

The Guidance Center, Inc.  
 2187 N. Vickey Street  
 Flagstaff AZ 86004  
 928-527-1899

All charges and negotiated rates are effective as of **12/23/2022**

All current services provided by this hospital are listed below.

Any service listed without a payor rate indicates there is no contract or negotiated rate for that service for that payor.

| Service Item | Service Item Description     | Gross Charge | Discounted Cash Price | De-identified Maximum | De-identified Minimum | Health Choice Arizona | Care1st Arizona | AHCCCS FFS |
|--------------|------------------------------|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|------------|
| 0124         | Psych Room And Board         | \$1,560.00   | \$1,560.00            | \$1,224.59            | \$775.57              | \$1,224.00            | \$1,224.59      | \$816.39   |
| 0126         | Detox Semi Private           | \$1,560.00   | \$1,560.00            | \$1,224.00            | \$702.88              | \$1,224.00            | \$1,109.81      | \$739.87   |
| 0900         | Ancillary Services           | \$3.90       | \$3.90                | \$3.00                | \$0.00                | \$3.00                | \$0.00          | \$0.00     |
| 90791        | Psych Diagnostic Eval        | \$410.12     | \$410.12              | \$296.37              | \$125.26              | \$296.37              | \$379.74        | \$185.24   |
| 90792        | Psych Diag Eval W/MD         | \$458.48     | \$458.48              | \$301.86              | \$139.89              | \$360.32              | \$424.51        | \$207.08   |
| 90833        | Psychotherapy W/EM 30min     | \$173.34     | \$173.34              | \$140.16              | \$64.95               | \$128.55              | \$151.45        | \$73.88    |
| 90838        | Psychotherapy W/EM 60min     | \$381.80     | \$381.80              | \$299.56              | \$108.13              | \$213.39              | \$251.41        | \$122.64   |
| 90846        | FAMILY PSYTX W/O PATIENT     | \$260.91     | \$260.91              | \$217.16              | \$100.63              | \$177.93              | \$209.63        | \$102.26   |
| 90847        | FAMILY PSYTX W/PATIENT       | \$309.41     | \$309.41              | \$242.77              | \$104.56              | \$184.27              | \$217.10        | \$105.90   |
| 90887        | CONSULTATION WITH FAMILY     | \$187.85     | \$187.85              | \$163.26              | \$75.66               | \$156.41              | \$184.27        | \$89.89    |
| 90889        | PREPARATION OF REPORT        | \$182.00     | \$182.00              | \$142.80              | \$57.32               | \$142.80              | \$123.70        | \$52.56    |
| 99221        | INITIAL HOSPITAL CARE        | \$260.23     | \$260.23              | \$187.60              | \$86.93               | \$89.89               | \$184.27        | \$89.89    |
| 99222        | INITIAL HOSPITAL CARE        | \$309.87     | \$309.87              | \$253.44              | \$117.45              | \$121.22              | \$248.50        | \$121.22   |
