

# Columbia Community Mental Health Fee Schedule - Effective 2/1/2023

|   |  |                               | FULL RATES   | Sliding Fee Scale Reduced Rates |              |              |              |              |
|---|--|-------------------------------|--------------|---------------------------------|--------------|--------------|--------------|--------------|
| Provider  | Service                                      | Codes                         | 100%         | \$40 Copay                      | \$30 Copay   | \$20 Copay   | \$10 Copay   | \$5 Copay    |
| Master's-Level<br>Mental Health<br>Clinician/<br>Qualified<br>Mental Health<br>Professional | OP MH Assessment                             | 90791 service                 | <b>\$500</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | H0031 service                 | <b>\$500</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Individual Counseling/Therapy                | 90832 16-38 min               | <b>\$205</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | 90834 38-53 min               | <b>\$270</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | 90837 53+ min                 | <b>\$405</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | H0004 15 min                  | <b>\$60</b>  | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | 90846 service                 | <b>\$320</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Family Therapy <i>without</i> Client Present | 90847 service                 | <b>\$330</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Family therapy <i>with</i> client present    | 90849 group                   | <b>\$110</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Group Multi Family                           | 90853 group                   | <b>\$80</b>  | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
| Group   | T1016 15 min                                 | <b>\$55</b>                   | \$40.00      | \$30.00                         | \$20.00      | \$10.00      | \$5          |              |
| Case Management   |  |                               |              |                                 |              |              |              |              |
| Alcohol and<br>Drug Counselor   | OP AD Assessment                             | 90791 service                 | <b>\$500</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | H0001 service                 | <b>\$500</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Individual Counseling/Therapy                | 90832 16-38 min               | <b>\$205</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | 90834 38-53 min               | <b>\$270</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   |  | 90837 53+ min                 | <b>\$405</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Urinalysis                                   | <b>Through an outside lab</b> |              |                                 |              |              |              |              |
|   | Group Multi Family                           | 90849 group                   | <b>\$110</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Group  | 90853 group                   | <b>\$80</b>  | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
| H0005 group   |  | <b>\$115</b>                  | \$40.00      | \$30.00                         | \$20.00      | \$10.00      | \$5          |              |
| Case Management   | H0006 15 min                                 | <b>\$50</b>                   | \$40.00      | \$30.00                         | \$20.00      | \$10.00      | \$5          |              |
| Doctor and<br>Psychiatric<br>Nurse<br>Practitioner  | Assessment                                   | 90792 service                 | <b>\$500</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$5          |
|   | Case Consultation                            | 90887 service                 | <b>\$270</b> | \$40.00                         | \$30.00      | \$20.00      | \$10.00      | \$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        |
|   |  |                               |              | <b>\$500</b>                    | <b>\$330</b> | <b>\$225</b> | <b>\$135</b> | <b>\$135</b> |
|   |  |                               |              | \$40 Copay                      | \$40.00      | \$40.00      | \$40.00      | \$40.00      |
|   |  |                               |              | \$30 Copay                      | \$30.00      | \$30.00      | \$30.00      | \$30.00      |
|   |  |                               |              | \$20 Copay                      | \$20.00      | \$20.00      | \$20.00      | \$20.00      |
|   |  |                               |              | \$10 Copay                      | \$10.00      | \$10.00      | \$10.00      | \$10.00      |
|   |  |                               |              | \$5 Copay                       | \$5.00       | \$5.00       | \$5.00       | \$5.00       |