

"Hospital Price Transparency Final Rule" implements Section 2718(e) of the Public Health Service Act and requires hospitals to make public their standard charges online

Facility: West Springs Hospital (WSH)

Location: Grand Junction, CO

Notes:

As an inpatient psychiatric facility (IPF), there are requirements of the ruling to post shoppable services available at our hospital -- the following are services provided at WSH. (CMS has indicated that 70 specific services and up to 230 additional services must be identified; however, as an IPF, many of these services aren't provided.)

If you are covered by Medicare, Medicaid or commercial insurance, your out of pocket expense will be subject to your plan benefits & responsibility (deductible, copay, coinsurance.)

If you are self pay\*, please consider applying for financial assistance (application is on the website.)

Billing Code	Description	Gross Charge	Payer A - Aetna	Payer B - Anthem BCBS	Payer C - Beacon	Payer D - Cigna	Payer E - EBMS Summit/Grand	Payer F - Friday Health Plan	Payer G - Humana Health Value Mgmt	Payer H - MINES & Assoc.	Payer I - RMHP	Payer J - United Behavioral	Payer K - Univ. UT	Minimum Negotiated	Maximum Negotiated	Discounted Cash Price - Ask about Financial Assistance
124	Inpatient Psychiatric Semiprivate Room & Board - Child (12 and under) per diem	\$2,650.00	\$1,355.00	\$1,250.00	\$1,339.00	\$1,593.00	\$1,060.00	\$1,535.00	\$1,400.00	\$1,350.00	\$1,200.00	\$1,130.00	\$1,350.00	\$1,060.00	\$1,593.00	\$2,650.00
124	Inpatient Psychiatric Semiprivate Room & Board - Adolescent (13-17) per diem	\$2,650.00	\$1,355.00	\$1,250.00	\$1,339.00	\$1,593.00	\$1,060.00	\$1,535.00	\$1,200.00	\$1,350.00	\$1,200.00	\$1,130.00	\$1,350.00	\$1,060.00	\$1,593.00	\$2,650.00
124	Inpatient Psychiatric Semiprivate Room & Board - Adult (age 18 - 64) per diem	\$2,300.00	\$1,155.00	\$1,159.00	\$1,339.00	\$1,593.00	\$920.00	\$1,535.00	\$1,200.00	\$1,250.00	\$1,000.00	\$1,130.00	\$1,350.00	\$920.00	\$1,593.00	\$2,300.00
124	Inpatient Psychiatric Semiprivate Room & Board - Geriatric (65+) per diem	\$2,300.00	\$1,155.00	\$1,159.00	\$1,339.00	\$1,593.00	\$920.00	\$1,535.00	\$1,200.00	\$1,250.00	\$1,000.00	\$1,130.00	\$1,350.00	\$920.00	\$1,593.00	\$2,300.00
G0378	Hospital observation, per hour charge	\$82.00	\$416.00	n/a	n/a	n/a	\$32.80	n/a	n/a	\$950.00	\$69.70	\$625.00	n/a	\$32.80	\$950.00	\$82.00
90832	Individual Therapy (16-37 minutes)*	\$200.00	n/a	n/a	n/a	\$78.72	\$80.00	n/a	RBRVS	n/a	RBRVS	\$95.92	n/a	\$78.72	\$95.92	\$200.00
90834	Individual Therapy (38-52 minutes)*	\$300.00	n/a	n/a	n/a	\$132.00	\$120.00	n/a	RBRVS	n/a	RBRVS	\$137.81	n/a	\$120.00	\$137.81	\$300.00
90837	Individual Therapy (53+ minutes)*	\$400.00	n/a	n/a	n/a	\$198.00	\$160.00	n/a	RBRVS	n/a	RBRVS	\$139.19	n/a	\$139.19	\$198.00	\$400.00
90853	Group Therapy*	\$80.00	n/a	n/a	n/a	\$78.00	\$32.00	n/a	RBRVS	n/a	RBRVS	\$49.61	n/a	\$32.00	\$78.00	\$80.00
90846	Family Therapy w/ Client (26+ minutes)*	\$321.00	n/a	n/a	n/a	\$120.00	\$128.40	n/a	RBRVS	n/a	RBRVS	\$137.81	n/a	\$120.00	\$137.81	\$321.00
90847	Family Therapy w/ Client (26+ minutes)*	\$334.00	n/a	n/a	n/a	\$140.15	\$133.60	n/a	RBRVS	n/a	RBRVS	\$137.81	n/a	\$133.60	\$140.15	\$334.00
99217	Professional fee Observation care discharge day	\$216.00	\$114.06	n/a	n/a	\$84.84	\$86.40	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$84.84	\$114.06	\$216.00
