Signature Psychiatric Hospital
Shoppable Services Summary
Updated January 1, 2023

CPT code Description	Inpatient: Acute Psychiatric Service Package - Per Diem	Inpatient-Acute Detox Service Package - Per Diem	Partial Hospitalization Program (PHP) - Per Daily Visit	Intensive Outpatient Program (IOP) - Per Daily Visit	Transcranial Magnetic Stimulation - Initial Mapping Visit	Transcranial Magnetic Stimulation - Follow-Up Treatment Visit	Transcranial Magnetic Stimulation - Re-mapping	90792 Outpatient Psychiatric diagnostic evaluation	90853 Outpatient Psychiatric treatment - 30 minutes	90836 Outpatient New Patient Services	90785 Outpatient New Patient Services - Extended Time	90833 Outpatient Established Patient follow-up visit	90834 Outpatient Established Patient follow-up visit - Extended time	90839 Outpatient Inpatient Hospital Care	90846 New Inpatient Comprehensive Assessment	90801 Subsequent Inpatient Services - Problem focused	90808 Subsequent Inpatient Services - Expanded problem focused	90810 Subsequent Inpatient Services - Detailed	90791 Telemedicine Outpatient Psychiatric diagnostic evaluation	90832 Telemedicine Outpatient Psychiatric treatment - 30 minutes	99213 Telemedicine - Established Patient Outpatient follow-up visit	99214 Telemedicine - Established Patient Outpatient follow-up visit - extended time	99205 Telemedicine New Inpatient Comprehensive Assessment	99306 Telemedicine Subsequent Inpatient Services - Expanded problem focused	90837 Telemedicine Outpatient Psychiatric diagnostic evaluation	90791 Telemedicine Outpatient Psychiatric diagnostic evaluation	90837 Telemedicine Outpatient Psychiatric treatment - 53 minutes	90847 Telemedicine Outpatient New Patient Services - Extended Time	90847 Telemedicine Other Outpatient Services - Comprehensive	99213 Telemedicine - Established Patient Outpatient follow-up visit	99214 Telemedicine - Established Patient Outpatient follow-up visit - extended time	99306 Telemedicine New Inpatient Comprehensive Assessment	99308 Telemedicine Subsequent Inpatient Services - Expanded problem focused
Charge Master	$1,500.00	$1,500.00	$900.00	$675.00	$600.00	$600.00	$600.00	$855.00	$0.00	$550.00	$725.00	$300.00	$350.00	$0.00	$750.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$750.00	$0.00	$0.00	$855.00	$855.00	$0.00	$855.00	$855.00	$750.00	$0.00
Medicare	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aetna (Aon)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
All Savers Choice Plus Elect	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
AMB Innovative Home State H								$0.00	$0.00			$0.00	$0.00																			
Anthem Health Options	$0.00	$0.00	$0.00	$0.00																												
Blue Cross Blue Shield	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00																										
Blue Cross Blue Shield - FEHBP Program	$0.00	$0.00	$0.00	$0.00				$0.00	$0.00			$0.00	$0.00																			
Cambia Health Solutions	$0.00	$0.00	$0.00	$0.00				$0.00	$0.00			$0.00	$0.00																			
Cigna HMO	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00			$0.00	$0.00																			
Cigna - Open Access	$0.00																															
Cigna - Choice	$0.00		$0.00	$0.00				$0.00																								
Cleanfield Psychiatric								$0.00	$0.00			$0.00	$0.00																			
Coventry																																
Cox Kansas Inc																																
Aetna Elite	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				$0.00																				
Federal Military Select Opt								$0.00	$0.00			$0.00	$0.00																			
Goldenrule Insurance	$0.00	$0.00	$0.00	$0.00				$0.00	$0.00			$0.00																				
Health Alliance Plan of Michigan								$0.00												$0.00												
Health Partners								$0.00	$0.00			$0.00	$0.00																				
Humana	$0.00	$0.00	$0.00	$0.00																												
Lovelace Health Student																																
Marathon Canadian								$0.00				$0.00								$0.00												
Mercy Medical Behavioral Health	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00																										
Mercy Medical Center Elkhart																																
New Directions Behavioral Health	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00																										
New Directions Behavioral Health Forsyth Program																																
North Kansas City Hospital	$0.00	$0.00																														
Oscar Health	$0.00	$0.00	$0.00	$0.00				$0.00				$0.00																				
Oscar Insurance													$0.00																			
Penn Behavior Health Care																																
Preferred Health Inc																																
Private Med Review Claims								$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00																	
UMR United Health Care	$0.00	$0.00	$0.00	$0.00				$0.00	$0.00			$0.00	$0.00																			
UNR	$0.00	$0.00	$0.00	$0.00																												
United Healthcare Medicare			$0.00	$0.00				$0.00				$0.00																				
Wellmark Blue Cross Blue Shield	$0.00	$0.00	$0.00	$0.00				$0.00																								
Maximum Negotiated Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Minimum Negotiated Charge	$900.00	$675.00	$600.00	$450.00	$450.00	$450.00	$450.00	$600.00	$0.00	$400.00	$550.00	$150.00	$200.00	$0.00	$500.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$500.00	$0.00	$0.00	$600.00	$600.00	$0.00	$600.00	$600.00	$500.00	$0.00

Notes:
1) Standard service packages identified in the "Description" line above include all supplies and services EXCEPT Physician/Non-Physician Practitioner services and ECT services, where applicable.
2) Hospital Price Transparency Requirements include "300 shoppable services". The services listed above represent a comprehensive list of all service offerings currently available (billed since 1/1/2020) under the hospital's license, including inpatient, outpatient, and ancillary service offerings. Total service offerings do not amount to 300 separately identifiable shoppable services.
3) Blank fields indicate services/codes not provided/billed in at least 12 months, or services for which no negotiated rate exists.
4) Data presented in the table above will be updated at least annually, but is subject to change between updates.