HMC HealthWorks
Smarter Healthcare Decisions™

HMC HealthWorks
Fee Schedule
MD - Outpatient

Description of Services	CPT Codes	Fee
Interactive Complexity Add-on code	90785	$5.00
Psychiatric Diagnostic Evaluation w/out Medical	90791	$150.00
Psychiatric Diagnostic Evaluation w/Medical	90792	$164.00
Individual Psychotherapy 16-37 minutes w/patient or family mbr	90832	$77.75
Add-on; Psychotherapy w/Med Mgmt 16-37 min	90833	$40.00
Individual Psychotherapy 38-52 minutes w/patient or family mbr	90834	$120.00
Add-on; Psychotherapy w/Med Mgmt 38-52 min	90836	$55.00
Individual Psychotherapy 53+ minutes w/patient or family mbr	90837	$140.00
Add-on; Psychotherapy w/Med Mgmt 53+ min	90838	$80.00
Crisis Psychotherapy, first 60 minutes	90839	$140.00
Crisis Psychotherapy, additional 30 minutes	90840	$60.00
Family Psychotherapy w/out patient present	90846	$114.00
Family Psychotherapy w/patient present	90847	$117.00
Multiple Family Group Psychotherapy	90849	$38.00
Group Psychotherapy	90853	$28.00
E&M Office Visit – new patient – 10 min	99201	$80.00
E&M Office Visit – new patient – 20 min	99202	$100.00
E&M Office Visit – new patient – 30 min	99203	$120.00
E&M Office Visit – new patient – 45 min	99204	$160.00
E&M Office Visit – new patient – 60 min	99205	$180.00
E&M Office Visit – established patient – 5 min	99211	$65.00
E&M Office Visit – established patient – 10 min	99212	$75.00
E&M Office Visit – established patient – 15 min	99213	$79.00
E&M Office Visit – established patient – 25 min	99214	$89.00
E&M Office Visit – established patient – 40 min	99215	$100.00

The Provider agrees to accept the rate set forth as payment in full for all charges, and will not hold the patient responsible for charges above and/or beyond the agreed rate, with the exception of any applicable co-payment, co-insurance or deductible. On accepting this agreement you also agree not to balance bill the member for your services.

I _____agree and accept the fee schedule and terms outlined above.
(Print Provider Name)

_____ _____
(Provider Signature) (Date)