

Behavioral Health Services of Arkansas

Good Faith Estimate/ Self-Pay Pricing

Service	Service Code	Quantity	Expected Cost
Initial diagnostic visit	90791	1	\$225.00
Psychiatric Assessment	90792	1	\$150.00
Individual therapy 30 min	90832	1-50 visits	\$75.00
Individual therapy 45 min	90834	1-50 visits	\$110.00
Individual therapy 60 min	90837	1-50 visits	\$150.00
PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES***	90839	As needed for crisis	\$150.00
PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES***	90840	As needed for crisis	\$75.00
Family Therapy 60 min with or without patient	90846/90847	1-50 visits	\$150.00
Evaluation and Management	99213/99214/99215	1-50 visits	\$75.00
Group therapy 60 min	90853	1-50 visits	\$45.00

*** 90839 & 90840 are billed together, and cost would be combined for that date of service. This is for crisis sessions only; they are considered emergency services and are thus exempt from the good faith estimate limitations as required by law.