



Updated 5/1/2024

PROGRAM	PROCEDURE DESCRIPTION	CPT/HCPCS CODE	UNIT CHARGE	SERVICE UNITS
INPATIENT Facility	Adult Room and Board		\$1,325.00	1
	Child and Adolescent Room & Board		\$1,335.00	1
	Admission fee		\$280.00	1
	Electroconvulsive Therapy	9427	\$750.00	1
INPATIENT Professional	Initial Hospital Care - Low	99221	\$134.00	1
	Initial Hospital Care	99222	\$165.00	1
	Initial Hospital Care - High	99223	\$248.00	1
	Subsequent Care - Low	99231	\$83.00	1
	Subsequent Care	99232	\$110.00	1
	Subsequent Care - High	99233	\$132.00	1
	Discharge Management - 0-30 mins	99238	\$121.00	1
	Discharge Management - 31+ mins	99239	\$132.00	1
	ECT Physican	90870	\$193.00	1
PARTIAL HOSPITALIZATION PROGRAM (PHP) HAGERSTOWN	Psychiatric Day Program	H0035	\$580.00	1
	Psychiatric Day Program (half-day)	H0035	\$290.00	1
PHP Professional	Initial Hospital Care - Low	99221	\$134.00	1
	Initial Hospital Care	99222	\$165.00	1
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OUTPATIENT HAGERSTOWN, FREDERICK & CUMBERLAND LOCATIONS *Hagerstown Only	Electroconvulsive Therapy*	9427	\$750.00	1
	ECT Physican*	90870	\$193.00	1
	Transcranial Magnetic Stimulation*	Facility Charge	\$370.00	1
	TMS - Physicians Eval & Mapping*	90867	\$205.00	1
	TMS - Physicians progress note*	90868	\$190.00	1
	TMS - Redetermination/mapping*	90869	\$505.00	1
	Initial Evaluation - MD/NP	90792	\$265.00	1
	Medication Management - Low	99212	\$70.00	1
	Medication Management	99213	\$121.00	1
	Medication Management - High	99214	\$171.00	1
	Medication Management - Complex	99215	\$220.00	1
	Initial Evaluation - Outpatient therapist	90791	\$265.00	1
	Individual therapy - Outpatient therapist	90834	\$146.00	1
	Family therapy - Outpatient therapist	90847	\$165.00	1
	Group Therapy - Outpatient therapist	90853	\$58.00	1
SUBSTANCE ABUSE PROGRAM	Intensive Outpatient Program	H0015	\$170.00	1
	Individual Therapy - Outpatient therapist	90834	\$170.00	1
	Group Therapy - Outpatient therapist	90853	\$53.00	1

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Please contact us at 301-733-0331 x1391 if you have questions on this information or for us to provide you with a personalized price estimate of your care.

This list of charges reflects regulated and non-regulated services at Brook Lane. It may not reflect the actual payment paid by governmental or insurance companies; accordingly, each patient's financial responsibility may vary. The amount a patient pays is based on many factors including: health insurance, benefit plans and the services provided based on each patient's unique needs. The list of charges is not a contract or guarantee of the actual costs for the services that may be provided to you.

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Program	Chg Department	Charges Based on FY23 Discharges
Inpatient Adult/Facility	Room & Board	\$9,322.90
	Admission Fees	\$266.10
	Individual Therapy	\$738.29
	Group Therapy	\$184.30
	Laboratory	\$304.20
	Pharmacy	\$1,321.52
	Other Ancillary Svcs	\$95.23
<b>Average Total Charge for Inpatient Adult Episode of Care</b>		<b>\$12,232.55 10 days stay (average)</b>
<b>Average Charge per Adult Inpatient day</b>		<b>\$1,223.25</b>
Program	Chg Department	Charges Based on FY23 Discharges
Inpatient Child & Adolescent/Facility	Room & Board	\$14,328.67
	Admission Fees	\$266.91
	Individual Therapy	\$1,317.56
	Group Therapy	\$361.23
	Laboratory	\$264.09
	Pharmacy	\$839.95
	Other Ancillary Svcs	\$14.84
<b>Average Total Charge for Inpatient Child &amp; Adolescent Episode of Care</b>		<b>\$17,393.25 11 days stay (average)</b>
<b>Average Charge per Child &amp; Adolescent Inpatient day</b>		<b>\$1,581.20</b>



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Admission to Outpatient Services begins with an evaluation, it maybe done by a psychiatrist, nurse practitioner or a therapists.

The initial charge for that service is \$265.00.

After the evaulation if you are admitted Outpatient Services you will most likely be seen for medication management and/or therapy. Those charges are listed below.

If you are admitted to InStep, our substance use disorder program, your charges may differ slightly and are also listed below.

Please refer to our list of shoppable services on our website for a comprehensive list.

PROGRAM	PROCEDURE DESCRIPTION	CPT/ HCPS CODE	UNIT CHARGE	SERVICE UNITS
OUTPATIENT HAGERSTOWN, FREDERICK & CUMBERLAND LOCATIONS *Hagerstown Only	Transcranial Magnetic Stimulation*	Facility Charge	\$370.00	1
	TMS - Physicians Eval & Mapping*	90867	\$205.00	1
	TMS - Physicians progress note*	90868	\$190.00	1
	TMS - Redetermination/mapping*	90869	\$505.00	1
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	Individual therapy - Outpatient therapist	90834	\$146.00	1
	Family therapy - Outpatient therapist	90847	\$165.00	1
	Group Therapy - Outpatient therapist	90853	\$58.00	1
	SUBSTANCE ABUSE PROGRAM	Intensive Outpatient Program	H0015	\$170.00
Individual Therapy - Outpatient therapist		90834	\$170.00	1
Group Therapy - Outpatient therapist		90853	\$53.00	1

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# BROOK LANE

Hope • Healing • Recovery

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## Partial Hospitalization

PROGRAM	PROCEDURE DESCRIPTION	CPT/ HCPS CODE	UNIT CHARGE	SERVICE UNITS
PARTIAL HOSPITALIZATION PROGRAM (PHP) HAGERSTOWN	Psychiatric Day Program	H0035	\$580.00	1
	Psychiatric Day Program (half-day)	H0035	\$290.00	1
PHP Professional	Initial Hospital Care - Low	99221	\$134.00	1
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Program	Chg Department	Charges Based on FY23 Visits
Partial Hospitalization Adult	Daily Charge	\$429.49
	Individual Therapy	\$93.02
	Group Therapy	\$111.08
<b>Average Total Charge per day</b>		<b>\$633.59</b>
<b>Average Cost per episode of care</b>	<b>10 days</b>	<b>\$6,335.86</b>
Program	Chg Department	Charges Based on FY23 Visits
Partial Hospitalization Child & Adolescent	Daily Charge	\$431.78
	Individual Therapy	\$83.58
	Group Therapy	\$103.06
<b>Average Total Charge per day</b>		<b>\$618.42</b>
<b>Average Cost per episode of care</b>	<b>10 days</b>	<b>\$6,184.25</b>