

#### **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.

TABLE OF CONTENTS	PAGE
Inpatient Services Offered	9
Outpatient Services Offered	10
Payor Reimbursement by Service Rates:	
INPATIENT:	
Medicare	
Inpatient	11
PHP	12
Medicare Magellan Personal Choice 65	
Inpatient	13
PHP	14
Medicare Geisinger Gold	
Inpatient	15
PHP	16
Medicare Gateway	
Inpatient	17
PHP	18
Medicare UHC Dual Complete (Optum)	
Inpatient	19
PHP	20
Medicare Freedom Blue	
Inpatient	21
PHP	22

#### TABLE OF CONTENTS (continued): Payor Reimbursement Rates (continued): Medicare Keystone Blue 23 Inpatient ..... PHP..... 24 Medicare Aetna 25 Inpatient ..... 26 PHP..... Medicare Humana 27 Inpatient ..... 28 PHP..... Medicare UBH (Optum) 29 Inpatient ..... 30 PHP..... Medicare Highmark 31 Inpatient ..... 32 PHP..... Medicare Highmark Senior Blue 33 Inpatient ..... 34 PHP..... Medicare MH Net 35 Inpatient ..... 36 PHP..... Medicare Capital Blue Cross 37 Inpatient ..... 38 PHP.....

Payor Reimbursement Rates (continued):	
Medicare Value Options Beacon	
Inpatient	39
PHP	40
Medicare UPMC Health Plans	
Inpatient	41
PHP	42
Medicare Senior Life	
Inpatient	43
PHP	44
Medicaid Cigna	
Inpatient	45
PHP	46
Medicare PA Health & Wellness	
Inpatient	47
PHP	48
Medicaid PA	
Inpatient	49
PHP	50
Medicaid CCBHO	
Inpatient	51
PHP	52
Medicaid Magellan BH of PA	
Inpatient	53
PHP	54

Payor Reimbursement by Service Rates (continued):	
Medicaid CBHNP (Performcare)	
Inpatient	55
PHP	56
SAM (Cnty Funding)	
Inpatient	57
PHP	58
Medicaid United Healthcare	
Inpatient	59
PHP	60
Tricare / MHN / Health Net	
Inpatient	61
PHP	62
Tricare for Life	
Inpatient	63
PHP	64
Optum VA CCN	
Inpatient	65
PHP	66
VA Fee Basis	
Inpatient	67
PHP	68
Capital Blue Cross	
Inpatient	69
PHP	70

Payor	Reimburser	nent by	Service	Rates	(continue	d):
	DI	E				

71
72
73
74
75
76
77
78
79
80
81
82
83
84

Payor Reimbursement by Service Rates (continued):  Quest Behavioral Health	
Inpatient	85
PHP	
Aetna	
Inpatient	87
PHP	
Amerihealth (Magellan)	
Inpatient	89
PHP	
Cigna Behavioral Health	
Inpatient	91
PHP	
UPMC Health Plan	
Inpatient	93
PHP	
Magellan Personal Choice	
Inpatient	95
PHP	96
Keystone Health Plan	
Inpatient	97
PHP	
Magellan Keystone	
Inpatient	99
PHP	

115		$\triangle$	TI	1 1 1
UE	SH	U٢	Ίι	JM

Inpatient	101
PHP	102
Gateway Health Plan	
Inpatient	103
PHP	104
AARP (Optum)	
Inpatient	105
PHP	107
Magellan	
Inpatient	107
PHP	108
Carelon Behavioral Health	
Inpatient	109
PHP	110
PA Health & Wellness Marketplace	
Inpatient	111
PHP	112