| 99223        | INITIAL HOSPITAL CARE        | \$433.81     | \$433.81              | \$373.18              | \$172.94              | \$340.37              | \$364.00        | \$177.56   |
| 99231        | SUBSEQUENT HOSPITAL CARE     | \$92.96      | \$92.96               | \$72.94               | \$33.60               | \$72.94               | \$71.38         | \$34.82    |
| 99232        | SUBSEQUENT HOSPITAL CARE     | \$194.70     | \$194.70              | \$133.05              | \$61.66               | \$121.56              | \$131.06        | \$63.93    |
| 99233        | SUBSEQUENT HOSPITAL CARE     | \$281.34     | \$281.34              | \$192.25              | \$89.09               | \$175.33              | \$188.17        | \$91.79    |
| 99234        | OBSERV/HOSP SAME DATE        | \$288.50     | \$288.50              | \$246.12              | \$114.06              | \$226.36              | \$239.42        | \$116.79   |
| 99235        | OBSERV/HOSP SAME DATE        | \$380.34     | \$380.34              | \$311.31              | \$144.27              | \$298.42              | \$303.65        | \$148.12   |
| 99236        | OBSERV/HOSP SAME DATE        | \$433.81     | \$433.81              | \$401.12              | \$185.89              | \$340.37              | \$389.30        | \$189.90   |
| 99238        | HOSPITAL DISCHARGE DAY       | \$185.93     | \$185.93              | \$145.88              | \$62.27               | \$145.88              | \$131.71        | \$64.25    |
| 99239        | HOSPITAL DISCHARGE DAY       | \$371.84     | \$371.84              | \$291.75              | \$91.25               | \$291.75              | \$192.70        | \$94.00    |
| 99251        | INPATIENT CONSULTATION       | \$192.79     | \$192.79              | \$97.25               | \$42.54               | \$97.25               | \$89.54         | \$43.68    |
| 99252        | INPATIENT CONSULTATION       | \$247.90     | \$247.90              | \$194.50              | \$64.43               | \$66.15               | \$135.61        | \$66.15    |
| 99253        | INPATIENT CONSULTATION       | \$340.85     | \$340.85              | \$267.43              | \$99.57               | \$267.43              | \$210.23        | \$102.55   |
| 99254        | INPATIENT CONSULTATION       | \$495.78     | \$495.78              | \$389.00              | \$144.88              | \$389.00              | \$303.01        | \$147.81   |
| 99356        | PROLONGED SERVICE, INPATIENT | \$371.84     | \$371.84              | \$291.75              | \$78.92               | \$291.75              | \$166.09        | \$81.02    |
| 99357        | PROLONGED SERVICE, INPATIENT | \$185.93     | \$185.93              | \$171.63              | \$79.53               | \$145.88              | \$166.75        | \$81.34    |
| 99358        | PROLONGED SERV, W/O CONTACT  | \$371.84     | \$371.84              | \$291.75              | \$95.26               | \$291.75              | \$203.07        | \$99.06    |
| 99359        | PROLONGED SERV, W/O CONTACT  | \$185.93     | \$185.93              | \$145.88              | \$46.55               | \$145.88              | \$98.63         | \$48.11    |

