

PROCEDURE PRICE LIST

<u>Service</u>		
<u>Code</u>	<u>Description</u>	<u>Price</u>
SERVICES PROVIDED BY BOURNEWOOD HOSPITAL		
Report Date: 01/01/2022		
<u>INPATIENT DAILY CHARGES</u>		
251	INTENSIVE TREATMENT	\$ 1,500.00
252	ADOLESCENT	\$ 1,500.00
253	PSYCHIATRIC	\$ 1,500.00
254	CHEMICAL DEPENDENCY	\$ 1,500.00
255	DUAL DIAGNOSIS	\$ 1,500.00
256	DETOX	\$ 1,500.00
258	INTENSIVE OBSERVATION	\$ 1,500.00
<u>MISCELLANEOUS CHARGE</u>		
403	INSUFFICIENT FUNDS CHARGE	\$ 25.00
<u>DAY TREATMENT CHARGES</u>		
1101	DAY TREATMENT PROG	\$ 654.00
1103	HALF DAY TREATMENT	\$ 344.00
1104	INTENSIVE OUTPATIENT	\$ 344.00
<u>GROUP THERAPY CHARGE</u>		
3905	DAY OF DISCHARGE VISIT	\$ 200.00
<u>OUTPATIENT SERVICES</u>		
4720	DIAGNOSTIC EVALUATION	\$ 305.00
4741	ADULT GROUP THERAPY	\$ 152.00
4742	EDUCATION TRAINING	\$ 152.00
<u>RESIDENTIAL</u>		
4815	SOBER BED HOUSE (SS)	\$ 35.00
<u>PROFESSIONAL CHARGES</u>		
10002	PSYCH DIAG EVAL NO MEDICAL	\$ 227.00
10003	PSYCH DIAG EVAL W/MEDICAL	\$ 220.00
10004	PSYCH DIAG INTERVIEW	\$ 185.00
10005	PSYCHOTHERAPY 20-30 MIN	\$ 70.00
10007	PSYCHOTHERAPY 45-50 MIN	\$ 125.00
10013	PSYCH THER E&M 75-80 MIN	\$ 185.00
10014	PSYCH THER OUTPT 30 MIN	\$ 70.00
10015	PSYCH THER 30 MIN ADD-ON	\$ 100.00
10016	PSYCH THER OUTPT 45 MIN	\$ 120.00
10017	PSYCH THER E&M 45 MIN ADD-ON	\$ 120.00
10019	PSYCH THER OUTPT 60 MIN ADD-ON	\$ 160.00
10024	PSYCH THER FAMILY W/PT	\$ 135.00
10030	FAMILY CONSULT 30 MIN	\$ 70.00

PROCEDURE PRICE LIST

Service		
<u>Code</u>	<u>Description</u>	<u>Price</u>
10031	PSYCH THER E&M 45 MIN OUTPT	\$ 70.00
10032	E&M ESTAB OUTPT 10 MIN	\$ 70.00
10033	E&M ESTAB OUTPT 15 MIN	\$ 120.00
10034	E&M ESTAB OUTPT 25 MIN	\$ 200.00
10035	E&M ESTAB OUTPT 40 MIN	\$ 218.00
10036	INIT HOSP CARE 30 MIN	\$ 147.00
10037	INIT HOSP CARE 50 MIN	\$ 200.00
10038	INIT HOSP CARE 70 MIN	\$ 295.00
10039	SUBS HOSP CARE 15 MIN	\$ 70.00
10040	SUBS HOSP CARE LEVEL 2	\$ 105.00
10041	SUBS HOSP CARE LEVEL 3	\$ 151.00
10042	HOSP DSCHG MGMT LESS 30	\$ 107.00
10043	HOSP DSCHG MGMT OVER 30	\$ 158.00
10044	INITIAL INPT CONSULT 20 M	\$ 70.00
<u>SERVICES PROVIDED BY OUTSIDE VENDORS</u>		
Report Date: 01/01/2022		
5090	AMBULANCE MISC	Billed Amount
490	ANCILLARY CHARGE MISC	Billed Amount
990	PHARMACY MISC	Billed Amount
1090	M&S SUPPLY MISC	Billed Amount
1590	EKG MISC	Billed Amount
1690	EEG MISC	Billed Amount
2090	LAB CHEMISTRY MISC	Billed Amount
3690	MRI MISC	Billed Amount
4090	CAT SCAN MISC	Billed Amount