

Indiana State Psychiatric Hospitals

Prices Effective 1/1/2024

Inpatient Charges

Description	CPT	Gross Charge	Payer-Specific Negotiated Charges	Minimum Negotiated Charges	Maximum Negotiated Charges	Discounted Cash Price
Room/Bed Daily Charge: Behavioral Health		\$2,033.00	N/A	N/A	N/A	N/A
Room/Bed Daily Charge: Medical Leave of Absence		\$1,016.50	N/A	N/A	N/A	N/A
Room/Bed Daily Charge: Therapeutic Leave of Absence		\$1,016.50	N/A	N/A	N/A	N/A

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Outpatient Charges

Description	CPT	Gross Charge	Payer-Specific Negotiated Charges	Minimum Negotiated Charges	Maximum Negotiated Charges	Discounted Cash Price
N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note: Indiana State Psychiatric Hospitals only provide inpatient services.

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Professional Component Charges

Description	CPT	Gross Charge	Payer-Specific Negotiated Charges	Minimum Negotiated Charges	Maximum Negotiated Charges	Discounted Cash Price
Psych Diagnostic Eval w/o Med Mgmt 90791	90791	\$138.72	N/A	N/A	N/A	N/A
Psych Diagnostic Eval with Med Mgmt 90792	90792	\$157.88	N/A	N/A	N/A	N/A

Description	CPT	Gross Charge	Payer-Specific Negotiated Charges	Minimum Negotiated Charges	Maximum Negotiated Charges	Discounted Cash Price
Psychotherapy, 16-37 Mins 90832	90832	\$64.15	N/A	N/A	N/A	N/A
Psychotherapy, 38-52 Mins 90834	90834	\$84.88	N/A	N/A	N/A	N/A
Psychotherapy, 53+ Mins 90837	90837	\$125.27	N/A	N/A	N/A	N/A
Crisis Psychotherapy 30-74 minutes 90839	90839	\$120.88	N/A	N/A	N/A	N/A
Crisis Psychotherapy, Additional 30 Mins 90840	90840	\$60.05	N/A	N/A	N/A	N/A
Family Therapy with Patient 90847	90847	\$95.45	N/A	N/A	N/A	N/A
Group Therapy 90853	90853	\$22.49	N/A	N/A	N/A	N/A
Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face	96116	\$73.51	N/A	N/A	N/A	N/A
Initial Hospital Care/Day 30 Minutes 99221	99221	\$74.41	N/A	N/A	N/A	N/A
Initial Hospital Care/Day 50 Minutes 99222	99222	\$118.19	N/A	N/A	N/A	N/A
Initial Hospital Care/Day 70 Minutes 99223	99223	\$157.30	N/A	N/A	N/A	N/A
SBSQ Hospital Care/Day 15 Minutes 99231	99231	\$44.76	N/A	N/A	N/A	N/A
SBSQ Hospital Care/Day 25 Minutes 99232	99232	\$71.58	N/A	N/A	N/A	N/A
SBSQ Hospital Care/Day 35 Minutes 99233	99233	\$107.70	N/A	N/A	N/A	N/A
Hospital Discharge Day Management 30 Min/Less than 99238	99238	\$73.69	N/A	N/A	N/A	N/A
Hospital Discharge Day Management > 30 Min 99239	99239	\$104.09	N/A	N/A	N/A	N/A

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Shoppable Services

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor, Aberrant Breast Tissue, Duct Lesion, Nipple or Areolar Lesion (Except 19300), Open, Male or Female, 1 or More Lesions	Not offered	N/A	19120
N/A	Arthroscopy, Shoulder, Surgical; Decompression of Subacromial Space with Partial Acromioplasty, with Coracoacromial Ligament (Ie, Arch) Release, When Performed (List Separately In Addition to Code for Primary Procedure)	Not offered	N/A	29826
N/A	Arthroscopy, Knee, Surgical; with Meniscectomy (Medial or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving of Articular Cartilage (Chondroplasty), Same or Separate Compartment(s), When Performed	Not offered	N/A	29881
N/A	Tonsillectomy and Adenoidectomy; Younger Than Age 12	Not offered	N/A	42820
N/A	Esophagogastroduodenoscopy, Flexible, Transoral; Diagnostic, Including Collection of Specimen(s) by Brushing or Washing, When Performed (Separate Procedure)	Not offered	N/A	43235
N/A	Esophagogastroduodenoscopy, Flexible, Transoral; with Biopsy, Single or Multiple	Not offered	N/A	43239
N/A	Colonoscopy, Flexible; Diagnostic, Including Collection of Specimen(s) by Brushing or Washing, When Performed (Separate Procedure)	Not offered	N/A	45378
N/A	Colonoscopy, Flexible; with Biopsy, Single or Multiple	Not offered	N/A	45380
N/A	Colonoscopy, Flexible; with Removal of Tumor(s), Polyp(s), or Other Lesion(s) by Snare Technique	Not offered	N/A	45385
N/A	Colonoscopy, Flexible; with Endoscopic Ultrasound Examination Limited to the Rectum, Sigmoid, Descending, Transverse, or Ascending Colon and Cecum, and Adjacent Structures	Not offered	N/A	45391
N/A	Laparoscopy, Surgical; Cholecystectomy	Not offered	N/A	47562
N/A	Repair Initial Inguinal Hernia, Age 5 Years or Older; Reducible	Not offered	N/A	49505

