

# Columbia Community Mental Health Fee Schedule - Effective 4/1/2022

			FULL RATES	Sliding Fee Scale Reduced Rates				
Provider	Service	Codes	100%	30%	20%	10%	Nominal Fee	
Master's-Level Mental Health Clinician/ Qualified Mental Health Professional	Outpatient Mental Health Assessment	90791 service	<b>\$500</b>	\$150.00	\$100.00	\$50.00	\$5	
		H0031 service	<b>\$500</b>	\$150.00	\$100.00	\$50.00	\$5	
	Individual Counseling/Therapy	90832 16-38 min	<b>\$205</b>	\$61.50	\$41.00	\$20.50	\$5	
		90834 38-53 min	<b>\$270</b>	\$81.00	\$54.00	\$27.00	\$5	
		90837 53+ min	<b>\$405</b>	\$121.50	\$81.00	\$40.50	\$5	
		H0004 15 min	<b>\$75</b>	\$22.50	\$15.00	\$7.50	\$5	
	Family Therapy <i>without</i> Client Present	90846 service	<b>\$320</b>	\$96.00	\$64.00	\$32.00	\$5	
	Family Therapy <i>with</i> Client Present	90847 service	<b>\$330</b>	\$99.00	\$66.00	\$33.00	\$5	
	Group Multi Family	90849 group	<b>\$110</b>	\$33.00	\$22.00	\$11.00	\$5	
Individual Group	90853 group	<b>\$80</b>	\$24.00	\$16.00	\$8.00	\$5		
Case Management	T1016 15 min	<b>\$55</b>	\$16.50	\$11.00	\$5.50	\$5		
Alcohol and Drug Counselor	OP AD Assessment	90791 service	<b>\$500</b>	\$150.00	\$100.00	\$50.00	\$5	
		H0001 service	<b>\$500</b>	\$150.00	\$100.00	\$50.00	\$5	
	Individual Counseling/Therapy	90832 16-38 min	<b>\$205</b>	\$61.50	\$41.00	\$20.50	\$5	
		90834 38-53 min	<b>\$270</b>	\$81.00	\$54.00	\$27.00	\$5	
		90837 53+ min	<b>\$405</b>	\$121.50	\$81.00	\$40.50	\$5	
	Urinalysis	<b>Through an outside lab</b>						
	Group Multi Family	90849 group	<b>\$110</b>	\$33.00	\$22.00	\$11.00	\$5	
	Individual Group	90853 group	<b>\$80</b>	\$24.00	\$16.00	\$8.00	\$5	
H0005 group		<b>\$80</b>	\$24.00	\$16.00	\$8.00	\$5		
Case Management	H0006 15 min	<b>\$50</b>	\$15.00	\$10.00	\$5.00	\$5		
Doctor and Psychiatric Nurse Practitioner	Assessment	90792 service	<b>\$500</b>	\$150.00	\$100.00	\$50.00	\$5	
	Case Consultation	90887 service	<b>\$270</b>	\$81.00	\$54.00	\$27.00	\$5	
	<b>Medication Management - per service</b>		<b>E/M Services</b>					
			Level 5	Level 4	Level 3	Level 2	Level 1	
			99215	99214	99213	99212	99211	
			Full Rate	\$500	\$330	\$225	\$135	\$135
			30%	\$150.00	\$99.00	\$67.50	\$40.50	\$40.50
			20%	\$100.00	\$66.00	\$45.00	\$27.00	\$27.00
			10%	\$50.00	\$33.00	\$22.50	\$13.50	\$13.50
			Nominal Fee	\$5	\$5	\$5	\$5	\$5