

DBHDD Hospitals charge an All-Inclusive Rate for services. The table below shows the *All-Inclusive Rate* at East Central Georgia Regional Hospital. The *All-Inclusive Rate* does not include the cost of medications. The hospital does not offer any additional shoppable services.

| Shoppable Service | Ancillary Services | CPT/HCPCS Code | Standard Charge |
|--|--|----------------------------------|------------------------|
| All Inclusive Rate – Adult Psychiatric Daily | | 0124 | \$910 |
| | Psychiatric Diagnostic Evaluation | 90791PC | \$141.56 |
| | Initial Psychiatric Evaluation | 90792PC | \$161.52 |
| | Initial Hospital Care | 99222PC | \$122.38 |
| | Subsequent Hospital Care | 99231PC | \$46.11 |
| | Plan of Treatment | 99483 | Included |
| | Progress Notes | 99233 | Included |
| | Individual and Group Psychotherapy and Patient Education and Training Progress Notes | 90832 90834 90837 90853 | Included |
| | Discharge Day | 99238PC | \$75.74 |

Required Shoppable Services. These services are either included as part of the *All-Inclusive Rate* or an individual will be referred to an appropriate provider. If referred to a different provider, the service may be billed separately by the other provider.

| Specified Shoppable Service 2020 CPT/HCPCS | Specified Shoppable Service 2020 CPT/HCPCS | Standard Charge |
|---|---|------------------------|
| Evaluation & Management Services | | |
| Psychotherapy, 30 min | 90832 | No additional charge |
| Psychotherapy, 45 min | 90834 | No additional charge |
| Psychotherapy, 60 min | 90837 | No additional charge |
| Family psychotherapy, not including patient, 50 min | 90846 | No additional charge |
| Family psychotherapy, including patient, 50 min | 90847 | No additional charge |

| Specified Shoppable Service 2020 CPT/HCPCS | Specified Shoppable Service 2020 CPT/HCPCS | Standard Charge |
|---|---|---|
| Group psychotherapy | 90853 | No additional charge |
| New patient office or other outpatient visit, typically 30 min | 99203 | No additional charge |
| New patient office of other outpatient visit, typically 45 min | 99204 | No additional charge |
| New patient office of other outpatient visit, typically 60 min | 99205 | No additional charge |
| Patient office consultation, typically 40 min | 99243 | No additional charge |
| Patient office consultation, typically 60 min | 99244 | No additional charge |
| Initial new patient preventive medicine evaluation (18-39 years) | 99385 | No additional charge |
| Initial new patient preventive medicine evaluation (40-64 years) | 99386 | No additional charge |
| Laboratory and Pathology | | |
| Basic metabolic panel | N/A | No additional charge |
| Blood test, comprehensive group of blood chemicals | N/A | No additional charge |
| Obstetric blood test panel | N/A | No additional charge |
| Blood test, lipids (cholesterol and triglycerides) | N/A | No additional charge |
| Kidney function panel test | N/A | No additional charge |
| Liver function blood test panel | N/A | No additional charge |
| Manual urinalysis test with examination using microscope | N/A | No additional charge |
| Automated urinalysis test | N/A | No additional charge |
| PSA (prostate specific antigen) | N/A | No additional charge |
| Blood test, thyroid stimulating hormone (TSH) | N/A | No additional charge |
| Complete blood cell count, with differential white blood cells, automated | N/A | No additional charge |
| Complete blood count, automated | N/A | No additional charge |
| Blood test, clotting time | N/A | No additional charge |
| Coagulation assessment blood test | N/A | No additional charge |
| Radiology Services | | |
| CT scan, head or brain, without contrast | 70450 | Not provided by hospital (may be billed separately) |

