



**Haven Behavioral Services of Reading LLC
d/b/a Haven Behavioral Hospital of Eastern Pennsylvania
145 North Sixth Street 3rd Floor
Reading PA 19606
610.406.4340**

SHOPPABLE SERVICES

Haven Behavioral Hospital of Eastern Pennsylvania provides inpatient psychiatric services and an outpatient psychiatric partial hospitalization program (PHP). All services provided are listed on the following pages. There are no other services provided at this facility.

All services, prices and negotiated rates list are effective as of 12/1/2021.

Other services may be provided by independent healthcare providers. Such services may include but are not limited to pathology services and/or radiology services and/or physician visits and therapies. These outside services will be billed directly by the provider. Haven Behavioral Hospital of Eastern Pennsylvania does not negotiate or control those charges or reimbursement rates.

Table of Contents on next page

TABLE OF CONTENTS <i>(Click on any page number to navigate to that page)</i>	PAGE
Inpatient Services Offered.....	9
Outpatient Services Offered.....	10
Payor Reimbursement by Service Rates:	
Medicare	
Inpatient	11
PHP.....	12
Medicare Magellan Personal Choice 65	
Inpatient	13
PHP.....	14
Medicare Geisinger Gold	
Inpatient	15
PHP.....	16
Medicare Gateway	
Inpatient	17
PHP.....	18
Medicare UHC Dual Complete (Optum)	
Inpatient	19
PHP.....	20
Medicare Keystone Blue	
Inpatient	21
PHP.....	22

TABLE OF CONTENTS (continued):

Payor Reimbursement Rates (continued):

Medicare Aetna	
Inpatient	23
PHP.....	24
Medicare Humana	
Inpatient	25
PHP.....	26
Medicare UBH (Optum)	
Inpatient	27
PHP.....	28
Medicare Highmark	
Inpatient	29
PHP.....	30
Medicare Magellan Senior Blue	
Inpatient	31
PHP.....	32
Medicare MH Net	
Inpatient	33
PHP.....	34
Medicare Capital Blue Cross	
Inpatient	35
PHP.....	36
Medicare Value Options Beacon	
Inpatient	37
PHP.....	38

Table of Contents (continued):

Payor Reimbursement Rates (continued):

Medicare UPMC Health Plans

Inpatient 39

PHP..... 40

Medicare Senior Life

Inpatient 41

PHP..... 42

Medicare Cigna

Inpatient 43

PHP..... 44

Medicaid PA

Inpatient 45

PHP..... 46

Medicaid CCBHO

Inpatient 47

PHP..... 48

Medicaid Magellan BH of PA

Inpatient 49

PHP..... 50

Medicaid CBHNP (Performcare)

Inpatient 51

PHP..... 52

SAM (County Funding

Inpatient 53

PHP..... 54

Table of Contents (continued):

Payor Reimbursement by Service Rates (continued):

Medicaid United Healthcare

Inpatient	55
PHP	56

Tricare/MHN/Health Net

Inpatient	57
PHP.....	58

Tricare for Life

Inpatient	59
PHP.....	60

Optum VA CCN

Inpatient	61
PHP.....	62

VA Fee Basis

Inpatient	63
PHP.....	64

Capital Blue Cross

Inpatient	65
PHP.....	66

Blue Cross – Federal

Inpatient	67
PHP.....	68

Highmark Blue Shield

Inpatient	69
PHP.....	70

Table of Contents (continued):

Payor Reimbursement by Service Rates (continued):

Independence Blue Cross

Inpatient 71

PHP..... 72

Freedom Blue Advantage

Inpatient 73

PHP..... 74

Blue Cross Independence Admin (Magellan)

Inpatient 75

PHP..... 76

Magellan Keystone

Inpatient 77

PHP..... 78

MH Net (Aetna)

Inpatient 79

PHP..... 80

Quest Behavioral Health

Inpatient 81

PHP..... 82

Aetna

Inpatient 83

PHP..... 84

Table of Contents (continued):

Payor Reimbursement by Service Rates (continued):

Amerihealth (Magellan)	
Inpatient	85
PHP.....	86
Cigna Behavioral Health	
Inpatient	87
PHP.....	88
UPMC Health Plan	
Inpatient	89
PHP.....	90
Magellan Personal Choice	
Inpatient	91
PHP.....	92
Keystone Health Plan	
Inpatient	93
PHP.....	94
Magellan Keystone	
Inpatient	95
PHP.....	96
UBH (Optum)	
Inpatient	97
PHP.....	98
Gateway Health Plan	
Inpatient	99
PHP.....	100

Table of Contents (continued):

