

# BPA Health

## Preferred Provider Network

### EAP Professional Fee Schedule

CPT/CODES	SERVICE	PROVIDER RATE
90791	Diagnostic Interview	70.00
90832	16-37 Min. Therapy	70.00
90834	38-52 Min. Therapy	70.00
90837	53+ Min. Therapy	70.00
90847	Family Therapy	70.00
90853	Group Therapy	40.00

The provider named below agrees to the above rates of reimbursement and agrees that these rates will constitute payment in full for services provided to patients with proof of enrollment in a BPA Health Employee Assistance Program. All of the listed CPT-4 codes above are considered as a single session. All billing and payments shall be in compliance with CPT-4 billing guidelines. Fees will be paid in accordance with licensure level only and within the contract guidelines agreed upon.

This agreement can be canceled with 30 days written notice by either party. Whenever more than one fee schedule signed by both parties exists, the schedule having the later date shall be considered the active Fee Schedule.

The BPA Health Network Provider Agreement and this Sub-contractor Fee Schedule apply to all clients referred under BPA Health's Employee Assistance Program contracts unless exempted by separate contractual agreement.

PROVIDER:

BPA HEALTH:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date