

FEE SCHEDULE AND SERVICES OFFERED			
SERVICE	DESCRIPTION	CODE/ FEE	INSURANCE COVERAGE
<u>INITIAL EVALUATION</u>			
PART 1: Medical visit	Comprehensive substance abuse history	99245/ \$1,624 99205/ \$1,390 99204/ \$1,054 90792/ \$1,305	Child's insurance
PART 1: Mental health visit	Mental health collateral screen (from parent)	90791/ \$1,162 90792/ \$1,305	Child's insurance
PART 2: Medical visit	Collateral substance abuse history(from parent)	99214/ \$821 99215/ \$1,144	Child's insurance
PART 2: Mental health visit	Mental health screen	90791/ \$1,162 90792/ \$1,305	Child's insurance
Family meeting	Presentation of diagnostic impressions and recommendations. All families receive a personalized, typed summary of recommendations approximately 2 weeks after the family meeting.	99214/ \$821 99215/ \$1,144	Child's insurance
<u>FOLLOW UP VISITS</u>			
Interim History	Service re-evaluation	90834/ \$660 99214/ \$821 99215/ \$1,144	Child's insurance
3 month review	Interim history, re-evaluation of drug testing program	90834/ \$660 99214/ \$821 99215/ \$1,144	Child's insurance
Parent support	Individualized parent guidance	90846/ \$625 90847/ \$663	Child's insurance
Individual therapy	Individual counseling	90834/ \$660	Child's insurance
Relapse prevention	Individual counseling	90834/ \$660	Child's insurance
<u>SUBOXONE® PROGRAM</u>			
Induction	Observed initiation of Suboxone® therapy	99215/ \$1,144	Child's insurance
Follow-up medication visits	Evaluation of medication efficacy and side effects	99214/ \$821 99215/ \$1,144	Child's insurance
<u>DRUG TESTING PROGRAM</u>			
Contracting	Detailed explanation of drug testing program, including services provided by ASAP, and commitments from teens and parents	99214/ \$821 99215/ \$1,144	Child's insurance
Drug Test Review visit	Review of unexpected drug test results with medical provider	99214/ \$821 99215/ \$1,144	Child's insurance
Urine collection and processing	Urine collection via federal guidelines	_____	**this cost is paid directly to the lab, consult your insurance to determine coverage**
<u>GROUP THERAPY</u>			
Group screen	Detailed explanation of group program, individual goal setting	90834/ \$660	Child's insurance
Adolescent group	Weekly psycho-educational groups facilitated by professional counselor	90853/ \$209	Child's insurance
Parent group	Weekly psycho-educational groups facilitated by professional counselor	90853/ \$209	**Parent's insurance **
Group re-entry visit	Review of unexpected drug test results with mental health provider pre-group	90832/ \$504 90834/ \$660	Child's insurance
<u>PSYCHOPHARMACOLOGY</u>			
Initial evaluation	Mental health diagnostic evaluation	90792/ \$1,305	Child's insurance
Follow-up medication visits	Review of medication efficacy and side effects	99213/ \$579 99214/ \$821 99215/ \$1,144	Child's insurance