

This document provides general information and is subject to change without notice. The information provided is a comprehensive list of charges for services provided by Hamilton Center Inc. For more information about the cost of your specific care, please contact Fiscal Services at (812) 231-8260 or (800) 742-0787.

## HAMILTON CENTER INC. (HCI) HOSPITAL STANDARD CHARGES

### INPATIENT SERVICES

	ASSESSMENT CODE	CHARGE
INITIAL HOSPITAL PHYSICIAN EVALUATION & MANAGEMENT	99222	\$160.00
SUBSEQUENT HOSPITAL PHYSICIAN EVALUATION & MANAGEMENT	99232	\$85.00
DISCHARGE HOSPITAL PHYSICIAN EVALUATION AND MANAGEMENT	99238	\$85.00
INPATIENT PSYCHIATRIC BED DAY	124	\$1,380.00

### OUTPATIENT SERVICES

	ASSESSMENT CODE	CHARGE
Assessment	90791/90792	\$210
Individual Therapy	90832 up to 37 minutes	\$80
Individual Therapy	90834 up to 52 minutes	\$120
Family Therapy	90847 with client/90846 without client	\$120
Group Therapy	90853	\$60
Outpatient Evaluation & Management	99212	\$65
Outpatient Evaluation & Management	99213	\$105
Outpatient Evaluation & Management	99214	\$150
Crisis Therapy	90839	\$200
Outpatient Facility Fee Service	0900, 0914, 0500, 0510	\$160
Psychiatric evaluation	907892	\$180

### OTHER SHOPPABLE SERVICES

#### EVALUATION & MANAGEMENT SERVICES

	2024 CPT/HCPCS PRIMARY CODE	OFFERED SERVICE BY HCI
PSYCHOTHERAPY, 30 MIN	90832	YES
PSYCHOTHERAPY, 45 MIN	90834	YES
PSYCHOTHERAPY, 60 MIN	90837	NO
FAMILY PSYCHOTHERAPY, NOT INCLUDING PATIENT 50 MIN	90846	YES
FAMILY PSYCHOTHERAPY, INCLUDING PATIENT 50 MIN	90847	YES
GROUP PSYCHOTHERAPY	90853	YES
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30 MIN	99203	NO
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45 MIN	99204	NO
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 60 MIN	99205	NO
PATIENT OFFICE CONSULTATION, 40 MIN	99243	NO
PATIENT OFFICE CONSULTATION, 60 MIN	99244	NO
INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YRS)	99385	NO
INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YRS)	99386	NO

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### LABORATORY & PATHOLOGY SERVICES

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BASIC METABOLIC PANEL	80048	NO
BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	80053	NO
OBSTETRIC BLOOD TEST PANEL	80055	NO
BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	80061	NO
KIDNEY FUNCTION PANEL TEST	80069	NO
LIVER FUNCTIONS BLOOD TEST PANEL	80076	NO
MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE	81000 OR 81001	NO
AUTOMATED URINALYSIS TEST	81002 OR 81003	NO
PSA (PROSTATE SPECIFIC ANTIGEN)	84153 - 84154	NO
BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	84443	NO
COMPLETE BLOOD CELL COUNT, WITH DIFFERENTIAL WHITE BLOOD CELLS, AUTOMATED	85025	NO
COMPLETE BLOOD COUNT, AUTOMATED	85027	NO
BLOOD TEST, CLOTTING TIME	85610	NO
COAGULATION ASSESSMENT BLOOD TEST	85730	NO

### RADIOLOGY SERVICES

	2024 CPT/HCPCS PRIMARY CODE	OFFERED SERVICE BY HCI
CT SCAN, HEAD OR BRAIN, WITHOUT CONTRAST	70450	NO
MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST	70553	NO
X-RAY, LOWER BACK, MINIMUM 4 VIEWS	72110	NO
MRI SCAN OF LOWER SPINAL CANAL	72148	NO
CT SCAN OF PELVIS WITH CONTRAST	72193	NO
MRI SCAN OF LEG JOINT	73721	NO
CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	74177	NO
ULTRASOUND OF ABDOMEN	76700	NO
ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS O DAYS) SINGLE OR FIST FETUS	76805	NO
ULTRASOUND PELVIS THROUGH VAGINA	76830	NO
MAMMOGRAPHY OF ONE BREAST	77065	NO
MAMMOGRAPHY OF BOTH BREASTS	77066	NO
MAMMOGRAPHY, SCREENING, BILATERAL	77067	NO

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## HAMILTON CENTER INC. (HCI) HOSPITAL STANDARD CHARGES

### MEDICINE AND SURGERY SERVICES

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CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MAJOR COMPLICATIONS OR COMORBIDITIES	216	NO
SPINAL FUSION EXCEPT CERICAL WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	460	NO
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXREMITY WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	470	NO
CERVICAL SPINAL FUSTION WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	473	NO
UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	743	NO
REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE	19120	NO
SHAVING SHOULDER BONE USING ENDOSCOPE	29826	NO
REMOVAL OF ONE KNEE CARTILAGE USING ENDOSCOPE	29881	NO
REMOVAL OF TONSILS AND ADENOID GLANDS PATIENT YOUNGER THAN AGE 12	42820	NO
DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPTER SMALL BOWEL USING AN ENDOSCOPE	43235	NO
BIOPSY OF THE ESOPHAGUS, STOMACH, AND/ OR SMALL BOWEL USING ENDOSCOPE	43239	NO
DIAGNOTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE	45378	NO
BIOPSY OF LARGE BOWEL USING ENDOSCOPE	45380	NO
REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE	45385	NO
ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AND ENDOSCOPE	45391	NO
REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER	49505	NO
BIOPSY OF PROSRATE GLAND	55700	NO
SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE	55866	NO
ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POS - DELIVERY CARE	59400	NO
ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POS-DELIVERY CARE	59510	NO
ROUTINE OBSTSTRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE - AND POST- DELIVERY CARE	59610	NO
INJECTIONS OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	62322 - 62323	NO
INJECTIONS OF ANESTHETIC AND/ OR STEROID DRUG INTO LOWER OR SACRAL SPINE NERVE ROOT USING IMAGING GUIDANCE	64483	NO
REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	66821	NO
REMOVAL OF CATARACT WITH INSERTION OF LENS	66984	NO
ELECTROCARDIOGRAM, ROUTINE, WITH INTERPRETATION AND REPORT	93000	NO
INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS	93452	NO
SLEEP STUDY	95810	NO
PHYSICAL THERAPY, THERAPEUTIC EXERCISE	97110	NO