



**Haven Behavioral Services of Reading LLC**  
d/b/a Haven Behavioral Hospital of Eastern Pennsylvania  
145 North Sixth Street 3<sup>rd</sup> 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 1/1/2024.

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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	\$2029 per diem	\$1229 per diem	\$750 per diem	\$814.31 per diem	124
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>						
7500011	PSYCHIATRIC DIAG EXAM	\$358	No negotiated rates for professional services	All-inclusive as part of per diem	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481				
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>						
7500075	INIT HOSP CARE - 30	\$205	No negotiated rates for professional services	All-inclusive as part of per diem	961/99221	
7500076	INIT HOSP CARE - 50	\$326				
7500077	INIT HOSP CARE - 70	\$400				
<b>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:</b>						
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	No negotiated rates for professional services	All-inclusive as part of per diem	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150				
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212				
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318				
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441				
<b>One of the below services will be provided and charged upon inpatient discharge:</b>						
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	No negotiated rates for professional services	All-inclusive as part of per diem	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261				

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

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**PARTIAL HOSPITALIZATION PROGRAM**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MAXIMUM NEGOTIATED CHARGE</b>	<b>MINIMUM NEGOTIATED CHARGE</b>	<b>DISCOUNTED CASH PRICE</b>	<b>MOST COMMON BILLING CODE</b>
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	\$449 per diem	\$153 per diem	\$265 per diem	912/913 /G0129 /S0201
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	No negotiated rate or discounted cash price outside of bundled PHP program – service not available as an individual service			912/913/915 /H0035 /S0201 /G0410
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154				912/913/915 /H0035 /S0201 /G0410
7520060	DISCHARGE PLANNING	\$154				912/913/915 /H0035 /S0201 /G0410
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150				912/913/915 /H0035 /S0201 /G0410
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150				912/913/914 /H0035 /S0201 /90876
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150				912/913/915 /H0035 /S0201 /G0410
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150				912/913/915 /H0035 /S0201 /G0410
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170				912/913/914 /90832 /H0035 /S0201
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128				912/913/914 /90834 /H0035 /S0201
7520140	FAMILY SESSION	\$229				912/913/916 /90847 /H0035 /S0201
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>						
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	No negotiated rate		All inclusive – included in PHP	961/90791

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

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**MEDICARE – INPATIENT**

	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**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	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE GEISINGER GOLD – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE GEISINGER GOLD
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**MCR GEISINGER GOLD – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MCR GEISINGER GOLD</b>
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**MEDICARE GATEWAY - INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE GATEWAY
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$825 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**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	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE FREEDOM BLUE - INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE FREEDOM BLUE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1017.24 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**MEDICARE FREEDOM 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	\$396.93 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE KEYSTONE BLUE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE KEYSTONE BLUE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**MEDICARE KEYSTONE BLUE – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MEDICARE KEYSTONE BLUE</b>
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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**MEDICARE AETNA – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE AETNA
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1071.20 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$377 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE HUMANA - INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE HUMANA
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE UBH (OPTUM) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE UBH (OPTUM)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE HIGHMARK – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE HIGHMARK
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1017.24 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$393.96 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**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	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE MH NET – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE MH NET
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1040 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**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	\$2029 per diem	124	\$1018 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$320 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**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	\$2029 per diem	124	\$900 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**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	\$2029 per diem	124	\$910 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE SENIOR LIFE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE SENIOR LIFE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE CIGNA – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE CIGNA
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$332 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICARE PA HEALTH & WELLNESS – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE PA HEALTH & WELLNESS
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**MEDICARE PA HEALTH & WELLNESS – PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE PA HEALTH & WELLNESS
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**MEDICAID PA – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID PA
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$814.31 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**MEDICAID PA – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MEDICAID PA</b>
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	Medicaid fee schedule
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICAID CCBHO – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CCBHO
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$895.40 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**MEDICAID CCBHO- PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MEDICAID CCBHO</b>
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	\$51.77 per hour
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**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	\$2029 per diem	124	\$1000 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	Medicaid fee schedule
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICAID CBHNP (PERFORMCARE) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CBHNP (PERFORMCARE)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$814.31 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**SAM (CNTY FUNDING) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	SAM (CNTY FUNDING)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$895.40 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MEDICAID UNITED HEALTHCARE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID UNITED HEALTHCARE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$976 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**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	\$2029 per diem	124	\$750 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**TRICARE / MHN / HEALTH NET – PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE / MHN / HEALTH NET
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	MCR rates or 75% chrgs whichever is less
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**TRICARE FOR LIFE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE FOR LIFE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$750 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**OPTUM VA CCN – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	OPTUM VA CCN
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**OPTUM VA CCN – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>OPTUM VA CCN</b>
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**VA FEE BASIS – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VA FEE BASIS
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	48.3% of charges
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**VA FEE BASIS PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>VA FEE BASIS</b>
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**CAPITAL BLUE CROSS – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CAPITAL BLUE CROSS
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1229 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$403 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**BLUE CROSS – FEDERAL – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	BLUE CROSS - FEDERAL
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1229 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$403 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**HIGHMARK BLUE SHEILD – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	HIGHMARK BLUE SHEILD
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1038 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$402 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**INDEPENDENCE BLUE CROSS – INPATIENT**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>INDEPENDENCE BLUE CROSS</b>
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**INDEPENDENCE BLUE CROSS – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>INDEPENDENCE BLUE CROSS</b>
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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**FREEDOM BLUE ADVANTAGE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	FREEDOM BLUE ADVANTAGE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1038 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**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	\$402 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**BC INDEPENDENCE ADMIN (MAGELLAN) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	BC INPEDEPENDENCE ADMIN (MAGELLAN)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**MAGELLAN KEYSTONE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN KEYSTONE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MH NET (AETNA) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MH NET (AETNA)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1040 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$377 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**QUEST BEHAVIORAL HEALTH – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	QUEST BEHAVIORAL HEALTH
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$868.73 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**QUEST BEHAVIORAL HEALTH – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>QUEST BEHAVIORAL HEALTH</b>
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**AETNA – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1071.20 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**AETNA – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>AETNA</b>
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**AMERIHEALTH (MAGELLAN) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AMERIHEALTH (MAGELLAN)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**CIGNA BEHAVIORAL HEALTH – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA BEHAVIORAL HEALTH
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$902 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**CIGNA BEHAVIORAL HEALTH – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>CIGNA BEHAVIORAL HEALTH</b>
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**UPMC HEALTH PLAN – INPATIENT**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>UPMC HEALTH PLAN</b>
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$910 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**UPMC HEALTH PLAN – PHP**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>UPMC HEALTH PLAN</b>
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 per half day
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MAGELLAN PERSONAL CHOICE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN PERSONAL CHOICE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**KEYSTONE HEALTH PLAN – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	KEYSTONE HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MAGELLAN KEYSTONE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN KEYSTONE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**UBH (OPTUM) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (OPTUM)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1097 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**GATEWAY HEALTH PLAN – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	GATEWAY HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$825 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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



