



Price Transparency Table

The below is not inclusive of all services provided by an outpatient community mental health center. These are the standard charges submitted to insurance. However, the listed charges do not inform you, the client, about your financial responsibility or about the range of professional services you might receive while in treatment. Financial responsibility for services rendered is determined based on individual health plan details. You may also qualify for our financial assistance program. To speak with someone about the specific costs of your care or to inquire about the financial assistance program, please email finance@nec.org.

<u>CPT Code</u>	<u>CPT Code Description</u>	<u>FY24 Fee Schedule</u>
<u>ASSESSMENTS</u>		
90791	Psych Diag Eval	\$ 198.00
90792	Psych Diag Eval with Med Services	\$ 324.00
<u>INDIVIDUAL</u>		
90832	Psych Tx Pt 30 Minutes	\$ 66.00
90834	Psych Tx Pt 45 Minutes	\$ 132.00
90837	Psych Tx Pt 60 Minutes	\$ 198.00
90846	Family Psych without Patient	\$ 198.00
90847	Family Psych Tx with Patient	\$ 198.00
<u>GROUP</u>		
90853	Group Therapy	\$ 30.00
<u>EVALUATION & MANAGEMENT SERVICES</u>		
99212	Established Office Visit- Est Pt.- Level 2	\$ 78.75
99213	Established Office Visit- Est Pt.- Level 3	\$ 157.50
99214	Established Office Visit- Est Pt.- Level 4	\$ 236.25
99215	Established Office Visit- Est Pt.- Level 5	\$ 315.00
96372	Injection Therapeutic, prophylactic or diagnostic	\$ 17.61

*The Northeastern Center offers a sliding fee reduction to eligible clients who apply through our Financial Assistance Program.