# 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
One of both	of the below Psychiatric Eval or Exam s	services may be provid	led and charged upon adı	mission:		
7500011	PSYCHIATRIC DIAG EXAM	\$358	No negotiated rates for	professional services	All-inclusive as part of	961/90791
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481			per diem	961/90792
	SERVICES					
One of the b	elow Initial Hospital Care services (as d	etermined by physicia	an) will be provided and o	harged upon admission:		
7500075	INIT HOSP CARE - 30	\$205	No negotiated rates for	professional services	All-inclusive as part of	961/99221
7500076	INIT HOSP CARE - 50	\$326			per diem	961/99222
7500077	INIT HOSP CARE - 70	\$400				961/99223
One of the b	elow services will be provided and bille	ed daily from the seco	nd day of admission thro	ugh discharges as determ	ined by the providing ph	ysician:
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	No negotiated rates for professional services		All-inclusive as part of per diem	961/99233
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318				961/90833
7500090	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441				961/90838
One of the b	elow services will be provided and cha	rged upon inpatient d	ischarge:			
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	No negotiated rates for	professional services	All-inclusive as part of	961/99238
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	1		per diem	961/99239

#### PARTIAL HOSPITALIZATION PROGRAM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE	MOST COMMON BILLING CODE	
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	\$449 per diem	\$153 per diem	\$265 per diem	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	]	9:			
7520070	EXPRESSIVE THERAPY AS PART OF PHP	\$150	No negotiated rate or discounted cash price outside of bundled PHP program – service not available as an individual service    912/913/91			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	
The below P	sychiatric Diagnostic Exam will be provid	led one-time and cha	arged upon admission	into the PHP progr	am:		
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	No negotiated rate		All inclusive – included in PHP	961/90791	

#### **MEDICARE – INPATIENT**

	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	DRG
One of both of t	he below Psychiatric Eval or Exam services m	ay be provided and cha	rged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
One of the below	w Initial Hospital Care services (as determine	d by physician) will be p	rovided and charged upor	n admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the below	w services will be provided and billed daily from	om the second day of a	dmission through discharg	es as determined by the providing physician:
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	
One of the below	w services will be provided and charged upon	inpatient discharge:		
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE MAG PERSONAL CHOICE 65 – INPATIENT**

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	MEDICARE MAG PERSONAL CHOICE 65		
REFERENCE			CODE			
NUMBER						
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791			
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792			
	SERVICES					
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:		
7500075	INIT HOSP CARE - 30	\$205	961/99221			
7500076	INIT HOSP CARE - 50	\$326	961/99222			
7500077	INIT HOSP CARE - 70	\$400	961/99223			
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231			
	MINUTES					
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232			
	MINUTES					
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233			
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833			
	MINUTES					
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838			
	MINUTES					
One of the be	low services will be provided and charged	upon inpatient discharg	ge:			
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238			
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239			

#### **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	
The below Psy	ychiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### 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				
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:							
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791					
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792					
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:				
7500075	INIT HOSP CARE - 30	\$205	961/99221					
7500076	INIT HOSP CARE - 50	\$326	961/99222					
7500077	INIT HOSP CARE - 70	\$400	961/99223					
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:				
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					
One of the be	low services will be provided and charged	upon inpatient discharg	ge:					
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238					
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239					

## MCR GEISINGER GOLD – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MCR GEISINGER GOLD
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	Per Medicare APC Fee Schedule for APC 5863 for 3 or more services for hospital-based PHP
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE GATEWAY - INPATIENT**

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

#### **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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

## 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			
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:						
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791				
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792				
	SERVICES						
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:			
7500075	INIT HOSP CARE - 30	\$205	961/99221				
7500076	INIT HOSP CARE - 50	\$326	961/99222				
7500077	INIT HOSP CARE - 70	\$400	961/99223				
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:			
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				
One of the be	low services will be provided and charged	upon inpatient discharg	ge:				
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238				
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239				

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MEDICARE FREEDOM BLUE - INPATIENT

INTERNAL REFERENCE	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE FREEDOM BLUE
NUMBER				
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1017.24 per diem
One of both o	f the below Psychiatric Eval or Exam servic	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	pon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem
	MINUTES			
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem
	MINUTES			
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem
	MINUTES			
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem
	MINUTES			
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

#### **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	
The below Psy	ychiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	-
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MEDICARE KEYSTONE BLUE – INPATIENT

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

#### MEDICARE KEYSTONE BLUE – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE KEYSTONE BLUE
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MEDICARE AETNA – INPATIENT

