



**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 12/1/2022.

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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 | \$1791 per diem | \$1154 per diem | \$750 per diem | \$814.31 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 | \$ 330.00 | No Negotiated rates for professional services | All-Inclusive - included as part of per diem | 961/90792 |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | | | 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 | \$ 300.00 | | | 961/99222 |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | | | 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 | \$ 210.00 | | | 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 | All-Inclusive - included as part | 961/99238 |
| 7500030 | DISCHARGE VISIT 31+ MINUTES | \$ 250.00 | No Negotiated rates for professional services | All-Inclusive - included as part | 961/99239 |

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

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 | \$426 per diem | \$153. per diem | \$265 per diem | 912/913 /G0129 /S0201 |
| 7520000 | TREATMENT GOAL GROUP AS PART OF 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 | \$ 170.00 | | | | 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 | \$ 330.00 | No Negotiated rate | All inclusive- included in PHP | 961/90792 |
|---------|-----------------------------|-----------|--------------------|--------------------------------|-----------|

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

MEDICARE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE |
|---------------------------|------------------------------|-----------------|--------------------------|----------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | Medicare Fee Schedule |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | Medicare Fee Schedule |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | Medicare Fee Schedule |
|---------|-----------------------------|-----------|-----------|-----------------------|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE GEISINGER GOLD – INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE GEISINGER GOLD |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | Medicare Fee Schedule |
|---------|-----------------------------|-----------|-----------|-----------------------|

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

MEDICARE GATEWAY - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE GATEWAY |
|---------------------------|------------------------------|-----------------|--------------------------|------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE KEYSTONE BLUE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE KEYSTONE BLUE |
|----------------------------------|------------------------------|---------------------|---------------------------------|-------------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE AETNA - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE AETNA |
|---------------------------|------------------------------|-----------------|--------------------------|-----------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE HUMANA - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE HUMANA |
|---------------------------|------------------------------|-----------------|--------------------------|-----------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | Medicare Fee Schedule |
|---------|-----------------------------|-----------|-----------|-----------------------|

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

MEDICARE UBH (OPTUM) - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE UBH (OPTUM) |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE HIGHMARK – INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE HIGHMARK |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE MH NET - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE MH NET |
|----------------------------------|------------------------------|---------------------|---------------------------------|------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 per diem | 124 | \$956 per diem |

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

| | | | | |
|---------|-------------------------------------|-----------|-----------|--|
| 7500011 | PSYCHIATRIC DIAG EXAM | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$300 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE SENIOR LIFE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE SENIOR LIFE |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | Medicare Fee Schedule |
|---------|-----------------------------|-----------|-----------|-----------------------|

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

MEDICARE CIGNA – INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE CIGNA |
|----------------------------------|------------------------------|---------------------|---------------------------------|-----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICAID PA - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICAID PA |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICAID CCBHO - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICAID CCBHO |
|----------------------------------|------------------------------|---------------------|---------------------------------|-----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 per diem | 124 | \$895.40 per diem |

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

| | | | | |
|---------|-------------------------------------|-----------|-----------|--|
| 7500011 | PSYCHIATRIC DIAG EXAM | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICAID CBHNP (PERFORMCARE) - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICAID CBHNP (PERFORMCARE) |
|---------------------------|------------------------------|-----------------|--------------------------|------------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

SAM (CNTY FUNDING) - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | SAM (CNTY FUNDING) |
|---------------------------|------------------------------|-----------------|--------------------------|--------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICAID UNITED HEALTHCARE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICAID UNITED HEALTHCARE |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$263.56 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

TRICARE FOR LIFE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | TRICARE FOR LIFE |
|---------------------------|------------------------------|-----------------|--------------------------|------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$263.56 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

OPTUM VA CCN - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | OPTUM VA CCN |
|---------------------------|------------------------------|-----------------|--------------------------|--------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$263.56 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

VA FEE BASIS - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | VA FEE BASIS |
|---------------------------|------------------------------|-----------------|--------------------------|------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | |
| 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

CAPITAL BLUE CROSS - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | CAPITAL BLUE CROSS |
|----------------------------------|------------------------------|---------------------|---------------------------------|---------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 per diem | 124 | \$1154 per diem |