| Specified Shoppable Service 2020 CPT/HCPCS | Specified Shoppable Service 2020 CPT/HCPCS | Standard Charge |
|---|---|---|
| MRI scan of brain before and after contrast | 70553 | Not provided by hospital (may be billed separately) |
| X-Ray, lower back, minimum four views | 72110 | Not provided by hospital (may be billed separately) |
| MRI scan of lower spinal canal | 72148 | Not provided by hospital (may be billed separately) |
| X-Ray, lower back, minimum four views | 72110 | Not provided by hospital (may be billed separately) |
| MRI scan of lower spinal canal | 72148 | Not provided by hospital (may be billed separately) |
| CT scan, pelvis, with contrast | 72193 | Not provided by hospital (may be billed separately) |
| MRI scan of leg joint | 73721 | Not provided by hospital (may be billed separately) |
| CT scan of abdomen and pelvis with contrast | 74177 | Not provided by hospital (may be billed separately) |
| Ultrasound of abdomen | 76700 | Not provided by hospital (may be billed separately) |
| Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus | 76805 | Not provided by hospital (may be billed separately) |
| Ultrasound pelvis through vagina | 76830 | Not provided by hospital (may be billed separately) |
| Mammography of one breast | 77065 | Not provided by hospital (may be billed separately) |
| Mammography of both breasts | 77066 | Not provided by hospital (may be billed separately) |

| Specified Shoppable Service 2020 CPT/HCPCS | Specified Shoppable Service 2020 CPT/HCPCS | Standard Charge |
|---|---|---|
| Mammography, screening, bilateral | 77067 | Not provided by hospital (may be billed separately) |
| Medicine and surgery services | | |
| Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities | 216 | Not provided by hospital (may be billed separately) |
| Spinal fusion except cervical without major comorbid conditions or complications (MCC) | 460 | Not provided by hospital (may be billed separately) |
| Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC) | 470 | Not provided by hospital (may be billed separately) |
| Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC) | 473 | Not provided by hospital (may be billed separately) |
| Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC) | 743 | Not provided by hospital (may be billed separately) |
| Removal of 1 or more breast growth, open procedure | 19120 | Not provided by hospital (may be billed separately) |
| Shaving of shoulder bone using an endoscope | 29826 | Not provided by hospital (may be billed separately) |
| Removal of one knee cartilage using an endoscope | 29881 | Not provided by hospital (may be billed separately) |
| Removal of tonsils and adenoid glands patient younger than age 12 | 42820 | Not provided by hospital (may be billed separately) |
| Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope | 43235 | Not provided by hospital (may be billed separately) |
| Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope | 43239 | Not provided by hospital (may be billed separately) |

| Specified Shoppable Service 2020 CPT/HCPCS | Specified Shoppable Service 2020 CPT/HCPCS | Standard Charge |
|--|---|---|
| Diagnostic examination of large bowel using an endoscope | 45378 | Not provided by hospital (may be billed separately) |
| Biopsy of large bowel using an endoscope | 45380 | Not provided by hospital (may be billed separately) |
| Removal of polyps or growths of large bowel using an endoscope | 45385 | Not provided by hospital (may be billed separately) |
| Ultrasound examination of lower large bowel using an endoscope | 45391 | Not provided by hospital (may be billed separately) |
| Removal of gallbladder using an endoscope | 47562 | Not provided by hospital (may be billed separately) |
| Repair of groin hernia patient age 5 years or older | 49505 | Not provided by hospital (may be billed separately) |
| Biopsy of prostate gland | 55700 | Not provided by hospital (may be billed separately) |
| Surgical removal of prostate and surrounding lymph nodes using an endoscope | 55866 | Not provided by hospital (may be billed separately) |
| Routine obstetric care for vaginal delivery, including pre-and post-delivery care | 59400 | Not provided by hospital (may be billed separately) |
| Routine obstetric care for cesarean delivery, including pre-and post-delivery care | 59510 | Not provided by hospital (may be billed separately) |
| Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care | 59610 | Not provided by hospital (may be billed separately) |
| Injection of substance into spinal canal of lower back or sacrum using imaging guidance | 62322-62323 | Not provided by hospital (may be billed separately) |
| Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance | 64483 | Not provided by hospital (may be billed separately) |

| Specified Shoppable Service 2020 CPT/HCPCS | Specified Shoppable Service 2020 CPT/HCPCS | Standard Charge |
|--|---|---|
| Removal of recurring cataract in lens capsule using laser | 66821 | Not provided by hospital (may be billed separately) |
| Removal of cataract with insertion of lens | 66984 | Not provided by hospital (may be billed separately) |
| Electrocardiogram, routine, with interpretation and report | 93000 | Not provided by hospital (may be billed separately) |
| Insertion of catheter into left heart for diagnosis | 93452 | Not provided by hospital (may be billed separately) |
| Sleep study | 95810 | Not provided by hospital (may be billed separately) |
| Physical therapy, therapeutic exercise | 97110 | No additional charge |