

## Penn Foundation Fee Schedule

Effective Dec 1 2018

CPT Code	MH & SA Outpatient Services	MD	PH.D.	OTHER	CRNP
90792-90791	Psychiatric/Initial Evaluation	\$ 440	\$ 310	\$ 235	\$ 310
90837	Individual Therapy 60 min	\$ 546	\$ 208	\$ 180	\$ 375
90834	Individual Therapy - 45 min	\$ 440	\$ 180	\$ 155	\$ 300
90832	Individual Therapy 30 minutes	\$ 220	\$ 130	\$ 103	\$ 150
90846	Family Therapy w/o client present	\$ 437	\$ 206	\$ 182	\$ 300
90847	Family Therapy (average = 45-60 minutes)	\$ 437	\$ 206	\$ 182	\$ 300
99212-99213	Office Visit for Med management	\$ 115			\$ 90
99214	Extended Office Visit for Med Management	\$ 222			\$ 155
90853	Group Therapy 1 hour		\$ 60	\$ 60	
90853	Group Therapy 1 1/2 hour		\$ 80	\$ 80	
H0039 U5 HB HE	Assertive Community Treatment - Full Month			\$ 1,700	
H0039 U6 HB HE	Assertive Community Treatment - 3 Weeks			\$ 1,300	
H0039 U7 HB HE	Assertive Community Treatment - 2 Weeks			\$ 900	
H0039 U8 HB HE	Assertive Community Treatment - 1 Week			\$ 450	
	<b>Psychological Testing</b>	<b>MD</b>	<b>PH.D.</b>	<b>OTHER</b>	<b>CRNP</b>
96100	Psychological Testing per hour		\$ 350		
90791	Autism Assessment per hr		\$ 350		
NA	Autism Assessment Report		\$ 400		
96118	Abbreviated Neuropsych Testing		\$ 600		
	<b>Substance Abuse Services</b>	<b>MD</b>	<b>PH.D.</b>	<b>OTHER</b>	<b>CRNP</b>
H0015	Intensive Outpatient (per day)			\$ 220	
H0035	Partial Hospital Program (per day)			\$ 375	
<b>H0018</b>	<b>Residential Rehabilitation (per day)</b>			<b>\$ 725</b>	<b>RCIP</b>
<b>H0013</b>	<b>Non-Medical Detox (per day)</b>			<b>\$ 760</b>	<b>RCIP</b>

<b>H0018 HH</b>	<b>Dual Diagnosis Rehabilitation (per day)</b>			<b>\$ 735</b>	<b>RCIP</b>
90792	Suboxone Intake/Induction	\$ 355			
99213	Suboxone Management	\$ 125			
NA	Drug Screening			\$ 28	
NA	D&A Family Consultation - Initial			\$ 150	
NA	D&A Family Consultation - Ongoing			\$ 150	
H0047	MES - Mobile Engagement - 15 mins			\$ 38.00	
NA	D&A Intervention			\$ 750.00	
NA	SA Education Program			\$ 300.00	
	<b>No Show Fees</b>	<b>MD</b>	<b>PH.D.</b>	<b>OTHER</b>	<b>CRNP</b>
	No Show - Individual per event	\$ 65	\$ 35	\$ 35	\$ 65
	No Show - Med Checks per event	\$ 65			\$ 65