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Biopsy, Prostate; Needle or Punch, Single or Multiple, Any Approach	Not offered	N/A	55700
N/A	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed	Not offered	N/A	55866
N/A	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With or without Episiotomy, and/or Forceps) and Postpartum Care	Not offered	N/A	59400
N/A	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, and Postpartum Care	Not offered	N/A	59510
N/A	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With or without Episiotomy, and/or Forceps) and Postpartum Care, After Previous Cesarean Delivery	Not offered	N/A	59610
N/A	Injection(s), Anesthetic Agent and/or Steroid, Transforaminal Epidural, with Imaging Guidance (Fluoroscopy or CT); Lumbar or Sacral, Single Level	Not offered	N/A	64483
N/A	Dissection of Secondary Membranous Cataract (Opacified Posterior Lens Capsule and/or Anterior Hyaloid); Laser Surgery (EG, YAG Laser) (1 or More Stages)	Not offered	N/A	66821
N/A	Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (1 Stage Procedure), Manual or Mechanical Technique (EG, Irrigation and Aspiration or Phacoemulsification); without Endoscopic Cyclophotocoagulation	Not offered	N/A	66984
N/A	Computed Tomography, Head or Brain; without Contrast Material	Not offered	N/A	70450
N/A	Magnetic Resonance (EG, Proton) Imaging, Brain (Including Brain Stem); without Contrast Material, Followed by Contrast Material(s) and Further Sequences	Not offered	N/A	70553
N/A	Radiologic Examination, Spine, Lumbosacral; Minimum of 4 Views	Not offered	N/A	72110
N/A	Magnetic Resonance (EG, Proton) Imaging, Spinal Canal and Contents, Lumbar; without Contrast Material	Not offered	N/A	72148
N/A	Computed Tomography, Pelvis; with Contrast Material(s)	Not offered	N/A	72193
N/A	Magnetic Resonance (EG, Proton) Imaging, Any Joint of Lower Extremity; without Contrast Material	Not offered	N/A	73721

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Computed Tomography, Abdomen and Pelvis; with Contrast Material(s)	Not offered	N/A	74177
N/A	Ultrasound, Abdominal, Real Time with Image Documentation; Complete	Not offered	N/A	76700
N/A	Ultrasound, Pregnant Uterus, Real Time with Image Documentation, Fetal and Maternal Evaluation, After First Trimester (> or = 14 Weeks 0 Days), Transabdominal Approach; Single or First Gestation	Not offered	N/A	76805
N/A	Ultrasound, Transvaginal	Not offered	N/A	76830
N/A	Diagnostic Mammography, Including Computer-Aided Detection (Cad) When Performed; Unilateral	Not offered	N/A	77065
N/A	Diagnostic Mammography, Including Computer-Aided Detection (Cad) When Performed; Bilateral	Not offered	N/A	77066
N/A	Screening Mammography, Bilateral (2-View Study of Each Breast), Including Computer-Aided Detection (CAD) When Performed	Not offered	N/A	77067
N/A	Basic Metabolic Panel (Calcium, Total) This Panel Must Include the Following: Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	Not offered	N/A	80048
N/A	Comprehensive Metabolic Panel This Panel Must Include the Following: Albumin (82040) Bilirubin, Total (82247) Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, Alkaline (84075) Potassium (84132) Protein, Total (84155) Sodium (84295) Transferase, Alanine Amino (Alt) (Sgpt) (84460) Transferase, Aspartate Amino (Ast) (Sgot) (84450) Urea Nitrogen (Bun) (84520)	Not offered	N/A	80053
N/A	Obstetric Panel This Panel Must Include the Following: Blood Count, Complete (Cbc), Automated and Automated Differential WBC Count (85025 or 85027 and 85004) or Blood Count, Complete (Cbc), Automated (85027) and Appropriate Manual Differential WBC Count (85007 or 85009) Hepatitis B Surface Antigen (Hbsag) (87340) Antibody, Rubella (86762) Syphilis Test, Non-Treponemal Antibody; Qualitative (EG, VDRL, RPR, ART) (86592) Antibody Screen, RBC, Each Serum Technique (86850) Blood Typing, ABO (86900) and Blood Typing, Rh (D) (86901)	Not offered	N/A	80055
N/A	Lipid Panel This Panel Must Include the Following: Cholesterol, Serum, Total (82465) Lipoprotein, Direct Measurement, High Density Cholesterol (Hdl Cholesterol) (83718) Triglycerides (84478)	Not offered	N/A	80061

