THE NEUROCOGNITIVE & BEHAVIORAL INSTITUTE

Integrating Science with Practice

TYPE OF SERVICE	OTHER DETAILS	RATES	CPT CODES & UNITS
INTAKE & INITIAL EXAM	(Doctoral-level Clinician)	**$555.00**	90791 X 1 96116 X 1 96121 X 1
	(Master-level Clinician)	**$475.00**	90792 X 1 96116 X 1 96121 X 1
TESTING PER AGE BRACKET	15-29 MONTHS	**$1,747.50**	96132 x 4 96133 x 1 96138 x 2 96139 x 9
	30-35 MONTHS	**$2,372.50**	96132 x 5 96133 x 1 96138 x 3 96139 x 15
	36-42 MONTHS	**$3,172.50**	96132 x 6 96133 x 1 96138 x 4 96139 x 21
	43-47 MONTHS	**$2,822.50**	96132 x 6 96133 x 1 96138 x 4 96139 x 21
	4 YEARS OLD	**$4,260.00**	96132 x 8 96133 x 1 96138 x 6 96139 x 26
	5 YEARS OLD	**$5,335.00**	96132 x 9 96133 x 1 96138 x 7 96139 x 25
	6 YEARS OLD	**$5,547.50**	96132 x 10 96133 x 1 96138 x 8 96139 x 24

	7 YEARS OLD	**$5,547.50**	96132 x 10 96133 x 1 96138 x 8 96139 x 24

	8-15 YEARS OLD	**$5,360.00**	96132 x 9 96133 x 1 96138 x 8 96139 x 24
	16-17 YEARS OLD	**$5,180.00**	96132 x 8 96133 x 1 96138 x 7 96139 x 25
	18-22 YEARS OLD	**$5,180.00**	96132 x 8 96133 x 1 96138 x 7 96139 x 25
	23-64 YEARS OLD	**$4,755.00**	96132 x 8 96133 x 1 96138 x 7 96139 x 25
	65+ YEARS OLD	**$4,755.00**	96132 x 8 96133 x 1 96138 x 7 96139 x 25
	ADULT MODIFIED	**$3,137.25**	96132 x 6 96133 x 1 96138 x 6 96139 x 17
	MENTAL HEALTH ONLY	**$2,130.00**	96132 x 3 96133 x 1 96138 x 3 96139 x 9
	SEVERE IMPAIRMENT	**$3,137.25**	96132 x 3 96133 x 1 96138 x 3 96139 x 9
	AUTISM EVALUATION	**$2,062.50**	96132 x 4 96133 x 1 96138 x 3 96139 x 5

	NEUROPSYCHIATRIC DIFFERENTIAL *(PER MODULE)*	**$275.00**	96130 x 1 96133 x 1

FEEDBACK SESSION WITH REPORT WRITING	PATIENT TIME 25 MINS /CLINICIAN TIME 15 MINS	**$202.50**	Patient Only: 96158 x 1, 96159 x 2 Patient w/ Family Member: 96167 x 1, 96168 x 2 Family Member Only: 96170 X 1, 96171 x 2
ENI FUNCTIONAL BRAINMAPPING	R-FBMAP W/ INTP AND REPORT	**$1,988.65**	95816 x 1 95957 x 1 S8040 x 1 96020 x 1
	A-FBMAP W/ INTP AND REPORT	**$1,517.65**	95816 x 1 96132 x 1 96133 x 1 S8040 x 1 96020 x 1
FMRI	FMRI W/ INTP AND REPORT	**$577.45**	96020 x 1 70555 x 1
ANS TESTING WITH ANALYSIS, INTP & REPORT		**$545.00**	96156 x 3
EM ONLY BY CLINICAL PSYCH NEW PT	PATIENT TIME 30 MINS /CLINICIAN TIME 10 MINS	**$197.50**	96116 x 1 or 99204
EM ONLY BY CLINICAL PSYCH ESTBL PT	PATIENT TIME 20 MINS /CLINICIAN TIME 10 MINS	**$165.00**	96116 x 1 or 99214
EM WITH TREATMENT BY CLINICAL PSYCH	PATIENT TIME 40 MINS /CLINICIAN TIME 10 MINS	**$290.55**	96116 x 1 + 96158 x 1 and 96159 x 1 or 90833
EM ONLY BY NP/PA NEW PT	PATIENT TIME 30 MINS /CLINICIAN TIME 10 MINS	**$167.85**	99204 x 1

EM ONLY BY NP/PA ESTBL PT	PATIENT TIME 20 MINS /CLINICIAN TIME 10 MINS	**$140.25**	99214 x 1
EM + PTX BY NP/PA	PATIENT TIME 40 MINS /CLINICIAN TIME 10 MINS	**$247.00**	99214 x 1 90833 x 1
	PATIENT TIME 50 MINS /CLINICIAN TIME 10 MINS	**$287.65**	99203 x 1 90833 x 1

PSYCHOTHERAPY AND BEHAVIORAL THERAPY	PATIENT TIME 40 MINS /CLINICIAN TIME 10 MINS	**$154.65**	90834 x 1
	PATIENT TIME 50 MINS /CLINICIAN TIME 10 MINS	**$197.15**	90837 x 1
BEHAVIORAL THERAPY	PATIENT TIME 35 MINS /CLINICIAN TIME 10 MINS	**$180.65**	90847 x 1
SOCIAL SKILLS GRP TX	PATIENT TIME 50 MINS /CLINICIAN TIME 10 MINS	**$66.75**	90853 x 1 or 92508 x 1
BEHAVIORAL HEALTH INTERVENTION	PATIENT TIME 35 MINS /CLINICIAN TIME 10 MINS	**$180.65**	Patient Only: 96158 x 1, 96159 x 2 Patient w/ Family Member: 96167 x 1, 96168 x 2 Family Member Only: 96170 X 1, 96171 x 2
COGNITIVE REMEDIATION	PATIENT TIME 35 MINS /CLINICIAN TIME 10 MINS	**$185.75**	97129 x 1 97130 x 3
SLP SERVICES	SLP EVAL W/ DATA EXTRACTION	**$727.84**	92523 x 1 96125 x 1
	SPEECH THERAPY	**$168.20**	92507 x 1

	SPEECH TX W/ TREATMENT EVAL	**$395.60**	92507 x 1 96125 x 1
	FUNCTIONAL COGREHAB	**$175.75**	97129 x 1 97130 x 3 96125 x 1
	FCOG W/ TREATMENT EVAL	**$413.15**	97129 x 1 97130 x 3