

Group	Type	CPT/REV Code	CPT/REV Code Description	Standard Charge	AETNA	AETNA BETTER HEALTH	AMERI-CHOICE	AMERI-GROUP	CHN	CIGNA BEHAV.	HORIZON BCBS	HORIZON NJ HEALTH	LOCAL 8A/28A
IP			INPATIENT	1,664	1,162	1,204	990	1,204	600	800	655	1,204	850
			INPATIENT - CHILD	1,785	1,162	1,204	990	1,204	600	800	655	1,204	850
PH			PARTIAL HOSPITALIZATION	690	500	341	339	341	200	221	483	341	OON
IOP			INTENSIVE O/P	508	284	115	200	115	OON	OON	356	115	OON
O/P	E&M	99212	OFFICE VISIT - STRAIGHTFORWARD	290	120	90	OON	90	OON	OON	203	90	OON
		99213	OFFICE VISIT - LOW COMPLEX.	290	126	90	OON	90	OON	OON	203	90	OON
		99214	OFFICE VISIT- MOD. COMPLEX.	290	156	90	OON	90	OON	OON	203	90	OON
		99215	OFFICE VISIT - HIGH COMPLEX.	290	189	180	OON	180	OON	OON	203	180	OON
		99281	EMER VISIT - STRAIGHTFORWARD	300	327	300	OON	300	OON	OON	210	300	OON
		99282	EMER VISIT - LOW COMPLEX.	450	327	450	OON	450	OON	OON	315	450	OON
		99283	EMER VISIT - MOD. COMPLEX.	850	327	821	OON	821	OON	OON	595	821	OON
		99284	EMER VISIT - MOD. COMPLEX.	850	327	821	OON	821	OON	OON	595	821	OON
		99285	EMER VISIT - HIGH COMPLEX	1,100	327	821	OON	821	OON	OON	770	821	OON
	Evaluation	90791	PSYCHIATRIC DX EVALUATION	726	251	163	OON	163	OON	OON	508	163	OON
		90792	PSYCHIATRIC DX EVAL. W/ MED. SERVICE	726	315	163	OON	163	OON	OON	508	163	OON
	Therapy	90832	PSYCHOTHERAPY - 30 MIN.	151	116	68	OON	68	OON	OON	106	68	OON
		90834	PSYCHOTHERAPY - 45 MIN.	151	167	68	OON	68	OON	OON	106	68	OON
		90837	PSYCHOTHERAPY - 60 MIN.	212	194	136	OON	136	OON	OON	148	136	OON
		90846	FAM PSYCHOTHERAPY W/O PT PRESENT	181	115	136	OON	136	OON	OON	127	136	OON
		90847	FAM PSYCHOTHERAPY W/PT PRESENT	181	115	136	OON	136	OON	OON	127	136	OON
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	165	84	28	OON	28	OON	OON	116	28	OON
		90853	GROUP PSYCHOTHERAPY	169	84	28	OON	28	OON	OON	118	28	OON
	Testing	96116	PSYCHOLOGICAL TESTING	225	131	81	OON	81	OON	OON	158	81	OON
		96121	PSYCHOLOGICAL TESTING - EACH ADD'L HOUR	225	108	81	OON	81	OON	OON	158	81	OON

