

Group	Type	CPT/REV Code	CPT/REV Code Description	Standard Charge	AETNA	AETNA BETTER HEALTH	AMERI-CHOICE	AMERI-HEALTH	CHN	CIGNA BEHAV.	HORIZON BCBS	HORIZON BCBS Indemnity	HORIZON NJ HEALTH
IP			INPATIENT	1,664	1,107	1,642	950	750	600	800	590	646	1,642
			INPATIENT - CHILD	1,785	1,107	1,642	950	750	600	800	590	646	1,642
PH			PARTIAL HOSPITALIZATION	690	476	325	315	300	200	221	483	483	325
IOP			INTENSIVE O/P	508	270	508	185	OON	OON	OON	356	356	OON
AWM			AMBULATORY WITHDRAWAL MANAGEMENT	800	480	800	400	OON	OON	OON	560	560	OON
O/P	E&M	99212	OFFICE VISIT - STRAIGHTFORWARD	290	115	82	OON	OON	OON	OON	203	203	OON
		99213	OFFICE VISIT - LOW COMPLEX.	290	120	82	OON	OON	OON	OON	203	203	OON
		99214	OFFICE VISIT- MOD. COMPLEX.	290	149	82	OON	OON	OON	OON	203	203	OON
		99215	OFFICE VISIT - HIGH COMPLEX.	290	180	163	OON	OON	OON	OON	203	203	OON
		99281	EMER VISIT - STRAIGHTFORWARD	300	311	300	OON	OON	OON	OON	210	210	OON
		99282	EMER VISIT - LOW COMPLEX.	450	311	450	OON	OON	OON	OON	315	315	OON
		99283	EMER VISIT - MOD. COMPLEX.	850	311	821	OON	OON	OON	OON	595	595	OON
		99284	EMER VISIT - MOD. COMPLEX.	850	311	821	OON	OON	OON	OON	595	595	OON
		99285	EMER VISIT - HIGH COMPLEX	1,100	311	821	OON	OON	OON	OON	770	770	OON
	Evaluation	90791	PSYCHIATRIC DX EVALUATION	726	239	163	OON	OON	OON	OON	508	508	OON
		90792	PSYCHIATRIC DX EVAL. W/ MED. SERVICE	726	300	163	OON	OON	OON	OON	508	508	OON
	Therapy	90832	PSYCHOTHERAPY - 30 MIN.	151	110	68	OON	OON	OON	OON	106	106	OON
		90834	PSYCHOTHERAPY - 45 MIN.	151	159	68	OON	OON	OON	OON	106	106	OON
		90837	PSYCHOTHERAPY - 60 MIN.	212	182	136	OON	OON	OON	OON	148	148	OON
		90846	FAM PSYCHOTHERAPY W/O PT PRESENT	181	110	136	OON	OON	OON	OON	127	127	OON
		90847	FAM PSYCHOTHERAPY W/PT PRESENT	181	110	136	OON	OON	OON	OON	127	127	OON
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	165	80	28	OON	OON	OON	OON	116	116	OON
		90853	GROUP PSYCHOTHERAPY	169	80	28	OON	OON	OON	OON	118	118	OON
	Testing	96116	PSYCHOLOGICAL TESTING	225	125	81	OON	OON	OON	OON	158	158	OON
		96121	PSYCHOLOGICAL TESTING - EACH ADD'L HOUR	225	103	81	OON	OON	OON	OON	158	158	OON

