

**HMC HealthWorks  
Fee Schedule  
PhD/PsyD**

<b>Description of Services</b>	<b>CPT Codes</b>	<b>Fee</b>
EAP Session (requires authorization)	N/A	\$75.00
Interactive Complexity Add-on code	90785	\$5.00
Psychiatric Diagnostic Evaluation w/out Medical	90791	\$140.00
Individual Psychotherapy 16-37 minutes w/patient or family mbr	90832	\$60.00
Individual Psychotherapy 38-52 minutes w/patient or family mbr	90834	\$100.00
Individual Psychotherapy 53+ minutes w/patient or family mbr	90837	\$120.00
Crisis Psychotherapy, first 60 minutes	90839	\$140.00
Crisis Psychotherapy, additional 30 minutes	90840	\$60.00
Family Psychotherapy w/out patient present	90846	\$105.00
Family Psychotherapy w/patient present	90847	\$112.00
Multiple Family Group Psychotherapy	90849	\$30.00
Group Psychotherapy	90853	\$23.00
Psych Testing (per hour, psychologist/MD)	96101	\$81.00
Neuropsych Testing *psychologist/MD	96116	\$100.00
Neuropsych Testing *psychologist/MD	96118	\$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)