

Annual 2026 Poverty Guidelines effective 01/01/2026

***IF UN-INSURED BUT FALL IN THE FULL FEE RANGE, PLEASE FOLLOW THE FULL FEE SCHEDULE, FEES WILL STILL BE DISCOUNTED.**

	Tier 5	Tier 15	Tier 25			Discounted Full Fee See DiversusHealth.com
	\$5 per day	\$15 per day	\$25 per day			
Household / Family Size	At or Below 100%	125%	150%	175%	200%	Above 200%
1	\$0-\$15,960	\$15,961-\$19,950	\$19,951-\$23,940	\$23,941-\$27,930	\$27,931-\$31,920	\$31,921+
2	\$0-\$21,640	\$21,641-\$27,050	\$27,051-\$32,460	\$32,461-\$37,870	\$37,871-\$43,280	\$43,281+
3	\$0-\$27,320	\$27,321-\$34,150	\$34,151-\$40,980	\$40,981-\$47,810	\$47,811-\$54,640	\$54,641+
4	\$0-\$33,000	\$33,001-\$41,250	\$41,251-\$49,500	\$49,501-\$57,750	\$57,751-\$66,000	\$66,001+
5	\$0-\$38,680	\$38,681-\$48,350	\$48,351-\$58,020	\$58,021-\$67,690	\$67,691-\$77,360	\$77,361+
6	\$0-\$44,360	\$44,361-\$55,450	\$55,451-\$66,540	\$66,541-\$77,630	\$77,631-\$88,720	\$88,721+
7	\$0-\$50,040	\$50,041-\$62,550	\$62,551-\$75,060	\$75,061-\$87,570	\$87,571-\$100,080	\$100,081+
8	\$0-\$55,720	\$55,721-\$69,650	\$69,651-\$83,580	\$83,581-\$97,510	\$97,511-\$111,440	\$111,441+
9	\$0-\$61,400	\$61,401-\$76,750	\$76,751-\$92,100	\$92,101-\$107,450	\$107,451-\$122,800	\$122,801+
10	\$0-\$67,080	\$67,081-\$83,850	\$83,851-\$100,620	\$100,621-\$117,390	\$117,391-\$134,160	\$134,161+

For families/households with more than 10 person, add \$5,680 for each Additional person.

aspe.hhs.gov

DISCOUNTED FULL FEE

****Red services are not typically covered by commercial insurances****

Procedure Code	Encounter value	Estimated Full fee rate	Billing Code
Alcohol/drugAssess	per session	\$131.00	90791
Case Mgmt BH	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	T1017
Case Mgmt SU	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0006
Clubhouse Group BH	per 15 minutes, minimum of 8 minutes up to 4 hrs	subject to sliding fee scale or max of \$50 per day.	H2030
Clubhouse Ind BH	per 15 minutes, minimum of 8 minutes up to 4 hrs	subject to sliding fee scale or max of \$50 per day.	H2030
ClubhousePerDiemGrp BH	4 hrs +	subject to sliding fee scale or max of \$50 per day.	H2031
Clubhse Per Diem Ind BH	4 hrs +	subject to sliding fee scale or max of \$50 per day.	H2031
Consult-MD lev 2 (BH and SU)	per session	\$65.00	99242
Consult-MD lev 3 (BH and SU)	per session	\$97.00	99243
Consult-MD lev 4 (BH and SU)	per session	\$138.00	99244
Consult-MD lev 5 (BH and SU)	per session	\$180.00	99245
Crisis Interv BH OP	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2011
Crisis Psychother BH	31 to 60 Minutes ea additional 30 minutes	\$106.00	90839
CrisisPsychotherAddO	minutes	\$68.00	90840
Diagnostic Eval BH (and Dx Assessment Review)	per session	\$131.00	90791
DrugScreenResult Cou	per session	subject to sliding fee scale or max of \$50 per day.	S9445
EM, EstPt level 2 (BH and SU)	per session	\$48.00	99212
EM, EstPt level 3 (BH and SU)	per session	\$77.00	99213
EM, EstPt level 4 (BH and SU)	per session	\$128.00	99214