Group	Type	CPT/REV Code	CPT/REV Code Description	LOCAL 8A/28A	MAGELLAN	MEDICARE NORTH	MEDICARE SOUTH	MULTI-PLAN	NJ CARPENTERS	OXFORD	SELF PAY	UNITED BEHAV.
IP			INPATIENT	850	750	1,000	1,000	1,165	800	950	1,150	950
			INPATIENT - CHILD	850	750	N/A	N/A	1,250	800	950	1,150	950
PH			PARTIAL HOSPITALIZATION	OON	300	N/A	N/A	483	250	315	N/A	315
IOP			INTENSIVE O/P	OON	OON	N/A	N/A	356	508	185	N/A	185
AWM			AMBULATORY WITHDRAWAL MANAGEMENT	OON	OON	N/A	N/A	560	800	400	N/A	400
O/P	E&M	99212	OFFICE VISIT - STRAIGHTFORWARD	OON	OON	188	187	203	290	OON	216	OON
		99213	OFFICE VISIT - LOW COMPLEX.	OON	OON	226	223	203	290	OON	259	OON
		99214	OFFICE VISIT- MOD. COMPLEX.	OON	OON	282	278	203	290	OON	325	OON
		99215	OFFICE VISIT - HIGH COMPLEX.	OON	OON	336	331	203	290	OON	386	OON
		99281	EMER VISIT - STRAIGHTFORWARD	OON	OON	82	N/A	210	300	OON	94	OON
		99282	EMER VISIT - LOW COMPLEX.	OON	OON	135	N/A	315	450	OON	156	OON
		99283	EMER VISIT - MOD. COMPLEX.	OON	OON	261	N/A	595	850	OON	300	OON
		99284	EMER VISIT - MOD. COMPLEX.	OON	OON	310	N/A	595	850	OON	357	OON
		99285	EMER VISIT - HIGH COMPLEX	OON	OON	589	N/A	770	1,100	OON	677	OON
	Evaluation	90791	PSYCHIATRIC DX EVALUATION	OON	OON	339	335	508	726	OON	389	OON
		90792	PSYCHIATRIC DX EVAL. W/ MED. SERVICE	OON	OON	339	335	508	726	OON	389	OON
	Therapy	90832	PSYCHOTHERAPY - 30 MIN.	OON	OON	224	223	106	151	OON	258	OON
		90834	PSYCHOTHERAPY - 45 MIN.	OON	OON	224	223	106	151	OON	258	OON
		90837	PSYCHOTHERAPY - 60 MIN.	OON	OON	292	290	148	212	OON	336	OON
		90846	FAM PSYCHOTHERAPY W/O PT PRESENT	OON	OON	255	253	127	181	OON	293	OON
		90847	FAM PSYCHOTHERAPY W/PT PRESENT	OON	OON	259	257	127	181	OON	298	OON
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	OON	OON	110	109	116	165	OON	126	OON
		90853	GROUP PSYCHOTHERAPY	OON	OON	110	109	118	169	OON	126	OON
	Testing	96116	PSYCHOLOGICAL TESTING	OON	OON	298	298	158	225	OON	343	OON
		96121	PSYCHOLOGICAL TESTING - EACH ADD'L HOUR	OON	OON	158	157	158	225	OON	181	OON

Group	Type	CPT/REV Code	CPT/REV Code Description	UNITED COMM HEALTH	MIN	MAX
IP			INPATIENT	776	590	1,642
			INPATIENT - CHILD	776	590	1,642
PH			PARTIAL HOSPITALIZATION	299	200	483
IOP			INTENSIVE O/P	165	165	508
AWM			AMBULATORY WITHDRAWAL MANAGEMENT	300	300	800
O/P	E&M	99212	OFFICE VISIT - STRAIGHTFORWARD	OON	82	290
		99213	OFFICE VISIT - LOW COMPLEX.	OON	82	290
		99214	OFFICE VISIT- MOD. COMPLEX.	OON	82	325
		99215	OFFICE VISIT - HIGH COMPLEX.	OON	163	386
		99281	EMER VISIT - STRAIGHTFORWARD	OON	82	311
		99282	EMER VISIT - LOW COMPLEX.	OON	135	450
		99283	EMER VISIT - MOD. COMPLEX.	OON	261	850
		99284	EMER VISIT - MOD. COMPLEX.	OON	310	850
		99285	EMER VISIT - HIGH COMPLEX	OON	311	1,100
	Evaluation	90791	PSYCHIATRIC DX EVALUATION	OON	163	726
		90792	PSYCHIATRIC DX EVAL. W/ MED. SERVICE	OON	163	726
	Therapy	90832	PSYCHOTHERAPY - 30 MIN.	OON	68	258
		90834	PSYCHOTHERAPY - 45 MIN.	OON	68	258
		90837	PSYCHOTHERAPY - 60 MIN.	OON	136	336
		90846	FAM PSYCOTHERAPY W/O PT PRESENT	OON	110	293
		90847	FAM PSYCHOTHERAPY W/PT PRESENT	OON	110	298
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	OON	28	165
		90853	GROUP PSYCHOTHERAPY	OON	28	169
	Testing	96116	PSYCHOLOGICAL TESTING	OON	81	343
		96121	PSYCHOLOGICAL TESTING - EACH ADD'L HOUR	OON	81	225