

Luminis Health
J. Kent McNew Family Medical Center
Shoppable Services
January, 2021

CPT	*Minimum Gross Charge	*Maximum Gross Charge	Description
90382	\$ -	\$ -	Pyscho therapy. Included in partial hospitalization service.
90834	\$ -	\$ -	Pyscho therapy. Included in partial hospitalization service.
90837	\$ -	\$ -	Pyscho therapy. Included in partial hospitalization service.
90853	\$ -	\$ -	Group therapy. Included in partial hospitalization service.
80048	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
80053	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
80061	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
80076	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
81001	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
81003	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
84443	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
85025	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
85027	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
85610	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
85730	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
90846	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
90847	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99203	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99204	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99205	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99243	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99244	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99385	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
99386	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
80055	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
80069	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
84153	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
70450	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
70553	N/A	N/A	At this time, this service cannot be scheduled in advance at this location.

93000 N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
93452 N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
95810 N/A	N/A	At this time, this service cannot be scheduled in advance at this location.
97110 N/A	N/A	At this time, this service cannot be scheduled in advance at this location.

*The charge for an individual item or service that is reflected on a hospital's chargemaster, absent any discounts

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Charge Code	*Minimum	*Maximum	Description	**Minimum Discounted	**Maximum Discounted
	Gross Charge	Gross Charge		Cash Price	Cash Price
HC320000000	\$ 473.12	\$ 522.92	PARTIAL HOSPITALIZATION LESS THAN 24 HOURS	\$ 463.65	\$ 517.69
HC320000001	\$ 331.18	\$ 366.04	PARTIAL HOSPITALIZATION LESS THAN 24 HOURS - LESS INTENSIVE	\$ 324.56	\$ 362.38
H32S948000	\$ 236.56	\$ 261.46	INTENSIVE OUTPATIENT PSYCH PER DAY	\$ 231.83	\$ 258.84

DRG	*Minimum	*Maximum	Description	**Minimum Discounted	**Maximum Discounted
	Gross Charge	Gross Charge		Cash Price	Cash Price
880	\$ 3,582.77	\$ 29,179.27	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	\$ 3,511.11	\$ 28,887.48
881	\$ 3,611.98	\$ 9,462.65	DEPRESSIVE NEUROSES	\$ 3,539.74	\$ 9,368.02
882	\$ 2,199.61	\$ 11,071.35	NEUROSES EXCEPT DEPRESSIVE	\$ 2,155.62	\$ 10,960.64
883	\$ 6,433.46	\$ 9,510.69	DISORDERS OF PERSONALITY AND IMPULSE CONTROL	\$ 6,304.79	\$ 9,415.58
884	\$ 7,649.25	\$ 7,649.25	ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY	\$ 7,496.27	\$ 7,572.76
885	\$ 1,850.95	\$ 65,495.73	PSYCHOSES	\$ 1,813.93	\$ 64,840.77
897	\$ 7,835.09	\$ 21,715.03	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	\$ 7,678.39	\$ 21,497.88
918	\$ 3,627.74	\$ 7,871.16	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	\$ 3,555.19	\$ 7,792.45

*The charge for an individual item or service that is reflected

**The charge that applies to an individual who pays cash, or cash equivalent, for a hospital item or service