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**AARP (OPTUM) – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AARP (OPTUM)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1075 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**AARP (OPTUM) – PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AARP (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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**MAGELLAN – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**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	\$449 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**CARELON BEHAVIORAL HEALTH – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CARELON BEHAVIORAL HEALTH
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$900 per diem
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	all inclusive-included with R&B per diem
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	all inclusive-included with R&B per diem
7500076	INIT HOSP CARE - 50	\$326	961/99222	all inclusive-included with R&B per diem
7500077	INIT HOSP CARE - 70	\$400	961/99223	all inclusive-included with R&B per diem
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	all inclusive-included with R&B per diem
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	all inclusive-included with R&B per diem
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	all inclusive-included with R&B per diem
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	all inclusive-included with R&B per diem
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	all inclusive-included with R&B per diem
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	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 service for that payor.

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**CARELON BEHAVIORAL HEALTH – PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CARELON 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	\$340per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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

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**PA HEALTH & WELLNESS MARKETPLACE – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	PA HEALTH & WELLNESS MARKETPLACE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
<b>One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:</b>				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
<b>One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:</b>				
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
<b>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:</b>				
7500050	SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
7500060	SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
<b>One of the below services will be provided and charged upon inpatient discharge:</b>				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

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

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**PA HEALTH & WELLNESS MARKETPLACE – PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	PA HEALTH & WELLNESS MARKETPLACE
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	\$154	912/913/915 /H0035 /S0201 /G0410	
7520020	ACTIVITY THERAPY AS PART OF PHP	\$154	912/913/915 /H0035 /S0201 /G0410	
7520060	DISCHARGE PLANNING	\$154	912/913/915 /H0035 /S0201 /G0410	
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520150	PSYCHISOCIAL ASSESSMENT AS PART OF PHP	\$150	912/913/914 /H0035 /S0201 /90876	
7520200	INTERACTIVE GROUP PSYCHOTHERAPY AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520220	EDUCATION/TRAINING AS PART OF PHP	\$150	912/913/915 /H0035 /S0201 /G0410	
7520120	INDIVIDUAL THERAPY – 30 MINUTES	\$170	912/913/914 /90832 /H0035 /S0201	
7520130	INDIVIDUAL THERAPY – 60 MINUTES	\$128	912/913/914 /90834 /H0035 /S0201	
7520140	FAMILY SESSION	\$229	912/913/916 /90847 /H0035 /S0201	
<b>The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:</b>				
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

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