# Sliding Fee Scale

Based on Monthly Federal Poverty Guidelines - 2022

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|  | 100% FPG | 133% FPG | 150% FPG | 185% FPG | (GAP) | 200% FPG |
| Family Size | 0.00 Pay | 10% Pay | 15% Pay | 25% Pay | 50% Pay | 100% Pay |
|  | Income up to: | Income up to: | Income up to: | Income up to: | Income up to: | Income over: |
| 1 | $1,133.00 | $1,506.00 | $1,699.00 | $2,095.00 | $2,155.00 | $2,265.00 |
| 2 | $1,526.00 | $2029.00 | $2,289.00 | $2,823.00 | $2,964.15 | $3,052.00 |
| 3 | $1,919.00 | $2,552.00 | $2,879.00 | $3,550.00 | $3,727.50 | $3,838.00 |
| 4 | $2,313.00 | $3,076.00 | $3,469.00 | $4,278.00 | $4,491.90 | $4,625.00 |
| 5 | $2,706.00 | $3,599.00 | $4,059.00 | $5,006.00 | $5,256.30 | $5,412.00 |
| 6 | $3,099.00 | $4,122.00 | $4,649.00 | $5,733.00 | $6,019.65 | $6,198.00 |
| 7 | $3,493.00 | $4,645.00 | $5,239.00 | $6,461.00 | $6,784.05 | $6,985.00 |
| 8 | $3,886.00 | $5,168.00 | $5,829.00 | $7,189.00 | $7,548.46 | $7,772.00 |

Based on the HHS Federal Poverty Guidelines, January 2022

Note: Clients must never be denied services because of an inability to pay current or past fees

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| OMHC | | MD/PHD | 100% FPG | 133% FPG | 150% FPG | 185% FPG | (GAP) | 200% FPG |
| Service Description | CPT Code | Fee | Fees are Waived | 10% Pay | 15% Pay | 25% Pay | 50% Pay | 100% Pay |
| Diagnostic  Evaluations | 90791 | $235.59 | $0.00 | $22.30 | $33.45 | $55.75 | $111.50 | $223.00 |
|  | 90792 | $235.59 | $0.00 | $22.30 | $33.45 | $55.75 | $111.50 | $223.00 |
| E&M Med Mgt | 99211 | $32.00 | $0.00 | $5.00 | $5.00 | $8.00 | $16.00 | $32.00 |
|  | 99212 | $70.00 | $0.00 | $7.00 | $10.50 | $17.50 | $35.00 | $70.00 |
|  | 99213 | $117.00 | $0.00 | $11.70 | $17.55 | $29.25 | $58.50 | $117.00 |
|  | 99214 | $171.00 | $0.00 | $17.10 | $25.65 | $42.75 | $85.50 | $171.00 |
|  | 99215 | $229.00 | $0.00 | $22.90 | $34.35 | $57.25 | $114.50 | $229.00 |
| Individual Therapy | 90832 | $101.00 | $0.00 | $10.10 | $15.15 | $25.25 | $50.50 | $101.00 |
|  | 90834 | $170.00 | $0.00 | $17.00 | $25.50 | $42.50 | $85.00 | $170.00 |
|  | 90837 | $212.00 | $0.00 | $21.20 | $31.80 | $53.00 | $106.00 | $212.00 |
| Crisis Psychotherapy | 90839 | $211.00 | $0.00 | $21.10 | $31.65 | $52.75 | $105.50 | $211.00 |
|  | 90840 | $103.00 | $0.00 | $10.30 | $15.45 | $25.75 | $51.50 | $103.00 |
| Family Therapy w/o  Client | 90846 | $175.00 | $0.00 | $17.50 | $26.25 | $43.75 | $87.50 | $175.00 |
| Family Therapy  w/Client | 90847 | $180.00 | $0.00 | $18.00 | $27.00 | $45.00 | $90.00 | $180.00 |
|  | 90847-52 | $100.00 | $0.00 | $10.00 | $15.00 | $25.00 | $50.00 | $100.00 |
| Group Therapy | 90853 | $74.00 | $0.00 | $7.40 | $11.10 | $18.50 | $37.00 | $74.00 |
| Injection | 96372 | $27.00 | $0.00 | $5.00 | $5.00 | $6.75 | $13.50 | $27.00 |
| Individual Treatment Plan | H0032 | $97.02 | $0.00 | $9.70 | $14.55 | $24.26 | $48.51 | $97.02 |
| Telehealth Originating Site Fee | Q3014 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| OMS Discharge | 90889 | $28.26 | $0.00 | $5.00 | $5.00 | $5.71 | $11.43 | $22.85 |
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| OMHC | | CRNP | 100% FPG | 133% FPG | 150% FPG | 185% FPG | (GAP) | 200% FPG |

