurance company. You are ultimately responsible for the fees regardless of insurance payment or non-payment. After we receive the statement from your insurance company and there is a patient balance, a separate bill will be mailed to you from us.

All balances are due 30 days from the billing statement date. If you are unable to pay the balance left after your insurance has paid, we do accept credit card payment. If you are unable to pay your account in full, listed below is the fee schedule. If you are unable to make payments according to the fee schedule, it is your responsibility to contact our office immediately to make other financial arrangements.

**ORIGINAL OUTSTANDING CHARGES MINIMUM MONTHLY PAYMENT**

 Up to $100 Payment in Full

 $101.00 to $300.00 $50.00 per month

 $301.00 to $500.00 $75.00 per month

 $501.00 to $1000.00 $100.00 per month

 $1001.00 to $1500.00 $150.00 per month

 $1501.00 to $2000.00 $200.00 per month

 $2001.00 or above Paid in 12 months

Failure to comply with these financial requirements will place your account in default and it may be sent to a collection agency (5) days after default has occurred. ***Should it become necessary to send your account to a collection agency, you are responsible for all collection fees incurred in getting your account paid, including any attorney’s fees. Should you require future services from any provider at MWPR, your collection account plus collection fees must be paid in full prior to scheduling.***

Your signature indicates your understanding and agreement to all of the above.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Date