

*Press Control+F (PC) or Command+F (Mac)
 to open a search window within this file.*

SHOPPABLE SERVICES

INPATIENT ROOM CHARGE MENTAL HEALTH
REVENUE CODE: 0124 1

INPATIENT ROOM CHARGE MENTAL HEALTH CD
REVENUE CODE: 0126 2

PSYCH/INDIV +53 (Inpatient or Outpatient)
CPT: 90837 3

PSYCH/INDIV BRIEF (Inpatient or Outpatient)
CPT: 90832 4

PSYCH/INDIV EXTENDED (Inpatient or Outpatient)
CPT: 90834 5

GROUP THERAPY IOP
CPT: 90853 6

MH GROUP THERAPY PHP
CPT: 90853 7

CD GROUP THERAPY IOP
CPT: 90853 8

CD GROUP THERAPY PHP
CPT: 90853 9

PSYCH/FAMILY THERAPY (Inpatient or Outpatient)
CPT: 90847 10

Alvarado Parkway Institute does not bill per item. As a behavioral health hospital, our pricing is per day and all inclusive of services and products necessary for the individual patient. As such, there are many services that are not “shoppable.” Click below for a list of these non-shoppable items.

[CLICK HERE FOR
 NON-SHOPPABLE ITEMS](#)



If the service you are looking for is not listed, to get more exact pricing, or to confirm your eligibility, please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

INPATIENT ROOM CHARGE MENTAL HEALTH

REVENUE CODE: 0124

\$1,016.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and to confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
INPATIENT ROOM CHARGE MENTAL HEALTH	\$1,016.00	\$950.00	\$996.00	\$2,500.00	\$2,500.00
TOTAL PRICE	\$1,016.00	\$950.00	\$996.00	\$2,500.00	\$2,500.00

RETURN TO
TABLE OF CONTENTS

INPATIENT ROOM CHARGE MENTAL HEALTH CD

REVENUE CODE: 0126

\$1,016.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
INPATIENT ROOM CHARGE MENTAL HEALTH CD	\$1,016.00	\$950.00	\$996.00	\$2,500.00	\$2,500.00
TOTAL PRICE	\$1,016.00	\$950.00	\$996.00	\$2,500.00	\$2,500.00

PSYCH/INDIV +53 (Inpatient or Outpatient)

CPT: 90837

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient’s current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$0.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
PSYCH/INDIV +53	\$0.00	\$250.00	\$0.00	\$400.00	\$400.00
TOTAL PRICE	\$0.00	\$250.00	\$0.00	\$400.00	\$400.00

PSYCH/INDIV BRIEF (Inpatient or Outpatient)

CPT: 90832

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient’s current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$0.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
PSYCH/INDIV BRIEF	\$0.00	\$250.00	\$0.00	\$300.00	\$300.00
TOTAL PRICE	\$0.00	\$250.00	\$0.00	\$300.00	\$300.00

RETURN TO
TABLE OF CONTENTS

PSYCH/INDIV EXTENDED (Inpatient or Outpatient)

CPT: 90834

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient’s current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$0.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
PSYCH/INDIV EXTENDED	\$0.00	\$250.00	\$0.00	\$350.00	\$350.00
TOTAL PRICE	\$0.00	\$250.00	\$0.00	\$350.00	\$350.00

RETURN TO
TABLE OF CONTENTS

GROUP THERAPY IOP

CPT: 90853

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient's current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$388.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
GROUP THERAPY IOP	\$388.00	\$250.00	\$209.76	\$380.07	\$900.00
TOTAL PRICE	\$388.00	\$250.00	\$209.76	\$380.07	\$900.00

MH GROUP THERAPY PHP

CPT: 90853

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient's current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$561.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
MH GROUP THERAPY PHP	\$561.00	\$500.00	\$0.00	\$550.00	\$1,500.00
TOTAL PRICE	\$561.00	\$500.00	\$0.00	\$550.00	\$1,500.00

CD GROUP THERAPY IOP

CPT: 90853

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient's current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$388.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
CD GROUP THERAPY IOP	\$388.00	\$250.00	\$207.00	\$380.07	\$900.00
TOTAL PRICE	\$388.00	\$250.00	\$207.00	\$380.07	\$900.00

CD GROUP THERAPY PHP

CPT: 90853

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient’s current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$561.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
CD GROUP THERAPY PHP	\$561.00	\$500.00	\$0.00	\$550.00	\$1,500.00
TOTAL PRICE	\$561.00	\$500.00	\$0.00	\$550.00	\$1,500.00

PSYCH/FAMILY THERAPY (Inpatient or Outpatient)

CPT: 90847

A mental health office visit (often called psychotherapy) refers to an interaction with a mental health provider to discuss a patient’s current mental health concerns. The problems addressed in these visits are psychological in nature and vary from patient to patient.

\$0.00

PRICE SUMMARY

The insurance specific pricing is the rate your insurance provider has negotiated for this service. This does not mean that you will be responsible for paying the full amount. To understand what your out of pocket costs will be, please contact your insurance provider.

WHAT IS NOT INCLUDED IN THIS PRICE?

The following supporting services are generally provided as part of this procedure but are not provided directly by the hospital. Unfortunately, that means we cannot provide you with a price estimate for these services. These services may be billed separately than the rest of your procedure.

- Physician services
- Pathology/Interpretation of Results

All ancillary services are included in the per diem rate for all commercial insurance payors.

WHAT WILL I PAY?

When you pay through your insurance, we will charge the price listed above to your insurance provider and they will pass on none, some, or all of those charges to you based on your plan details and year to date spending.

If you have not met your deductible this year: You will most likely be responsible for paying the full amount.

If you have met your deductible but not your out of pocket max this year: You will most likely be responsible for a certain percentage (co-pay) determined by the details of your plan.

If you have met your out of pocket max this year: You will most likely not pay anything.



To get more exact pricing and confirm your eligibility please call our Business Office at (619) 667-6187 Monday through Friday from 8am to 5pm.

PRICE DETAILS

Here is a breakdown of the primary and supporting services that we have bundled together to give you a preview into the total cost of care. You can also take a look at the columns to see how your pricing compares to the lowest and highest prices across all insurance providers as well as to the Gross Price of a given procedure.

	SHARP ALL	Cash Price	Minimum Negotiated	Maximum Negotiated	Gross Price
PSYCH/FAMILY THERAPY	\$0.00	\$250.00	\$0.00	\$300.00	\$300.00
TOTAL PRICE	\$0.00	\$250.00	\$0.00	\$300.00	\$300.00