

**HMC HealthWorks
Fee Schedule
PMHNP - Outpatient**

Description of Services	CPT Codes	Fee
Interactive Complexity Add-on code	90785	\$5.00
Psychiatric Diagnostic Evaluation w/out Medical	90791	\$140.00
Psychiatric Diagnostic Evaluation w/Medical	90792	\$150.00
Individual Psychotherapy 16-37 minutes w/patient or family mbr	90832	\$72.00
Add-on; Psychotherapy w/Med Mgmt 16-37 min	90833	\$40.00
Individual Psychotherapy 38-52 minutes w/patient or family mbr	90834	\$114.00
Add-on; Psychotherapy w/Med Mgmt 38-52 min	90836	\$50.00
Individual Psychotherapy 53+ minutes w/patient or family mbr	90837	\$133.00
Add-on; Psychotherapy w/Med Mgmt 53+ min	90838	\$70.00
Crisis Psychotherapy, first 60 minutes	90839	\$140.00
Crisis Psychotherapy, additional 30 minutes	90840	\$60.00
Family Psychotherapy w/out patient present	90846	\$108.00
Family Psychotherapy w/patient present	90847	\$112.00
Multiple Family Group Psychotherapy	90849	\$36.00
Group Psychotherapy	90853	\$26.00
E&M Office Visit – new patient – 10 min	99201	\$75.00
E&M Office Visit – new patient – 20 min	99202	\$95.00
E&M Office Visit – new patient – 30 min	99203	\$115.00
E&M Office Visit – new patient – 45 min	99204	\$155.00
E&M Office Visit – new patient – 60 min	99205	\$175.00
E&M Office Visit – established patient – 5 min	99211	\$55.00
E&M Office Visit – established patient – 10 min	99212	\$65.00
E&M Office Visit – established patient – 15 min	99213	\$69.00
E&M Office Visit – established patient – 25 min	99214	\$79.00
E&M Office Visit – established patient – 40 min	99215	\$89.00

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)