Payor Reimbursement by Service Rates (continued):

Magellan	
Inpatient	101
PHP.....	102
Value Options Beacon	
Inpatient	103
PHP.....	104
Central PA Teamsters	
Inpatient	105
PHP.....	106
Geisinger Health Plan	
Inpatient	107
PHP.....	108

INPATIENT ROOM AND BOARD SERVICES
Adult Psychiatric Care Adult Acute Psychiatric Care and Geriatric Psychiatric Care

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE	MOST COMMON BILLING CODE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	\$1056 per diem	\$814 per diem	\$814.13 per diem	124

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	No Negotiated rates for professional services	All-Inclusive - included as part of per diem	961/90792
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00			961/90792

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	No Negotiated rates for professional services	All-Inclusive - included as part of per diem	961/99221
7500076	INIT HOSP CARE - 50	\$ 250.00			961/99222
7500077	INIT HOSP CARE - 70	\$ 300.00			961/99223

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	No Negotiated rates for professional services	All-Inclusive - included as part of per diem	961/99231
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00			961/99232
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00			961/99232

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	No Negotiated rates for professional services	Included as part of per diem	961/99238
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	No Negotiated rates for professional services	Included as part of per diem	961/99239

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

[Click here to return to Table of Contents](#)

PARTIAL HOSPITALIZATION PROGRAM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE	MOST COMMON BILLING CODE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	\$423 per diem	\$153 per diem	\$250 per diem	912/913 /G0129 /S0201
7520000	TREATMENT GOAL GROUP AS PART O. PHP	\$ 150.00	No negotiated rate or discounted cash price outside of bundled PHP program - service not available as individual service			912/913/915 /H0035 /S0201 /G0410
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00				912/913/915 /H0035 /S0201 /G0410
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00				912/913/915 /H0035 /S0201 /G0410
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00				912/913/914 /H0035 /S0201 /90876
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00				912/913/915 /H0035 /S0201 /G0410
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00				912/913/915 /H0035 /S0201 /G0410
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00				912/913/914 /90832 /H0035 /S0201
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00				912/913/914 /90834 /H0035 /S0201
7520140	FAMILY SESSION	\$ 150.00				912/913/916 /90847 /H0035 /S0201

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	No Negotiated rate	All inclusive- included in PHP	961/90792
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	Medicare Fee Schedule
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	Medicare Fee Schedule

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE - 30	\$ 200.00	961/99221	Medicare Fee Schedule
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	Medicare Fee Schedule
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	Medicare Fee Schedule

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	Medicare Fee Schedule
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	Medicare Fee Schedule
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	Medicare Fee Schedule

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	Medicare Fee Schedule
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	Medicare Fee Schedule

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

[Click here to return to Table of Contents](#)

MEDICARE – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	Per Medicare APC Fee Schedule for APC 5863 for 3 or more services for hospital based PHP
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	Medicare Fee Schedule
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	Medicare Fee Schedule
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	Medicare Fee Schedule
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	Medicare Fee Schedule

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	Medicare Fee Schedule
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE MAG PERSONAL CHOICE 65 – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MAG PERSONAL CHOICE 65
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE MAG PERSONAL CHOICE 65 - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MAG PERSONAL CHOICE 65
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per wee	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

MEDICARE GEISINGER GOLD – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE GEISINGER GOLD
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MCR GEISINGER GOLD – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MCR GEISINGER GOLD
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per wee	Sum of individual services received per day	912/913 /G0129 /S0201	Per Medicare APC Fee Schedule for APC 5863 for 3 or more services for hospital based PHP
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	Medicare Fee Schedule
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	Medicare Fee Schedule
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	Medicare Fee Schedule
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	Medicare Fee Schedule

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	Medicare Fee Schedule
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE GATEWAY - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE GATEWAY
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$825 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE GATEWAY -PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE GATEWAY
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$342.46 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

MEDICARE UHC DUAL COMPLETE(OPTUM) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UHC DUAL COMPLETE(OPTUM)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE UHC DUAL COMPLETE(OPTUM) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UHC DUAL COMPLETE(OPTUM)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$395 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	
The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	

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

[Click here to return to Table of Contents](#)

MEDICARE KEYSTONE BLUE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE KEYSTONE BLUE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE KEYSTONE BLUE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE KEYSTONE BLUE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$426 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE AETNA - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE AETNA
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE AETNA - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE AETNA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$366 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE HUMANA - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE HUMANA
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE HUMANA - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE HUMANA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	Per Medicare APC Fee Schedule for APC 5863 for 3 or more services for hospital based PHP
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	Medicare Fee Schedule
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	Medicare Fee Schedule
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	Medicare Fee Schedule
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	Medicare Fee Schedule

