

Hospital Price Transparency

<u>CPT/HCPCS</u>	<u>Revenue</u> <u>Code</u>	<u>Service</u> <u>Provider</u>	<u>Description</u>
90832	914	Therapist	Psychotherapy, 30 min
90832	914	MD	Psychotherapy, 30 min
90834	914	Therapist	Psychotherapy, 45 min
90834	914	MD	Psychotherapy, 45 min
90837	914	Therapist	Psychotherapy, 60 min
90837	914	MD	Psychotherapy, 60 min
90846	916	Therapist	Family psychotherapy, not including patient, 50 min
90846	916	MD	Family psychotherapy, not including patient, 50 min
90847	916	Therapist	Family psychotherapy, including patient, 50 min
90847	916	MD	Family psychotherapy, including patient, 50 min
90853	915	Therapist	Group psychotherapy
90853	915	MD	Group psychotherapy

<u>Gross Charge</u>	<u>Minimum Negotiated Charge</u>	<u>Maximum Negotiated Charge</u>	<u>Discounted Cash Rate</u>	
\$ 150	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 160	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 160	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 220	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 170	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 260	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 158	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 220	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 158	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 220	\$ 50	\$ 160	160	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 100	\$ 30	\$ 107	107	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.
\$ 120	\$ 30	\$ 107	107	Uninsured or underinsured patients should reference our Financial Assistance policy for additional information.