

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

<b>Shoppable Service</b>	<b>Ancillary Services</b>	<b>CPT/HCPCS Code</b>	<b>Standard Charge</b>
All Inclusive Rate – Adult Psychiatric Daily		0124	\$1324.00
	Psychiatric Diagnostic Evaluation without Medical Services	90791	\$ 137.93
	Psychiatric Diagnostic Evaluation that includes Medical Services	90792	\$ 161.12
	Office or Outpatient Visit - Evaluation and Management - (20 to 29 minutes)	99213	\$ 58.36
	Initial Hospital Inpatient or Observation Care - Evaluation and Management - (At least 40 minutes)	99221	\$ 76.14
	Initial Hospital Inpatient or Observation Care - Evaluation and Management - (At least 50 - 69 minutes)	99222	\$ 119.07
	Initial Hospital Inpatient or Observation Care - (At least 75 minutes)	99223	\$ 159.03
	Subsequent Hospital Inpatient or Observation Care - (At least 25 Minutes)	99231	\$ 44.85
	Subsequent Hospital Inpatient or Observation Care - (At least 35 Minutes)	99232	\$ 71.65

	Hospital Inpatient or Observation Discharge Day Services (More Than 30 Minutes)	99239	\$ 108.31
	Hospital Inpatient or Observation Discharge Day Services (30 Minutes or Less)	99238	\$ 76.11
	Hospital Inpatient or Observation (Same Day Admission and Discharge)	99234	\$ 89.83
	EKG (Electrocardiogram, Tracing)	93005	\$ 7.19
	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

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.

<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Standard Charge</b>
<b>Evaluation &amp; Management Services</b>		
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
Group psychotherapy	90853	No additional charge

<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Standard Charge</b>
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
<b>Laboratory and Pathology</b>		
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
<b>Radiology Services</b>		
CT scan, head or brain, without contrast	70450	Not provided by hospital (may be billed separately)

<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Standard Charge</b>
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)

<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Standard Charge</b>
Mammography, screening, bilateral	77067	Not provided by hospital (may be billed separately)
<b>Medicine and surgery services</b>		
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)

<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Standard Charge</b>
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)

<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Specified Shoppable Service 2020 CPT/HCPCS</b>	<b>Standard Charge</b>
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