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	Medicare Fee Schedule
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

MEDICARE UBH (OPTUM) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UBH (OPTUM)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE UBH (OPTUM) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UBH (OPTUM)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$395 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE HIGHMARK – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE HIGHMARK
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$850 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

MEDICARE HIGHMARK – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE HIGHMARK
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$278 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	
The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	

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

[Click here to return to Table of Contents](#)

MEDICARE MAGELLAN SENIOR BLUE – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MAGELLAN SENIOR BLUE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

Click here to return to Table of Contents

MEDICARE MAGELLAN SENIOR BLUE – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MAGELLAN SENIOR BLUE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

MEDICARE MH NET - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MH NET
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE MH NET - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MH NET
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$366 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE CAPITAL BLUE CROSS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE CAPITAL BLUE CROSS
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$875 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

MEDICARE CAPITAL BLUE CROSS - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE CAPITAL BLUE CROSS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$260 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE VALUE OPTIONS BEACON - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE VALUE OPTIONS BEACON
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

MEDICARE VALUE OPTIONS BEACON - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE VALUE OPTIONS BEACON
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$340 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE UPMC HEALTH PLANS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UPMC HEALTH PLANS
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$910 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

MEDICARE UPMC HEALTH PLANS - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UPMC HEALTH PLANS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$153 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

MEDICARE SENIOR LIFE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE SENIOR LIFE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE SENIOR LIFE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE SENIOR LIFE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	Per Medicare APC Fee Schedule for APC 5863 for 3 or more services for hospital based PHP
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	Medicare Fee Schedule
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	Medicare Fee Schedule
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	Medicare Fee Schedule
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	Medicare Fee Schedule
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	Medicare Fee Schedule

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	Medicare Fee Schedule
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICARE CIGNA – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE CIGNA
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICARE CIGNA - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE CIGNA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$324 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICAID PA - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID PA
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$814.31 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICAID PA - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID PA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$14 per hour
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICAID CCBHO - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CCBHO
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$814 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

MEDICAID CCBHO- PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CCBHO
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$43.14 per hour
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICAID MAGELLAN BH OF PA - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID MAGELLAN BH OF PA
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$814.31 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

MEDICAID MAGELLAN BH OF PA - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID MAGELLAN BH OF PA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$14 per hour
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

MEDICAID CBHNP (PERFORMCARE) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CBHNP (PERFORMCARE)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$814.31 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICAID CBHNP (PERFORMCARE) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CBHNP (PERFORMCARE)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$29.57 per hour
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

SAM (CNTY FUNDING) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	SAM (CNTY FUNDING)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$814 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

SAM (CNTY FUNDING) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	SAM (CNTY FUNDING)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	33.00 per unit max 5 units/per day
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MEDICAID UNITED HEALTHCARE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID UNITED HEALTHCARE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$976 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MEDICAID UNITED HEALTHCARE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID UNITED HEALTHCARE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$395 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

TRICARE / MHN / HEALTH NET - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE / MHN / HEALTH NET
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$750 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

TRICARE / MHN / HEALTH NET - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE / MHN / HEALTH NET
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	MCR rates or 75% chrgs which ever is less
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

TRICARE FOR LIFE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE FOR LIFE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$750 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

TRICARE FOR LIFE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE FOR LIFE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	MCR rates or 75% chrgs which ever is less
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

OPTUM VA CCN - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	OPTUM VA CCN
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

OPTUM VA CCN - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	OPTUM VA CCN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	Medicare fee schedule rate
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

VA FEE BASIS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VA FEE BASIS
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	48.3% of charges

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

VA FEE BASIS PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VA FEE BASIS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	Per VA Fee Schedule
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a pavor rate indicates there is no contract or negotiated rate for that services for that pavor.

[Click here to return to Table of Contents](#)

CAPITAL BLUE CROSS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CAPITAL BLUE CROSS
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1075 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE - 30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

CAPITAL BLUE CROSS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CAPITAL BLUE CROSS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$352 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

BLUE CROSS – FEDERAL – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	BLUE CROSS - FEDERAL
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$986 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

BLUE CROSS – FEDERAL - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	BLUE CROSS - FEDERAL
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

HIGHMARK BLUE SHEILD - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	HIGHMARK BLUE SHEILD
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$998 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

HIGHMARK BLUE SHEILD -PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	HIGHMARK BLUE SHEILD
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$327 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

INDEPENDENCE BLUE CROSS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	INDEPENDENCE BLUE CROSS
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