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| Service Description | CPT Code | Fee | $0.00 Pay | 10% Pay | 15% Pay | 25% Pay | 50% Pay | 100% Pay |
| Diagnostic  Evaluations | 90791 | $210.00 | $0.00 | $21.00 | $31.50 | $52.50 | $105.00 | $210.00 |
|  | 90792 | $210.00 | $0.00 | $21.00 | $31.50 | $52.50 | $105.00 | $210.00 |
| E&M Med Mgt | 99211 | $28.00 | $0.00 | $5.00 | $5.00 | $7.00 | $14.00 | $28.00 |
|  | 99212 | $62.00 | $0.00 | $6.20 | $9.30 | $15.50 | $31.00 | $62.00 |
|  | 99213 | $105.00 | $0.00 | $10.50 | $15.75 | $26.25 | $52.50 | $105.00 |
|  | 99214 | $152.00 | $0.00 | $15.20 | $22.80 | $38.00 | $76.00 | $152.00 |
|  | 99215 | $206.00 | $0.00 | $20.60 | $30.90 | $51.50 | $103.00 | $206.00 |
| Individual Therapy | 90832 | $91.00 | $0.00 | $9.10 | $13.65 | $22.75 | $45.50 | $91.00 |
|  | 90834 | $153.00 | $0.00 | $15.30 | $22.95 | $38.25 | $76.50 | $153.00 |
|  | 90837 | $191.00 | $0.00 | $19.10 | $28.65 | $47.75 | $95.50 | $191.00 |
| Crisis Psychotherapy | 90839 | $190.00 | $0.00 | $19.00 | $28.50 | $47.50 | $95.00 | $190.00 |
|  | 90840 | $93.00 | $0.00 | $9.30 | $13.95 | $23.25 | $46.50 | $93.00 |
| Family Therapy w/o  Client | 90846 | $158.00 | $0.00 | $15.80 | $23.70 | $39.50 | $79.00 | $158.00 |
| Family Therapy  w/Client | 90847 | $162.00 | $0.00 | $16.20 | $24.30 | $40.50 | $81.00 | $162.00 |
|  | 90847-52 | $88.00 | $0.00 | $8.80 | $13.20 | $22.00 | $44.00 | $88.00 |
| Group Therapy | 90853 | $67.00 | $0.00 | $6.70 | $10.05 | $16.75 | $33.50 | $67.00 |
| Injection | 96372 | $27.00 | $0.00 | $5.00 | $5.00 | $6.75 | $13.50 | $27.00 |
| Individual Treatment  Plan | H0032 | $114.00 | $0.00 | $9.10 | $13.65 | $22.76 | $45.51 | $91.02 |
| OMS Discharge | 90889 | $28.26 | $0.00 | $5.00 | $5.00 | $5.71 | $11.43 | $22.85 |
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| OMHC | | **LCSW** | 100% FPG | 133% FPG | 150% FPG | 185% FPG | (GAP) | 200% FPG |

