

Summit Psychiatry Associates, LLC Fee Schedule

CPT Code	Service Description	Summit Rate	Self-Pay
90791	Psychiatric Diagnostic Evaluation	\$595.00	\$476.00
90792	Psych Eval w/ Medical Services	\$600.00	\$480.00
99203	New Pt Eval & Mgmt – Detailed	\$318.75	\$255.00
99204	New Pt Eval & Mgmt – Mod Complexity	\$467.50	\$374.00
99205	New Pt Eval & Mgmt – High Complexity	\$624.75	\$499.80
99213	Est Pt Eval & Mgmt – Detailed	\$270.75	\$216.60
99214	Est Pt Eval & Mgmt – Mod Complexity	\$399.50	\$319.60
99215	Est Pt Eval & Mgmt – High Complexity	\$510.00	\$408.00
96372	Injection	\$102.00	\$81.60
96217	Brief Emotional Assessment	\$30.00	\$24.00
36415	Venipuncture	\$29.75	\$23.80
H0031	Mental Health Intake Assessment	\$467.50	\$374.00
90832	Individual Therapy – 30 min	\$127.50	\$102.00
90833	Indiv Therapy w/ E&M – 30 min	\$140.00	\$112.00
90834	Individual Therapy – 45 min	\$170.00	\$136.00
90836	Indiv Therapy w/ E&M – 45 min	\$185.00	\$148.00
90837	Individual Therapy – 60 min	\$212.50	\$170.00
90838	Indiv Therapy w/ E&M – 60 min	\$235.00	\$188.00
90846	Family Therapy w/o Patient	\$191.25	\$153.00
90847	Family Therapy w/ Patient	\$221.00	\$176.80
90849	Multi-Family Group Therapy	\$127.50	\$102.00
90839	Crisis Therapy (First 60 minutes)	\$259.25	\$207.40
H2011	Crisis Stabilization (per 15 min)	\$51.00	\$40.80
T1016	Case Management (per 15 min)	\$51.00	\$40.80

Disclaimer: Charges are subject to change without notice. The fee schedule provided does not represent a complete list of services offered by Summit Psychiatry Associates, LLC. For more information about available services, sliding fee scale options, or to request a comprehensive rate list, please contact us at admin@summit-pa.org or 907-215-2353.

Please Note: Sliding scale discounts apply to self-pay services only and are **not available** for services billed to Medicaid, Medicare, or private insurance.