



OUTPATIENT PROCEDURE AND CHARGES LIST

LOCATION: KANSAS

RATE EFFECTIVE DATE: 01/1/2022

CODE	SERVICE DESCRIPTION	RATES
		MFCC, LCSW, LPC, LMFT*
	PSYCHOTHERAPY & OTHER MISC. SERVICES	
90791	Initial Psychiatric/Psychological Status Evaluation	\$150.00
90834	Individual (45 minutes)	\$120.00
90832	Individual (30 minutes)	\$85.00
90837	Individual (60 min)	\$160.00
90846	Family Therapy (also conjoint) Without the Identified Patient	\$145.00
90847	Family Therapy (also conjoint) With Identified Patient(s)	\$145.00
98967	Telephone Call (11-20 min.)	\$70.00
98968	Telephone Call (21-30 min.)	\$110.00

Patients are responsible for co-pays and co-insurance if your provider is contracted with your insurance, or if private pay, they are responsible for the appointment amount listed. If you do not have insurance, a reduced rate can be considered with the completion of a financial disclosure form.