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| Service Description | CPT Code | **Fee** | $0.00 Pay | 10% Pay | 15% Pay | 25% Pay | 50% Pay | 100% Pay |
| Diagnostic  Evaluations | 90791 | $200.00 | $0.00 | $20.00 | $30.00 | $50.00 | $100.00 | $200.00 |
|  | 90792 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| E&M Med Mgt | 99211 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | 99212 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | 99213 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | 99214 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | 99215 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Individual Therapy | 90832 | $79.00 | $0.00 | $7.90 | $11.85 | $19.75 | $39.50 | $79.00 |
|  | 90834 | $106.00 | $0.00 | $10.60 | $15.90 | $26.50 | $53.00 | $106.00 |
|  | 90837 | $165.00 | $0.00 | $16.50 | $24.75 | $41.25 | $82.50 | $165.00 |
| Crisis Psychotherapy | 90839 | $155.00 | $0.00 | $15.50 | $23.25 | $38.75 | $77.50 | $155.00 |
|  | 90840 | $78.00 | $0.00 | $7.80 | $11.70 | $19.50 | $39.00 | $78.00 |
| Family Therapy w/o  Client | 90846 | $111.00 | $0.00 | $11.10 | $16.65 | $27.75 | $55.50 | $111.00 |
| Family Therapy  w/Client | 90847 | $115.00 | $0.00 | $11.50 | $17.25 | $28.75 | $57.50 | $115.00 |
|  | 90847-52 | $63.00 | $0.00 | $6.30 | $9.45 | $15.75 | $31.50 | $63.00 |
| Group Therapy | 90853 | $59.00 | $0.00 | $5.90 | $8.85 | $14.75 | $29.50 | $59.00 |
| Injection | 96372 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Individual Treatment  Plan | H0032 | $91.02 | $0.00 | $9.10 | $13.65 | $22.76 | $45.51 | $91.02 |
| OMS Discharge | 90889 | $22.85 | $0.00 | $5.00 | $5.00 | $5.71 | $11.43 | $22.85 |
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| Addiction Treatment Services | | | 100% FPG | 133% FPG | 150% FPG | 185% FPG | (GAP) | 200% FPG |

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| Service Description | | CPT Code | Fee | $0.00 Pay | 10% Pay | 15% Pay | 25% Pay | 50% Pay | 100% Pay |
| Alcohol and/or Drug Assessment | | H0001 | $192.57 | $0.00 | $19.26 | $28.88 | $48.14 | $96.28 | $192.57 |
| Partial hospitalization (6+ hrs/day of services) | | H2036 | $284.77 | $0.00 | $28.48 | $42.71 | $71.19 | $142.38 | $284.77 |
| Partial Hospitalization | | H2036 | $176.29 | $0.00 | $17.63 | $26.44 | $44.07 | $88.14 | $176.29 |
| Intensive Outpatient (IOP) | | H0015 | $169.51 | $0.00 | $16.95 | $25.43 | $42.38 | $84.75 | $169.51 |
| Group Outpatient Therapy | | H0005 | $75.00 | $0.00 | $7.50 | $11.25 | $18.75 | $37.50 | $75.00 |
|  | |  |  |  |  |  |  |  |  |
| Individual Outpatient Therapy | | H0004 | $35.00 PER 15 MIN | $0.00 | $5.00 | $5.25 | $8.75 | $17.50 | $35.00 |
| ASAM Level 3.7WM | | W7375 | $478.54 | $0.00 | $47.85 | $71.78 | $119.63 | $239.27 | $478.54 |
| ASAM Level 3.7 | | W7370 | $403.25 | $0.00 | $40.32 | $60.49 | $100.81 | $201.62 | $403.25 |
| ASAM Level 3.3 | | W7330 | $281.12 | $0.00 | $28.11 | $42.71 | $70.28 | $140.56 | $281.12 |
| ASAM Level 3.1 | | W7310 | $156.34 | $0.00 | $15.63 | $23.45 | $39.08 | $78.17 | $156.34 |
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