Columbia Community Mental Health Fee Schedule - Effective 3/27/2024									
				Sliding Fee Scale Reduced Rates					
Provider	Service	Codes	100%	\$40 Copay	\$30 Copay	\$20 Copay	\$10 Copay	\$5 Copay	
Master's-Level Mental Health Clinician/ Qualified Mental Health Professional	OP MH Assessment	90791 service	\$500	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		H0031 service	\$500	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Individual Counseling/Therapy	90832 16-38 min	\$205	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		90834 38-53 min	\$270	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		90837 53+ min	\$405	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		H0004 15 min	\$60	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Family Therapy without Client Present	90846 service	\$320	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Family therapy with client present	90847 service	\$330	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Group Multi Family	90849 group	\$110	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Group	90853 group	\$80	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Case Management	T1016 15 min	\$55	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
Alcohol and Drug Counselor	OP AD Assessment	90791 service	\$500	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		H0001 service	\$500	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Individual Counseling/Therapy	90832 16-38 min	\$205	\$40.00	\$30.00	\$20.00	\$10.00	<b>\$</b> 5	
		90834 38-53 min	\$270	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		90837 53+ min	\$405	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Urinalysis		Through an outside lab						
	Group Multi Family	90849 group	\$110	\$40.00	\$30.00	\$20.00	\$10.00	<b>\$</b> 5	
	Group	90853 group	\$80	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
		H0005 group	\$115	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Case Management	H0006 15 min	\$50	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
Doctor and Psychiatric Nurse Practitioner	Assessment	90792 service	\$500	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Case Consultation	90887 service	\$270	\$40.00	\$30.00	\$20.00	\$10.00	\$5	
	Medication Management - per service		<b>.</b>	E/M Services					
			Level 5	Level 4	Level 3	Level 2	Level 1		
			99215	99214	99213	99212	99211		
	Full Rate \$40 Copay		\$500	\$330	\$225	\$135	\$135		
				\$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	\$5.00		