INTERNAL REFERENCE	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE AETNA
NUMBER	INDATIENT DOVOLL DOOM & DOADD	¢2020 non dions	124	¢1071 20 non diam
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1071.20 per diem
	f the below Psychiatric Eval or Exam service			
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	l be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	
	MINUTES			
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	
	MINUTES			
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	
	MINUTES			
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	
	MINUTES			
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### 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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE HUMANA - INPATIENT**

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

#### **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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	_

#### 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
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### 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
One of both o	of the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:	
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
One of the be	low Initial Hospital Care services (as deter	mined by physician) wil	be provided and charged up	oon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

#### 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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE MAGELLAN SENIOR BLUE – INPATIENT**

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

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE MH NET – INPATIENT**

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

#### 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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MEDICARE CAPITAL BLUE CROSS – INPATIENT

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	MEDICARE CAPITAL BLUE CROSS		
REFERENCE			CODE			
NUMBER						
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1018 per diem		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem		
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem		
	SERVICES					
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:		
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		
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem		
	MINUTES					
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem		
	MINUTES					
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem		
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem		
	MINUTES					
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem		
	MINUTES					
One of the be	low services will be provided and charged	upon inpatient discharg	ge:			
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		

### 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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE VALUE OPTIONS BEACON – INPATIENT**

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	MEDICARE VALUE OPTIONS BEACON		
REFERENCE			CODE			
NUMBER						
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$900 per diem		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem		
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem		
	SERVICES					
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:		
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		
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem		
	MINUTES					
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem		
	MINUTES					
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem		
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem		
	MINUTES					
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem		
	MINUTES					
One of the be	low services will be provided and charged	upon inpatient discharg	ge:			
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		

### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MEDICARE UPMC HEALTH PLANS – INPATIENT

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	MEDICARE UPMC HEALTH PLANS
REFERENCE			CODE	
NUMBER				
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$910 per diem
One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem
	SERVICES			
One of the be	low Initial Hospital Care services (as deteri	mined by physician) will	be provided and charged up	oon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem
	MINUTES			
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem
	MINUTES			
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem
	MINUTES			
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem
	MINUTES			
One of the be	low services will be provided and charged	upon inpatient discharg	e:	
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

### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **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
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

### 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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MEDICARE CIGNA – INPATIENT

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

### **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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICARE PA HEALTH & WELLNESS – INPATIENT**

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE PA HEALTH & WELLNESS
	4		
	•		DRG
f the below Psychiatric Eval or Exam servic			
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
SERVICES			
low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	
MINUTES			
SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	
MINUTES			
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	
MINUTES			
INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	
MINUTES			
low services will be provided and charged	upon inpatient discharg	ge:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM PSYCHIATRIC EVAL W/MEDICAL SERVICES  ow Initial Hospital Care services (as determined in the services of the	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM  PSYCHIATRIC EVAL W/MEDICAL SERVICES  ow Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 INIT HOSP CARE - 50 INIT HOSP CARE - 70 Subsequent Hosp Care 15-24 MINUTES  SUBSEQUENT HOSP CARE 25-34 MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES  SUBSEQUENT HOSP CARE 15-24  \$150  SUBSEQUENT HOSP CARE 15-	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  It the below Psychiatric Eval or Exam services may be provided and charged upon admission:  PSYCHIATRIC DIAG EXAM \$358 961/90791  PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  INIT HOSPICARE - 30 \$205 961/99221  INIT HOSP CARE - 50 \$326 961/99222  INIT HOSP CARE - 70 \$400 961/99223  IOW services will be provided and billed daily from the second day of admission through discharged upon inpatient discharges  SUBSEQUENT HOSP CARE 15-24 \$100 961/99231  INITHOSP CARE 15-24 \$100 961/99231  INITHOSP CARE 15-24 \$150 961/99231  INITHOSP CARE 15-24 \$150 961/99232  INITHOSP CARE 15-24 \$150 961/99233  INITHOSP CARE 15-24 \$150 961/99233  INITHOSP CARE 15-24 \$150 961/99233  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90838  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838

### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **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
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	
	MINUTES			
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	
	MINUTES			
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	
	MINUTES			
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	
	MINUTES			
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