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

| | | | | |
|---------|-------------------------------------|-----------|-----------|--|
| 7500011 | PSYCHIATRIC DIAG EXAM | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

CAPITAL BLUE CROSS - PHP

| 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 | \$378 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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

BLUE CROSS – FEDERAL – INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | BLUE CROSS - FEDERAL |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

HIGHMARK BLUE SHEILD - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | HIGHMARK BLUE SHEILD |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

INDEPENDENCE BLUE CROSS - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | INDEPENDENCE BLUE CROSS |
|----------------------------------|------------------------------|---------------------|---------------------------------|--------------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

FREEDOM BLUE ADVANTAGE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | FREEDOM BLUE ADVANTAGE |
|---------------------------|------------------------------|-----------------|--------------------------|------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

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 | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

BC INDEPENDENCE ADMIN (MAGELLAN) - PHP

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | BC INDEPENDENCE ADMIN (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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MAGELLAN KEYSTONE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MAGELLAN KEYSTONE |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MH NET (AETNA) - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MH NET (AETNA) |
|---------------------------|------------------------------|-----------------|--------------------------|-----------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

QUEST BEHAVIORAL HEALTH - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | QUEST BEHAVIORAL HEALTH |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

AETNA - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | AETNA |
|----------------------------------|------------------------------|---------------------|---------------------------------|-----------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

AMERIHEALTH (MAGELLAN) - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | AMERIHEALTH (MAGELLAN) |
|---------------------------|------------------------------|-----------------|--------------------------|------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

CIGNA BEHAVIORAL HEALTH - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | CIGNA BEHAVIORAL HEALTH |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

UPMC HEALTH PLAN - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | UPMC HEALTH PLAN |
|---------------------------|------------------------------|-----------------|--------------------------|------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

MAGELLAN PERSONAL CHOICE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MAGELLAN PERSONAL CHOICE |
|---------------------------|------------------------------|-----------------|--------------------------|--------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

KEYSTONE HEALTH PLAN - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | KEYSTONE HEALTH PLAN |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MAGELLAN KEYSTONE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MAGELLAN KEYSTONE |
|---------------------------|------------------------------|-----------------|--------------------------|-------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

UBH (OPTUM) - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | UBH (OPTUM) |
|---------------------------|------------------------------|-----------------|--------------------------|-----------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

GATEWAY HEALTH PLAN - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | GATEWAY HEALTH PLAN |
|---------------------------|------------------------------|-----------------|--------------------------|---------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

MAGELLAN – INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MAGELLAN |
|---------------------------|------------------------------|-----------------|--------------------------|-----------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

VALUE OPTIONS BEACON - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | VALUE OPTIONS BEACON |
|---------------------------|------------------------------|-----------------|--------------------------|----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | all inclusive-included with R&B per diem |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | all inclusive-included with R&B per diem |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | all inclusive-included with PHP per diem |
|---------|-----------------------------|-----------|-----------|--|

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

MEDICARE FREEDOME BLUE - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE FREEDOM BLUE |
|---------------------------|------------------------------|-----------------|--------------------------|-----------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

MEDICARE FREEDOME BLUE - PHP

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | MEDICARE FREEDOM 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 | \$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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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

GEISINGER HEALTH PLAN - INPATIENT

| INTERNAL REFERENCE NUMBER | SERVICE DESCRIPTION | GROSS CHARGE | MOST COMMON BILLING CODE | GEISINGER HEALTH PLAN |
|----------------------------------|------------------------------|---------------------|---------------------------------|------------------------------|
| 1000010 | INPATIENT PSYCH ROOM & BOARD | \$1791 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 | \$ 330.00 | 961/90792 | |
| 7500012 | PSYCHIATRIC EVAL W/MEDICAL SERVICES | \$ 350.00 | 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 | \$ 300.00 | 961/99222 | |
| 7500077 | INIT HOSP CARE - 70 | \$ 400.00 | 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 | \$ 210.00 | 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.

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 | \$ 170.00 | 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 | \$ 330.00 | 961/90792 | |
|---------|-----------------------------|-----------|-----------|--|

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