

Section 330

FAMILY SIZE - MIEMBROS EN LA FAMILIA	Under 100%	101% to 133%	134% to 167%	168% to 200%	201% to 250%	251 to 1000%
	A	B	C	D	E	F
1	\$ 0 to \$ 13,590	to \$ 18,075	to \$ 22,695	to \$ 27,180	to \$ 33,975	above \$ 33,976
2	\$ 0 to \$ 18,310	to \$ 24,352	to \$ 30,578	to \$ 36,620	to \$ 45,775	above \$ 45,776
3	\$ 0 to \$ 23,030	to \$ 30,630	to \$ 38,460	to \$ 46,060	to \$ 57,575	above \$ 57,576
4	\$ 0 to \$ 27,750	to \$ 36,908	to \$ 46,343	to \$ 55,500	to \$ 69,375	above \$ 69,376
5	\$ 0 to \$ 32,470	to \$ 43,185	to \$ 54,225	to \$ 64,940	to \$ 81,175	above \$ 81,176
6	\$ 0 to \$ 37,190	to \$ 49,463	to \$ 62,107	to \$ 74,380	to \$ 92,975	above \$ 92,976
7	\$ 0 to \$ 41,910	to \$ 55,740	to \$ 69,990	to \$ 83,820	to \$ 104,775	above \$ 104,776
8	\$ 0 to \$ 46,630	to \$ 62,018	to \$ 77,872	to \$ 93,260	to \$ 116,575	above \$ 116,576

For families/households with more than 8 persons, add \$4,720 for each additional person.

CPT Code	Description	Standard Fee	Nominal Fee	101% to 133%	134% to 167%	168% to 200%	201% to 250%	251 to 1000%	Supply Fee
90707	A-MMR	\$ 92.00	\$ 92.00	\$ 92.00	\$ 92.00	\$ 92.00	\$ 92.00	\$ 92.00	\$ 92.00
90710	A-MMRV Proquad	\$ 264.00	\$ 264.00	\$ 264.00	\$ 264.00	\$ 264.00	\$ 264.00	\$ 264.00	\$ 264.00
90732	A-Pneumococcal	\$ 124.00	\$ 124.00	\$ 124.00	\$ 124.00	\$ 124.00	\$ 124.00	\$ 124.00	\$ 124.00
90670	A-Pneumococcal 13	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00
90675	A-Rabies	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00	\$ 326.00
90750	A-Shingrix	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00	\$ 154.00
90714	A-Td (>7 Yrs)	\$ 29.00	\$ 29.00	\$ 29.00	\$ 29.00	\$ 29.00	\$ 29.00	\$ 29.00	\$ 29.00
90715	A-Tdap	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00
90691	A-Typhoid, IM	\$ 138.00	\$ 138.00	\$ 138.00	\$ 138.00	\$ 138.00	\$ 138.00	\$ 138.00	\$ 138.00
90716	A-Varicella	\$ 159.00	\$ 159.00	\$ 159.00	\$ 159.00	\$ 159.00	\$ 159.00	\$ 159.00	\$ 159.00
90717	A-Yellow Fever	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00
90736	A-Zostavax (Herpes Zoster)	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00	\$ 235.00

Pathways/Mental Health (CD Counselors, Social Workers and Psychiatrists)

90791	Psychiatric Interview	\$ 370.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 370.00	\$ 370.00	
90832	Individual Psychotherapy (30 minutes)	\$ 240.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 240.00	\$ 240.00	
90833	Individual Psychotherapy (with medical E & M) 30 minutes	\$ 210.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 210.00	\$ 210.00	
90834	Individual Psychotherapy (45 minutes)	\$ 270.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 270.00	\$ 270.00	
90836	Individual Psychotherapy (with medical E & M) 45 minutes	\$ 250.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 250.00	\$ 250.00	
90837	Individual Psychotherapy (60 minutes)	\$ 325.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 325.00	\$ 325.00	
90838	Individual Psychotherapy (with medical E & M) 60 minutes	\$ 310.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 310.00	\$ 310.00	
90845	Psychoanalysis	\$ 260.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 260.00	\$ 260.00	
90846	Family Psychotherapy (without patient present)	\$ 260.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 260.00	\$ 260.00	
90847	Family Psychotherapy (with patient present)	\$ 280.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 280.00	\$ 280.00	
90849	Multi-Family Psychotherapy	\$ 200.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 200.00	\$ 200.00	
90853	Group Psychotherapy	\$ 185.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 185.00	\$ 185.00	
90785	Interactive Group Psychotherapy (add on)	\$ 185.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 185.00	\$ 185.00	
90863	Pharmacologic Management	\$ 150.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 150.00	\$ 150.00	
90875	Individual Psychophysiological Therapy (with Psychotherapy) 20-30 minutes	\$ 255.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 255.00	\$ 255.00	
90876	Individual Psychophysiological Therapy (with Psychotherapy) 45-50 minutes	\$ 305.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 305.00	\$ 305.00	
90882	Environmental intervention on Pyschiatric patients behalf with agencies, employers and institutions	\$ 150.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 150.00	\$ 150.00	
90885	Psychiatric evaluation of Records	\$ 220.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 220.00	\$ 220.00	
90887	Interpretation or Explanation of Psychiatric Assessment	\$ 280.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 280.00	\$ 280.00	
90889	Report Preparation	\$ 150.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 150.00	\$ 150.00	
90899	Unlisted Psychiatric Service	\$ 150.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 150.00	\$ 150.00	

THE FEE FOR PATIENTS WHO MUST PAY ON THE SCALE WILL BE DETERMINED BY THE PATIENT BENEFITS COORDINATOR AFTER A CAREFUL REVIEW OF THE PATIENT'S ABILITY TO PAY SUPPORTED BY APPROPRIATE DOCUMENTATION OF INCOME.

There may be additional fees and charges for lab / supply costs in addition to your nominal fee charge. Please refer to the Lab/Supply Fee Schedule.
If you need additional assistance in paying for services, please ask the staff about Care Solutions