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| Service Item | Service Item Description     | Coconino County | UHC-Optum | Blue Cross-Blue Shield AZ | Mercy Care | Medicare A | Health Choice Generations | WellCare | Mercy Care Advantage |
|--------------|------------------------------|-----------------|-----------|---------------------------|------------|------------|---------------------------|----------|----------------------|
| 0124         | Psych Room And Board         | \$1,224.00      | \$816.39  | \$1,200.00                | 816.39     | IPPF-DRG   | IPPF-DRG                  | IPPF-DRG | IPPF-DRG             |
| 0126         | Detox Semi Private           | \$1,224.00      | \$739.87  | \$1,200.00                | 739.87     | IPPF-DRG   | IPPF-DRG                  | IPPF-DRG | IPPF-DRG             |
| 0900         | Ancillary Services           | \$3.00          | \$0.00    | \$3.00                    | 0          | 0          | 0                         | 0        | 0                    |
| 90791        | Psych Diagnostic Eval        | \$296.37        | \$386.52  | \$187.58                  | 337.52     | 0          | 0                         | 0        | 0                    |
| 90792        | Psych Diag Eval W/MD         | \$296.37        | \$313.71  | \$213.80                  | 333.25     | 0          | 0                         | 0        | 0                    |
| 90833        | Psychotherapy W/EM 30min     | \$173.34        | \$105.08  | \$83.41                   | 84.98      | 0          | 0                         | 0        | 0                    |
| 90838        | Psychotherapy W/EM 60min     | \$299.56        | \$274.96  | \$166.81                  | 133.76     | 0          | 0                         | 0        | 0                    |
| 90846        | FAMILY PSYTX W/O PATIENT     | \$204.71        | \$194.18  | \$125.76                  | 148.02     | 0          | 0                         | 0        | 0                    |
| 90847        | FAMILY PSYTX W/PATIENT       | \$242.77        | \$240.58  | \$137.96                  | 180.74     | 0          | 0                         | 0        | 0                    |
| 90887        | CONSULTATION WITH FAMILY     | \$147.39        | \$219.29  | \$107.42                  | 105.42     | 0          | 0                         | 0        | 0                    |
| 90889        | PREPARATION OF REPORT        | \$142.80        | \$150.85  | \$107.42                  | 75.34      | 0          | 0                         | 0        | 0                    |
| 99221        | INITIAL HOSPITAL CARE        | \$145.88        | \$229.55  | \$117.08                  | 113.33     | 0          | 0                         | 0        | 0                    |
| 99222        | INITIAL HOSPITAL CARE        | \$243.13        | \$311.11  | \$158.25                  | 156.04     | 0          | 0                         | 0        | 0                    |
| 99223        | INITIAL HOSPITAL CARE        | \$340.37        | \$454.21  | \$233.78                  | 224.98     | 0          | 0                         | 0        | 0                    |
| 99231        | SUBSEQUENT HOSPITAL CARE     | \$72.94         | \$88.66   | \$45.51                   | 46.32      | 0          | 0                         | 0        | 0                    |
| 99232        | SUBSEQUENT HOSPITAL CARE     | \$121.56        | \$160.55  | \$83.33                   | 78.84      | 0          | 0                         | 0        | 0                    |
| 99233        | SUBSEQUENT HOSPITAL CARE     | \$175.33        | \$233.45  | \$120.22                  | 115.19     | 0          | 0                         | 0        | 0                    |
| 99234        | OBSERV/HOSP SAME DATE        | \$221.92        | \$306.34  | \$154.17                  | 192.67     | 0          | 0                         | 0        | 0                    |
| 99235        | OBSERV/HOSP SAME DATE        | \$292.57        | \$382.11  | \$195.29                  | 252.5      | 0          | 0                         | 0        | 0                    |
| 99236        | OBSERV/HOSP SAME DATE        | \$333.70        | \$492.14  | \$251.53                  | 315.07     | 0          | 0                         | 0        | 0                    |
| 99238        | HOSPITAL DISCHARGE DAY       | \$145.88        | \$161.17  | \$83.79                   | 96.79      | 0          | 0                         | 0        | 0                    |
| 99239        | HOSPITAL DISCHARGE DAY       | \$291.75        | \$238.59  | \$124.04                  | 132.15     | 0          | 0                         | 0        | 0                    |
| 99251        | INPATIENT CONSULTATION       | \$97.25         | \$111.75  | \$117.78                  | 54.61      | 0          | 0                         | 0        | 0                    |
| 99252        | INPATIENT CONSULTATION       | \$194.50        | \$170.27  | \$138.42                  | 100.63     | 0          | 0                         | 0        | 0                    |
| 99253        | INPATIENT CONSULTATION       | \$267.43        | \$260.53  | \$159.05                  | 137.31     | 0          | 0                         | 0        | 0                    |
| 99254        | INPATIENT CONSULTATION       | \$389.00        | \$376.03  | \$197.33                  | 197.92     | 0          | 0                         | 0        | 0                    |
| 99356        | PROLONGED SERVICE, INPATIENT | \$291.75        | \$205.60  | \$107.01                  | 127.19     | 0          | 0                         | 0        | 0                    |
| 99357        | PROLONGED SERVICE, INPATIENT | \$145.88        | \$205.69  | \$107.01                  | 128.8      | 0          | 0                         | 0        | 0                    |
| 99358        | PROLONGED SERV, W/O CONTACT  | \$291.75        | \$247.61  | \$129.98                  | 131.65     | 0          | 0                         | 0        | 0                    |
| 99359        | PROLONGED SERV, W/O CONTACT  | \$145.88        | \$121.00  | \$62.53                   | 64.05      | 0          | 0                         | 0        | 0                    |