EM, EstPt level 5 (BH and SU)	per session	\$153.00	99215
EM, Psychotherapy Add on Code BH and SU	16 to 37 Minutes	\$65.00	90833
EM, Psychotherapy Add on Code BH and SU	38 to 52 Minutes	\$75.00	90836
EM, Psychotherapy Add on Code BH and SU	53 to 1440 Minutes	\$99.00	90838
Family Ther w pt BH	per session, minimum of 26 Minutes	\$100.00	90847
Family Ther w pt SU	per session, minimum of 26 Minutes	\$100.00	90847
FamTherWout pt BH	per session, minimum of 26 Minutes	\$100.00	90846
FamTherWout pt SU	per session, minimum of 26 Minutes	\$100.00	90846
Group Ther-BH	20 yrs and younger, minimum of 30 min, 21+ yrs minimum of 45 minutes	\$40.00	90853
Group Ther-OP SU	minimum of 31 minutes, charge per hour	\$40.00	90853
Injection (BH and SU)	per session	\$12.00	96372
Interactive compl BH	per session, minimum of 16 minutes	\$14.00	90785
InterdisTeamConfwoPt	per session, minimum of 30 Minutes	\$83.00	99368
InterdisTeamConfwPt	per session, minimum of 30 Minutes	\$83.00	99366
IOP BH Group Per Diem	60+ minutes	subject to sliding fee scale or max of \$50 per day.	S9480
IOP BH ind/fam Per Diem	60+ minutes	subject to sliding fee scale or max of \$50 per day.	S9480

Med Training/Supp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0034
MHNA-RNs BH SDA	per encounter per session, minimum of 30 Minutes	subject to sliding fee scale or max of \$50 per day.	H0031
Multi-Fam GrpTher BH		\$40.00	90849
NeuroPsych Testing Eval Services	1st hour	\$87.00	96132
NeuroPsych Testing Eval Services Add on Code	each additonal hour	\$84.00	96133
Ongoing Support to Maintain Employment Ind BH and SU	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2025
Outrch Serv Grp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0023
OutrchServInd/fam (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0023
Peer Serv Grp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0038
Peer Serv Ind (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H0038
PrevEducat IndFam (BH and SU)	per session	subject to sliding fee scale or max of \$50 per day.	H0025
PrevEducation-Grp (BH and SU)	per session	subject to sliding fee scale or max of \$50 per day.	H0025
Prog Elig Determ (BH and SU)	per session	subject to sliding fee scale or max of \$50 per day.	H0002
Psych Testing Eval Services	1st hour	\$120.00	96130
Psych Testing Eval Services Add on Code	each additonal hour	\$86.00	96131
Psych/NeuroPsych Testing Administration and scoring	1st 30 minutes	\$43.00	96136

Psych/NeuroPsych Testing

Administration and scoring Add on Code	each additional 30 minutes	\$39.00	96137
PsychEd Serv-Grp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2027
PsychEdServInd/fam (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2027

Psychiatric Eval BH and SU (and

Psychiatric Eval Review BH and SU)	per session	\$167.00	90792
Psychosocial Rehab Services Group BH	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2017
Psychosocial Rehab Services Ind/Fam BH	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2017
Psychotherapy BH LT 75 min	16 to 37 Minutes	\$57.00	90832
Psychotherapy BH LT 75 min	38 to 52 Minutes	\$75.00	90834
Psychotherapy BH LT 75 min	53 to 74 Minutes	\$110.00	90837
Psychotherapy BH 75+ min	75 + min	\$110.00	90837
Psychotherapy SU	16 to 37 Minutes	\$57.00	90832
Psychotherapy SU	38 to 52 Minutes	\$75.00	90834
Psychotherapy SU	53 to 74 Minutes	\$110.00	90837

SkillTrainDevGrp (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2014
SkillTrainDevInd (BH and SU)	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2014
Supported Employment Ind BH and SU	per 15 minutes, minimum of 8 minutes	subject to sliding fee scale or max of \$50 per day.	H2023
Tx/Serv Planning BH and SU (also Treatment Plan Review)	per session	subject to sliding fee scale or max of \$50 per day.	H0032
Wrap-Around BH	per 15 minutes, minimum of 8 minutes, up to 4 hrs and 7 minutes	subject to sliding fee scale or max of \$50 per day.	H2021