

	Fee Schedule	
Service	Description	Cost
	Primary Care/ Medication Management	
99202-99205	New Patient Office Visit	\$140-\$391
99211-99215	Established Patient Office Visit	\$81-\$273
H2019	Nurse Visit	\$45 per 15 Minutes
90792	Psychiatric Evaluation	\$275
90833	Counseling- Additional Time	\$85-\$99
In	dividual Counseling (Fees dependent on provide	lers licensure)
90791	Diagnostic Assessment	\$147-\$196
90832	Psychotherapy, 30 minutes	\$72-\$96
90834	Psychotherapy, 45 minutes	\$96-\$127
90837	Psychotherapy, 60+ minutes	\$143-\$191
90785	Interactive Complexity	\$16-\$21
	Case Management	
H2019	Mental Health Case Management- TBS	\$38-\$49- per 15minutes
H0036	Mental Health Case Management- CPST	\$25 per 15minutes
H0006	Alcohol and/or Drug Case Management	\$33 per 15 minutes
	Psychological Testing	
96112	Developmental/Behavioral Screening	\$192 up to 60 minutes
96113	Dev/Beh Screening- Additional Time	\$88 per extra 30 minutes
96130	Psychological Testing Evaluation	\$166 up to 60 minutes
96131	Psychological Testing- Additional Time	\$127 per extra 60 minutes
96136	Psychological/Neurological Testing	\$69 up to 30 minutes
96137	Psych/Neuro Testing- Additional Time	\$64 per extra 30 minutes
	Substance Use-Residential	
H2036	Daily Rate	\$362
	Urgent Care Services	
90839	Crisis Assessment	\$149-\$199
Additional Case Ma	anagement, Medication Management and Counseling Servi	ces may apply. Please see above.
	Detox	
H0014	Outpatient Detox 1 Hour	\$153- \$216
H0014 AT	Outpatient Detox 2-3 Hours	\$405-\$573
H0012	Outpatient Detox per Day	\$610
	Counseling and other services	4000
H2020	Mental Day Treatment	\$230-309 150+Minutes
97153	Applied Behavior Analysis(ABA)	\$16-\$18 per 15 minutes
H0015	Intensive Outpatient Program(IOP)	\$206-\$274 120+Minutes
H0038	Peer Support	\$27 per 15 Minutes
90853	Group Counseling	\$29-\$40
NFS	No Show Fee	\$25
	Primary Care Additional Services	4
69210	Ear Wash, one or both	\$69
87880	Streptococcus, Group A	\$25
87804	Influenza (A, B or Both)	\$20 each
99406	Smoking and Tobacco Cessation	\$22

<sup>\*</sup>Harbor's fee schedule is subject to change without prior notification.

<sup>\*\*</sup>This is not a comprehensive list of Harbor services. Good Faith Estimates are available upon request.