99218	Professional fee initial observation care - low	\$295.00	\$157.53	n/a	n/a	\$80.69	\$118.00	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$80.69	\$157.53	\$295.00
99219	Professional fee initial observation care - medium	\$402.00	\$213.01	n/a	n/a	\$134.17	\$160.80	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$134.17	\$213.01	\$402.00
99220	Professional fee initial observation care - high	\$549.00	\$292.05	n/a	n/a	\$188.58	\$219.60	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$188.58	\$292.05	\$549.00
99221	Professional fee hospital inpatient - initial - low	\$300.00	\$196.84	n/a	n/a	\$90.00	\$120.00	n/a	RBRVS	n/a	RBRVS	\$77.73	n/a	\$77.73	\$196.84	\$300.00
99222	Professional fee hospital inpatient - initial - medium	\$405.00	\$215.38	n/a	n/a	\$135.10	\$162.00	n/a	RBRVS	n/a	RBRVS	\$139.74	n/a	\$139.74	\$215.38	\$405.00
99223	Professional fee hospital inpatient - initial - high	\$599.00	\$318.85	n/a	n/a	\$188.22	\$239.60	n/a	RBRVS	n/a	RBRVS	\$173.65	n/a	\$173.65	\$318.85	\$599.00
99224	Professional fee subsequent observation care - low	\$118.00	\$61.73	n/a	n/a	n/a	\$47.20	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$47.20	\$61.73	\$118.00
99225	Professional fee subsequent observation care - medium	\$216.00	\$113.99	n/a	n/a	n/a	\$86.40	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$86.40	\$113.99	\$216.00
99226	Professional fee subsequent observation care - high	\$310.00	\$165.21	n/a	n/a	n/a	\$124.00	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$124.00	\$165.21	\$310.00
99231	Professional fee hospital inpatient - subsequent - low	\$117.00	\$121.13	n/a	n/a	\$44.40	\$46.80	n/a	RBRVS	n/a	RBRVS	\$64.50	n/a	\$44.40	\$121.13	\$117.00
99232	Professional fee hospital inpatient - subsequent - medium	\$215.00	\$121.13	n/a	n/a	\$90.00	\$86.00	n/a	RBRVS	n/a	RBRVS	\$71.94	n/a	\$71.94	\$121.13	\$215.00
99233	Professional fee hospital inpatient - subsequent - high	\$308.00	\$163.52	n/a	n/a	\$74.84	\$123.20	n/a	RBRVS	n/a	RBRVS	\$90.41	n/a	\$90.41	\$163.52	\$308.00
99234	Professional fee inpatient or observation same day admit/discharge - low	\$394.00	\$210.39	n/a	n/a	\$162.20	\$157.60	n/a	RBRVS	n/a	RBRVS	\$144.15	n/a	\$144.15	\$210.39	\$394.00
99235	Professional fee inpatient or observation same day admit/discharge - medium	\$501.00	\$265.33	n/a	n/a	\$213.95	\$200.40	n/a	RBRVS	n/a	RBRVS	\$141.95	n/a	\$141.95	\$265.33	\$501.00
99236	Professional fee inpatient or observation same day admit/discharge - high	\$644.00	\$342.10	n/a	n/a	\$267.07	\$257.60	n/a	RBRVS	n/a	RBRVS	\$154.35	n/a	\$154.35	\$342.10	\$644.00
99238	Professional fee discharge day management - 30 minutes or less	\$216.00	\$121.13	n/a	n/a	\$90.00	\$86.40	n/a	RBRVS	n/a	RBRVS	\$110.25	n/a	\$86.40	\$121.13	\$216.00
99239	Professional fee discharge day management - greater than 30 minutes	\$317.00	\$168.53	n/a	n/a	\$115.80	\$126.80	n/a	RBRVS	n/a	RBRVS	\$165.38	n/a	\$115.80	\$168.53	\$317.00
99356	Professional fee prolonged service during inpatient - hour	\$200.00	n/a	n/a	n/a	n/a	\$80.00	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$80.00	\$80.00	\$200.00
99357	Professional fee prolonged service during inpatient - additional 30 minutes	\$125.00	n/a	n/a	n/a	n/a	\$50.00	n/a	RBRVS	n/a	RBRVS	n/a	n/a	\$50.00	\$50.00	\$125.00