

**Facility Fee Schedule December 1, 2024**

**Through  
11/30/2024**      **New as of  
12/1/2024**

<b>Procedure Range</b>	<b>Procedure Description</b>	<b>Rate Effective Date</b>	<b>Charge</b>	<b>Charge</b>
90791	INTAKE DIAGNOSTIC EVALUATION	12/1/2024	\$ 200.00	\$ 215.00
90832	INDIVIDUAL THERAPY W CLIENT 16-37 MINUTES	12/1/2024	\$ 70.00	\$ 80.00
90834	INDIVIDUAL THERAPY W CLIENT 38-52 MINUTES	12/1/2024	\$ 90.00	\$ 100.00
90837	INDIVIDUAL THERAPY W CLIENT 60 MINUTES	12/1/2024	\$ 140.00	\$ 150.00
90846	FAMILY THERAPY W/O CLIENT	12/1/2024	\$ 116.00	\$ 125.00
90847	FAMILY THERAPY W CLIENT	12/1/2024	\$ 116.00	\$ 125.00
90853	GROUP THERAPY	12/1/2024	\$ 80.00	\$ 85.00
99201- 99203	OUTPATIENT VISIT, NEW CLIENT LEVEL 1-3	12/1/2024	\$ 113.00	\$ 120.00
99204- 99205	OUTPATIENT VISIT, NEW CLIENT LEVEL 4-5	12/1/2024	\$ 204.00	\$ 215.00
99211- 99212	OUTPATIENT VISIT, EXISTING CLIENT LEVEL 1-2	12/1/2024	\$ 52.00	\$ 55.00
99213	OUTPATIENT VISIT, EXISTING CLIENT LEVEL 1-3	12/1/2024	\$ 80.00	\$ 85.00
99214- 99215	OUTPATIENT VISIT, EXISTING CLIENT LEVEL 4-5	12/1/2024	\$ 204.00	\$ 215.00