### MEDICAID PA – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID PA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### 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
One of both o	of the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:	
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
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

### MEDICAID CCBHO- PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID CCBHO
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$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	
The below Psy	rchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **MEDICAID MAGELLAN BH OF PA – INPATIENT**

INTERNAL REFERENCE	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID MAGELLAN BH OF PA		
NUMBER			CODE			
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1000 per diem		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem		
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem		
	SERVICES					
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:		
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		
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem		
	MINUTES					
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem		
	MINUTES					
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem		
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem		
	MINUTES					
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem		
	MINUTES					
One of the be	low services will be provided and charged	upon inpatient discharg	ge:			
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		

### 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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### MEDICAID CBHNP (PERFORMCARE) – INPATIENT

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

### 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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### **SAM (CNTY FUNDING) – INPATIENT**

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	SAM (CNTY FUNDING)			
REFERENCE			CODE				
NUMBER							
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$895.40 per diem			
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:						
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem			
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem			
	SERVICES						
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:			
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			
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:			
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem			
	MINUTES						
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem			
	MINUTES						
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem			
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem			
	MINUTES						
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem			
	MINUTES						
One of the be	low services will be provided and charged	upon inpatient discharg	ge:				
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			

# 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### MEDICAID UNITED HEALTHCARE – INPATIENT

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID UNITED HEALTHCARE
INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$976 per diem
f the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:	
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
low services will be provided and charged	upon inpatient discharg	ge:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM PSYCHIATRIC EVAL W/MEDICAL SERVICES  low Initial Hospital Care services (as determined in the services) INIT HOSP CARE - 30 INIT HOSP CARE - 50 INIT HOSP CARE - 70  low services will be provided and billed dated and services will be provided and billed dated in the services will be provided and charged discharge visit 30 MIN OR LESS	INPATIENT PSYCH ROOM & BOARD \$2029 per diem  f the below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM \$358  PSYCHIATRIC EVAL W/MEDICAL \$481  SERVICES  low Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 \$205  INIT HOSP CARE - 50 \$326  INIT HOSP CARE - 70 \$400  low services will be provided and billed daily from the second day SUBSEQUENT HOSP CARE 15-24 \$100  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212  INDIVIDUAL PSYCHOTHERAPY 30 \$318  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441  MINUTES  low services will be provided and charged upon inpatient discharged DISCHARGE VISIT 30 MIN OR LESS \$150	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  f the below Psychiatric Eval or Exam services may be provided and charged upon admission: PSYCHIATRIC DIAG EXAM \$358 961/90791 PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  low Initial Hospital Care services (as determined by physician) will be provided and charged up init HOSP CARE - 30 \$205 961/99221  INIT HOSP CARE - 50 \$326 961/99222  INIT HOSP CARE - 70 \$400 961/99223  low services will be provided and billed daily from the second day of admission through discharged up initial HOSP CARE 15-24 \$100 961/99231  MINUTES  SUBSEQUENT HOSP CARE 15-24 \$150 961/99232  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90833  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  DISCHARGE VISIT 30 MIN OR LESS \$150 961/99238

### 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	
The below Psy	/chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### 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
One of both o	f the below Psychiatric Eval or Exam service	•	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

### 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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

# 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
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

### 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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### **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
One of both o	f the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

### OPTUM VA CCN – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	OPTUM VA CCN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### **VA FEE BASIS – INPATIENT**

