



HEALTH CARE PRICING

CPT Code	MIND SPRINGS HEALTH Outpatient Services	STANDARD FEES			
		Psychiatrist	Nurse Practitioner	PhD Clinician	Masters Lic. Clinician
90791	Psychiatric Diagnostic Evaluation	not applicable	\$290	\$260	\$200
90792	Psychiatric Diagnostic Evaluation with Medical Services	\$420	\$290	not applicable	not applicable
99212	Est Patient Evaluation & Management Expanded	\$90	\$60	not applicable	not applicable
99213	Est Patient Evaluation & Management Detailed	\$140	\$110	not applicable	not applicable
99214	Est Patient Evaluation & Management Comprehensive	\$230	\$170	not applicable	not applicable
99215	Est Patient Evaluation & Management Complex	\$370	\$230	not applicable	not applicable
90832	Individual Therapy 30 Min	\$280	\$130	\$110	\$90
90833	Individual Therapy w/ E&M 30 Min	\$250	\$120	not applicable	not applicable
90834	Individual Therapy 45 Min	\$420	\$200	\$160	\$130
90836	Individual Therapy w/ E&M 45 min	\$420	\$200	not applicable	not applicable
90837	Individual Therapy 60 Min	\$560	\$260	\$250	\$180
90838	Individual Therapy w/ E&M 60 Min	\$500	\$260	not applicable	not applicable
90846	Family Therapy w/o Client	\$850	\$390	\$260	\$270
90847	Family Therapy w/ Client	\$850	\$390	\$260	\$270
90853	Group Therapy	\$170	\$78	\$52	\$54
WEST SPRINGS HOSPITAL Inpatient Services					
90792	Psychiatric Diagnostic Evaluation with Medical Services	\$420	\$290		
99218	CSU Initial Visit Detailed	\$280	\$190		
99219	CSU Initial Visit Comprehensive	\$520	\$250		
99220	CSU Initial Visit Complex	\$650	\$320		
99221	Initial Hospital Care Detailed	\$390	\$190		
99222	Initial Hospital Care Comprehensive	\$470	\$250		
99223	Initial Hospital Care Complex	\$650	\$370		
99224	CSU Subsequent Visit Detailed	\$140	\$80		
99225	CSU Subsequent Visit Comprehensive	\$230	\$140		
99226	CSU Subsequent Visit Complex	\$330	\$200		
99231	Subsequent Hospital Care Detailed	\$140	\$80		
99232	Subsequent Hospital Care Comprehensive	\$230	\$140		
99233	Subsequent Hospital Care Complex	\$340	\$200		
99238	Inpatient Discharge 1-30 Min	\$280	\$140		
99239	Inpatient Discharge over 31 Min	\$420	\$200		
762	Transitions Unit/Room and Board	\$1,875	\$1,875		
124	Inpatient/Room and Board	\$2,650	\$2,650		

The health care price listed for any given service is an estimate and actual charges for service may not reflect the actual amount of your financial responsibility and ability to pay. If you are covered by health insurance you are strongly encouraged to consult with your insurer or plan to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at Mind Springs Health and/or West Springs Hospital. If you are not covered by health insurance you are strongly encouraged to contact our billing office at 970.683.7131 or 1.888.320.5218 to discuss payment options or a reduced fee based on family size and income prior to receiving a health care service from a health care provider at Mind Springs Health and/or West Springs Hospital. Thank you.