Group	Type	CPT/REV Code	CPT/REV Code Description	MAGELLAN	MEDICARE NORTH	MEDICARE SOUTH	MULTI-PLAN	NJ CARPENTERS	OXFORD	SELF PAY	UNITED BEHAV.	UNITED COMM HEALTH
IP			INPATIENT	750	1,000	1,000	1,165	800	990	1,150	990	808
			INPATIENT - CHILD	750	N/A	N/A	1,250	800	990	1,150	990	808
PH			PARTIAL HOSPITALIZATION	300	N/A	N/A	483	250	339	400	339	299
IOP			INTENSIVE O/P	OON	N/A	N/A	356	508	200	240	200	178
O/P	E&M	99212	OFFICE VISIT - STRAIGHTFORWARD	OON	183	182	203	290	OON	210	OON	OON
		99213	OFFICE VISIT - LOW COMPLEX.	OON	221	219	203	290	OON	254	OON	OON
		99214	OFFICE VISIT- MOD. COMPLEX.	OON	276	272	203	290	OON	317	OON	OON
		99215	OFFICE VISIT - HIGH COMPLEX.	OON	328	323	203	290	OON	377	OON	OON
		99281	EMER VISIT - STRAIGHTFORWARD	OON	81	N/A	210	300	OON	93	OON	OON
		99282	EMER VISIT - LOW COMPLEX.	OON	151	N/A	315	450	OON	174	OON	OON
		99283	EMER VISIT - MOD. COMPLEX.	OON	265	N/A	595	850	OON	304	OON	OON
		99284	EMER VISIT - MOD. COMPLEX.	OON	412	N/A	595	850	OON	474	OON	OON
		99285	EMER VISIT - HIGH COMPLEX	OON	592	N/A	770	1,100	OON	681	OON	OON
	Evaluation	90791	PSYCHIATRIC DX EVALUATION	OON	342	338	508	726	OON	393	OON	OON
		90792	PSYCHIATRIC DX EVAL. W/ MED. SERVICE	OON	342	335	508	726	OON	393	OON	OON
	Therapy	90832	PSYCHOTHERAPY - 30 MIN.	OON	228	223	106	151	OON	263	OON	OON
		90834	PSYCHOTHERAPY - 45 MIN.	OON	228	223	106	151	OON	263	OON	OON
		90837	PSYCHOTHERAPY - 60 MIN.	OON	296	293	148	212	OON	340	OON	OON
		90846	FAM PSYCOTHERAPY W/O PT PRESENT	OON	259	262	127	181	OON	298	OON	OON
		90847	FAM PSYCHOTHERAPY W/PT PRESENT	OON	264	257	127	181	OON	303	OON	OON
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	OON	107	106	116	165	OON	123	OON	OON
		90853	GROUP PSYCHOTHERAPY	OON	107	106	118	169	OON	123	OON	OON
	Testing	96116	PSYCHOLOGICAL TESTING	OON	303	303	158	225	OON	348	OON	OON
		96121	PSYCHOLOGICAL TESTING - EACH ADD'L HOUR	OON	157	157	158	225	OON	181	OON	OON

Group	Type	CPT/REV Code	CPT/REV Code Description	WELLCARE	MIN	MAX
IP			INPATIENT	1,204	600	1,204
			INPATIENT - CHILD	1,204	600	1,250
PH			PARTIAL HOSPITALIZATION	341	200	500
IOP			INTENSIVE O/P	115	115	508
O/P	E&M	99212	OFFICE VISIT - STRAIGHTFORWARD	90	90	290
		99213	OFFICE VISIT - LOW COMPLEX.	90	90	290
		99214	OFFICE VISIT- MOD. COMPLEX.	90	90	317
		99215	OFFICE VISIT - HIGH COMPLEX.	180	180	377
		99281	EMER VISIT - STRAIGHTFORWARD	300	81	327
		99282	EMER VISIT - LOW COMPLEX.	450	151	450
		99283	EMER VISIT - MOD. COMPLEX.	821	265	850
		99284	EMER VISIT - MOD. COMPLEX.	821	327	850
		99285	EMER VISIT - HIGH COMPLEX	821	327	1,100
	Evaluation	90791	PSYCHIATRIC DX EVALUATION	163	163	726
		90792	PSYCHIATRIC DX EVAL. W/ MED. SERVICE	163	163	726
	Therapy	90832	PSYCHOTHERAPY - 30 MIN.	68	68	263
		90834	PSYCHOTHERAPY - 45 MIN.	68	68	263
		90837	PSYCHOTHERAPY - 60 MIN.	136	136	340
		90846	FAM PSYCOTHERAPY W/O PT PRESENT	136	115	298
		90847	FAM PSYCHOTHERAPY W/PT PRESENT	136	115	303
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	28	28	165
		90853	GROUP PSYCHOTHERAPY	28	28	169
	Testing	96116	PSYCHOLOGICAL TESTING	81	81	348
		96121	PSYCHOLOGICAL TESTING - EACH ADD'L HOUR	81	81	225