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Renal Function Panel This Panel Must Include the Following: Albumin (82040) Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus Inorganic (Phosphate) (84100) Potassium (84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	Not offered	N/A	80069
N/A	Hepatic Function Panel This Panel Must Include the Following: Albumin (82040) Bilirubin, Total (82247) Bilirubin, Direct (82248) Phosphatase, Alkaline (84075) Protein, Total (84155) Transferase, Alanine Amino (ALT) (SGPT) (84460) Transferase, Aspartate Amino (AST) (SGOT) (84450)	Not offered	N/A	80076
N/A	Thyroid Stimulating Hormone (Tsh)	Not offered	N/A	84443
N/A	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC and Platelet Count) and Automated Differential WBC Count	Not offered	N/A	85025
N/A	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC and Platelet Count)	Not offered	N/A	85027
N/A	Prothrombin Time	Not offered	N/A	85610
N/A	Thromboplastin Time, Partial (PTT); Plasma or Whole Blood	Not offered	N/A	85730
N/A	Psychotherapy, 30 Minutes with Patient	Not offered	N/A	90832
N/A	Psychotherapy, 45 Minutes with Patient	Not offered	N/A	90834
N/A	Psychotherapy, 60 Minutes with Patient	Not offered	N/A	90837
N/A	Family Psychotherapy (Without the Patient Present), 50 Minutes	Not offered	N/A	90846
N/A	Family Psychotherapy (Conjoint Psychotherapy) (With Patient Present), 50 Minutes	Not offered	N/A	90847
N/A	Group Psychotherapy (Other Than of a Multiple-Family Group)	Not offered	N/A	90853
N/A	Electrocardiogram, Routine Ecg with At Least 12 Leads; with Interpretation and Report	Not offered	N/A	93000
N/A	Left Heart Catheterization Including Intraprocedural Injection(s) for Left Ventriculography, Imaging Supervision and Interpretation, When Performed	Not offered	N/A	93452

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Polysomnography; Age 6 Years or Older, Sleep Staging with 4 or More Additional Parameters of Sleep, Attended by a Technologist	Not offered	N/A	95810
N/A	Therapeutic Procedure, 1 or More Areas, Each 15 Minutes; Therapeutic Exercises to Develop Strength and Endurance, Range of Motion and Flexibility	Not offered	N/A	97110
N/A	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: a Detailed History; a Detailed Examination; Medical Decision Making of Low Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate Severity. Typically, 30 Minutes Are Spent Face-To-Face with the Patient and/or Family.	Not offered	N/A	99203
N/A	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: a Comprehensive History; a Comprehensive Examination; Medical Decision Making of Moderate Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 45 Minutes Are Spent Face-To-Face with the Patient and/or Family.	Not offered	N/A	99204
N/A	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: a Comprehensive History; a Comprehensive Examination; Medical Decision Making of High Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 60 Minutes Are Spent Face-To-Face with the Patient and/or Family.	Not offered	N/A	99205
N/A	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: a Detailed History; a Detailed Examination; and Medical Decision Making of Low Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate Severity. Typically, 40 Minutes Are Spent Face-To-Face with the Patient and/or Family.	Not offered	N/A	99243

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: a Comprehensive History; a Comprehensive Examination; and Medical Decision Making of Moderate Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 60 Minutes Are Spent Face-To-Face with the Patient and/or Family.	Not offered	N/A	99244
N/A	Initial Comprehensive Preventive Medicine Evaluation and Management of an Individual Including an Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, New Patient; 18-39 Years	Not offered	N/A	99385
N/A	Initial Comprehensive Preventive Medicine Evaluation and Management of an Individual Including an Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, New Patient; 40-64 Years	Not offered	N/A	99386
N/A	Injection(s), of Diagnostic or Therapeutic Substance(s) (EG, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle or Catheter Placement, Interlaminar Epidural or Subarachnoid, Lumbar or Sacral (Caudal); without Imaging Guidance	Not offered	N/A	62322
N/A	Injection(s), of Diagnostic or Therapeutic Substance(s) (EG, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle or Catheter Placement, Interlaminar Epidural or Subarachnoid, Lumbar or Sacral (Caudal); with Imaging Guidance (Ie, Fluoroscopy or Ct)	Not offered	N/A	62323
N/A	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents; Non-Automated, with Microscopy	Not offered	N/A	81000
N/A	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents; Automated, with Microscopy	Not offered	N/A	81001
N/A	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents; Non-Automated, without Microscopy	Not offered	N/A	81002

Standard Charge	Shoppable Service	Not Offered Indicator	Location	CPT / DRG Code
N/A	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents; Automated, without Microscopy	Not offered	N/A	81003
N/A	Prostate Specific Antigen (PSA); Total	Not offered	N/A	84153
N/A	Prostate Specific Antigen (PSA); Free	Not offered	N/A	84154
N/A	Cardiac Valve and Oth Maj Cardiothoracic Proc W Card Cath W MCC	Not offered	N/A	216
N/A	Spinal Fusion Except Cervical w/o MCC	Not offered	N/A	460
N/A	Major Hip and Knee Joint Replacement or Reattachment of Lower Extremity w/o MCC	Not offered	N/A	470
N/A	Cervical Spinal Fusion w/o CC/MCC	Not offered	N/A	473
N/A	Uterine and Adnexa Proc for Non-Malignancy w/o CC/MCC	Not offered	N/A	743

Indiana State Psychiatric Hospitals do not provide shoppable services as defined in 45 CFR 180.20.