



**OUTPATIENT PROCEDURE AND CHARGES LIST**

LOCATION: MARYLAND

RATE EFFECTIVE DATE: 01/1/2025

| CODE  | SERVICE DESCRIPTION CODE                                      | PROVIDER TYPE                             |
|-------|---|---|
|       |   | <b>MFCC,<br/>LCSW,<br/>LPC,<br/>LMFT*</b> |
|       | <b>PSYCHOTHERAPY &amp; OTHER MISC. SERVICES</b>               |   |
| 90791 | Initial Psychiatric/Psychological Status Evaluation           | \$225.00                                  |
| 90834 | Individual Therapy Session (45-50 minutes)                    | \$200.00                                  |
| 90832 | Individual Therapy Session (30 minutes)                       | \$155.00                                  |
| 90837 | Individual Therapy Session (60 minutes)                       | \$245.00                                  |
| 90846 | Family Therapy (also conjoint) Without the Identified Patient | \$220.00                                  |
| 90847 | Family Therapy (also conjoint) With Identified Patient(s)     | \$220.00                                  |
| 98967 | Telephone Call (11-20 min.)                                   | \$140.00                                  |
| 98968 | Telephone Call (21-30 min.)                                   | \$200.00                                  |

**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.**