

HEALTHCARE SERVICE PRICING

Axis Health System (AHS) is providing basic pricing information for the top 15 services provided across all of our clinic locations. The list includes the type of service provided and the corresponding customary charges. These charges are *an estimate* of the maximum amount that would be due to AHS for the service. Your financial responsibility as a patient is dependent a variety of factors including: insurance coverage (if applicable), the service combination provided and discounts for self-pay patients who qualify.

If you have health insurance: Please consult with your health insurer to determine your financial responsibility. Knowing your insurance plan coverage in advance will help you to better understand what your insurance plan pays for and what the plan expects you to pay for. Depending on your plan coverage, the customary charges listed below *may not* reflect the actual amount of your financial responsibility.

If you are not covered by health insurance: We encourage you to contact our billing team at (970) 335-2342 to discuss payment expectations, options and/or your potential qualification for income based sliding fee discounts. If you are eligible for the sliding fee discount, the customary charges listed *will not* reflect the actual amount of your financial responsibility.

Clinic Services

Code	Type of Service	Description	Customary Charge
Primary Care Services			
36415	Primary Care	Blood draw fee	\$20
99213	Primary Care	An appointment for an established patient where three or more conditions are addressed with minimal treatment	\$160
99214	Primary Care	An appointment for an established patient where three or more conditions are addressed with moderate treatment	\$235
99203	Primary Care	An appointment for new patient to establish care where three or more conditions are addressed with minimal treatment	\$275
99202	Primary Care	An appointment for a new patient to establish care where two or more conditions are addressed with minimal treatment	\$173
99212	Primary Care	An appointment for an established patient where one or two conditions are addressed with minimal treatment	\$102
99391	Primary Care	Annual pediatric exam known as a “well – child check” (infants up to 1 year old)	\$218
99392	Primary Care	Annual pediatric exam known as a “well – child check” (ages 1 - 4)	\$253
99394	Primary Care	Annual pediatric exam known as a “well – child check” (ages 12 - 17)	\$288
Psychiatric Services			
90791	Psychiatry	A diagnostic evaluation for a patient establishing psychiatric care	\$393
99202	Psychiatric	An appointment for a new patient to establish care where two or more conditions are addressed with minimal treatment	\$196
99203	Psychiatric	An appointment for new patient to establish care where three or more conditions are addressed with minimal treatment	\$291
99212	Psychiatric	An appointment for an established patient where one or two conditions are addressed with minimal treatment	\$110
99213	Psychiatric	An appointment for an established patient where three or more conditions are addressed with minimal treatment	\$194
99214	Psychiatric	An appointment for an established patient where three or more conditions are addressed with moderate treatment	\$292

Code	Type of Service	Description	Customary Charge
Behavioral Health Services			
90853	Therapy	Mental health counseling provided in a group setting	\$78
90832	Therapy	Brief individual counseling session (16 - 37 minutes)	\$194
90834	Therapy	Standard individual counseling session (38 - 53 minutes)	\$257
90837	Therapy	Extended individual counseling session (longer than 53 minutes)	\$386
90847	Therapy	Family counseling session (not a time-based service)	\$324

Acute Treatment Unit (ATU)

Code	Type of Service	Description	Customary Charge
Bundled Services*			
H0017	Psychiatric Stabilization	Psychiatric stabilization and short term residential treatment at the ATU bundled rate (per day)	\$1,250
Unbundled Services**			
0124	Psychiatric Stabilization	ATU Room and Board, per day	\$140
99212	Psychiatric Stabilization	A psychiatric session where one or two conditions are addressed with minimal treatment	\$110
99213	Psychiatric Stabilization	A psychiatric session where three or more conditions are addressed with minimal treatment	\$197
99214	Psychiatric Stabilization	A psychiatric session where three or more conditions are addressed with moderate treatment	\$297
99215	Psychiatric Stabilization	A psychiatric session where three or more conditions are addressed with extensive treatment	\$409
90832	Psychiatric Stabilization	Brief individual psychotherapy session (16 - 37 minutes)	\$194
90834	Psychiatric Stabilization	Standard individual psychotherapy session (38 - 53 minutes)	\$257
90837	Psychiatric Stabilization	Extended individual psychotherapy (longer than 53 minutes)	\$386
99307	Psychiatric Stabilization	Nursing care cost per day when patient is stable, recovering or improving	\$142
99309	Psychiatric Stabilization	Nursing care cost per day when a patient has developed a significant complications or a significant new problem	\$290
99308	Psychiatric Stabilization	Nursing care cost per day when patient is responding inadequately to therapy or has developed a minor complication	\$219

*ATU services are charged at the bundled rate per each day of the stay for self-pay patients and some commercial insurance. When services are bundled, the one charge is the only one assessed for that day's stay.

**When ATU services are unbundled per the requirements of some insurance companies and Medicare, services are to be billed as provided. When that is the case, the services are billed as provided during the stay based on the therapeutic plan and there is a separate Room and Board charge that covers the facility cost for the stay.