

BEHAVIORAL HEALTH SERVICES

Fee Schedule

Code	Description	Standard Charge
90791	Diagnostic Evaluation (non-medical)	\$ 200.00
90792	Psychiatric Diagnostic Eval. w/ Medical Svcs.	\$ 225.00
90832	Individual Psychotherapy (16-37 minutes)	\$ 95.00
90834	Individual Psychotherapy (38-52 minutes)	\$ 130.00
90837	Individual Psychotherapy (53+ minutes)	\$ 190.00
90839	Crisis Psychotherapy (60 mins)	\$ 130.00
+90840	Additional 30 mins Crisis Psychotherapy	\$ 65.00
90846	Family/Couples Counseling without patient	\$ 218.00
90847	Family/Couples Counseling with patient	\$ 227.00
90853	Group counseling or psychotherapy	\$ 55.00
+90785	Additional Interactive Complexity w/ Service	\$

Please note: These behavioral health services are as separate, independent charges from any services rendered by your primary care provider.

Patient financial responsibility for services rendered is determined by the eligibility and benefit schedule of the covered member's insurance policy, the outcome of a BTAMC sliding fee scale application, and/or any prompt-pay discounts offered to persons who are self-pay.