INDEPENDENCE BLUE CROSS - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	INDEPENDENCE BLUE CROSS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

FREEDOM BLUE ADVANTAGE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	FREEDOM BLUE ADVANTAGE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$850 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

FREEDOM BLUE ADVANTAGE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	FREEDOM BLUE ADVANTAGE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$278 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

BC INDEPENDENCE ADMIN (MAGELLAN) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	BC INDEPENDENCE ADMIN (MAGELLAN)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

BC INDEPENDENCE ADMIN (MAGELLAN) - PHP

PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MAGELLAN KEYSTONE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN KEYSTONE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MAGELLAN KEYSTONE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN KEYSTONE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a pavor rate indicates there is no contract or negotiated rate for that services for that pavor.

[Click here to return to Table of Contents](#)

MH NET (AETNA) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MH NET (AETNA)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MH NET (AETNA) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MH NET (AETNA)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$366 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

QUEST BEHAVIORAL HEALTH - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	QUEST BEHAVIORAL HEALTH
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$868.73 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

QUEST BEHAVIORAL HEALTH - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	QUEST BEHAVIORAL HEALTH
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$291.11 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

AETNA - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

AETNA - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$366 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

AMERIHEALTH (MAGELLAN) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AMERIHEALTH (MAGELLAN)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

AMERIHEALTH (MAGELLAN) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AMERIHEALTH (MAGELLAN)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

CIGNA BEHAVIORAL HEALTH - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA BEHAVIORAL HEALTH
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$859 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

CIGNA BEHAVIORAL HEALTH - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA BEHAVIORAL HEALTH
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$324 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

UPMC HEALTH PLAN - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UPMC HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$910 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

UPMC HEALTH PLAN - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UPMC HEALTH PLAN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$110.00 per half day
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MAGELLAN PERSONAL CHOICE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN PERSONAL CHOICE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MAGELLAN PERSONAL CHOICE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN PERSONAL CHOICE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

KEYSTONE HEALTH PLAN - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	KEYSTONE HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

KEYSTONE HEALTH PLAN - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	KEYSTONE HEALTH PLAN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

MAGELLAN KEYSTONE - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN KEYSTONE
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MAGELLAN KEYSTONE - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN KEYSTONE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

UBH (OPTUM) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (OPTUM)
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1075 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

UBH (OPTUM) - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (OPTUM)
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$395 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

Click here to return to Table of Contents

GATEWAY HEALTH PLAN - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	GATEWAY HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$825 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

GATEWAY HEALTH PLAN - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	GATEWAY HEALTH PLAN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$342.46 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	
The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	

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

[Click here to return to Table of Contents](#)

MAGELLAN – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$1040 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

MAGELLAN – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$423 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

VALUE OPTIONS BEACON - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VALUE OPTIONS BEACON
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	\$900 per diem

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

VALUE OPTIONS BEACON - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VALUE OPTIONS BEACON
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$340.00 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	all inclusive-included with PHP per diem
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

CENTRAL PA TEAMSTERS - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CENTRAL PA TEAMSTERS
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	Single case agreement

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	all inclusive-included with R&B per diem

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	all inclusive-included with R&B per diem

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	all inclusive-included with R&B per diem

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	all inclusive-included with R&B per diem

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

[Click here to return to Table of Contents](#)

CENTRAL PA TEAMSTERS - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CENTRAL PA TEAMSTERS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)

GEISINGER HEALTH PLAN - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	GEISINGER HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$1400 per diem	124	DRG

One or both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:

7500011	PSYCHIATRIC DIAG EXAM	\$ 260.00	961/90792	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$ 260.00	961/90792	

One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission

7500075	INIT HOSP CARE -30	\$ 200.00	961/99221	
7500076	INIT HOSP CARE - 50	\$ 250.00	961/99222	
7500077	INIT HOSP CARE - 70	\$ 300.00	961/99223	

One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:

7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$ 100.00	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$ 150.00	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$ 200.00	961/99232	

One of the below services will be provided and charged upon inpatient discharge

7500020	DISCHARGE VISIT 30 MIN OR LESS	\$ 150.00	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$ 250.00	961/99239	

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

[Click here to return to Table of Contents](#)

GEISINGER HEALTH PLAN - PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	GEISINGER HEALTH PLAN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$218.78 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$ 150.00	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$ 150.00	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY - 30 MINUTES	\$ 65.00	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY - 60 MINUTES	\$ 125.00	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$ 150.00	912/913/916 /90847 /H0035 /S0201	

The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:

7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$ 260.00	961/90792	
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Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

[Click here to return to Table of Contents](#)