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VA FEE BASIS
INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	48.3% of charges
f the below Psychiatric Eval or Exam service	es may be provided and	charged upon admission:	
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
low services will be provided and charged	upon inpatient discharg	ge:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM PSYCHIATRIC EVAL W/MEDICAL SERVICES  low Initial Hospital Care services (as determined in the services) INIT HOSP CARE - 30 INIT HOSP CARE - 50 INIT HOSP CARE - 70  low services will be provided and billed das SUBSEQUENT HOSP CARE 15-24 MINUTES SUBSEQUENT HOSP CARE 25-34 MINUTES SUBSEQUENT HOSP CARE 35+ MINUTES INDIVIDUAL PSYCHOTHERAPY 30 MINUTES INDIVIDUAL PSYCHOTHERAPY 60 MINUTES INDIVIDUAL PSYCHOTHERAPY 60 MINUTES  low services will be provided and charged DISCHARGE VISIT 30 MIN OR LESS	INPATIENT PSYCH ROOM & BOARD \$2029 per diem  f the below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM \$358  PSYCHIATRIC EVAL W/MEDICAL \$481  SERVICES  low Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 \$205  INIT HOSP CARE - 50 \$326  INIT HOSP CARE - 70 \$400  low services will be provided and billed daily from the second day SUBSEQUENT HOSP CARE 15-24 \$100  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212  INDIVIDUAL PSYCHOTHERAPY 30 \$318  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441  MINUTES  low services will be provided and charged upon inpatient discharge DISCHARGE VISIT 30 MIN OR LESS \$150	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  f the below Psychiatric Eval or Exam services may be provided and charged upon admission: PSYCHIATRIC DIAG EXAM \$358 961/90791 PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  low Initial Hospital Care services (as determined by physician) will be provided and charged up initial Hospital Care services (as determined by physician) will be provided and charged up initial Hospital Care services (as determined by physician) will be provided and charged up initial Hospital Care services (as determined by physician) will be provided and charged up initial Hospital Care services (as determined by physician) will be provided and charged up initial Hospital Care services up 961/99221  INIT HOSP CARE - 30 \$205 961/99222  INIT HOSP CARE - 70 \$400 961/99223  low services will be provided and billed daily from the second day of admission through discharges up 961/99231  SUBSEQUENT HOSP CARE 15-24 \$100 961/99231  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212 961/99233  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90833  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  DISCHARGE VISIT 30 MIN OR LESS \$150 961/99238

### **VA FEE BASIS PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	VA FEE BASIS
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### **CAPITAL BLUE CROSS – INPATIENT**

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	CAPITAL BLUE CROSS
REFERENCE NUMBER			CODE	
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1229 per diem
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	pon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem
	MINUTES			
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
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

#### **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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

### **BLUE CROSS – FEDERAL – INPATIENT**

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	BLUE CROSS - FEDERAL
REFERENCE NUMBER			CODE	
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1229 per diem
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	on admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

#### **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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	-
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### 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		
One of both o	of the below Psychiatric Eval or Exam service	· · · · · · · · · · · · · · · · · · ·	d charged upon admission:	1 1		
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791			
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:		
7500075	INIT HOSP CARE - 30	\$205	961/99221			
7500076	INIT HOSP CARE - 50	\$326	961/99222			
7500077	INIT HOSP CARE - 70	\$400	961/99223			
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
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			
One of the be	One of the below services will be provided and charged upon inpatient discharge:					
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238			
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239			

#### **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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

## INDEPENDENCE BLUE CROSS – INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	INDEPENDENCE BLUE CROSS			
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem			
One of both o	of the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:				
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791				
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792				
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:			
7500075	INIT HOSP CARE - 30	\$205	961/99221				
7500076	INIT HOSP CARE - 50	\$326	961/99222				
7500077	INIT HOSP CARE - 70	\$400	961/99223				
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:			
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				
One of the be	One of the below services will be provided and charged upon inpatient discharge:						
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238				
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239				

#### INDEPENDENCE BLUE CROSS – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	INDEPENENCE 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	\$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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### FREEDOM BLUE ADVANTAGE – INPATIENT

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	FREEDOM BLUE ADVANTAGE		
REFERENCE			CODE			
NUMBER						
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1038 per diem		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem		
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem		
	SERVICES					
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:		
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		
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem		
	MINUTES					
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem		
	MINUTES					
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem		
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem		
	MINUTES					
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem		
	MINUTES					
One of the be	One of the below services will be provided and charged upon inpatient discharge:					
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		

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### BC INDEPENDENCE ADMIN (MAGELLAN) - INPATIENT

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	BC INPEDENDENCE ADMIN (MAGELLAN)
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
One of both o	of the below Psychiatric Eval or Exam service	ces may be provided an	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
	SERVICES			
One of the be	low Initial Hospital Care services (as deter		be provided and charged up	pon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MAGELLAN KEYSTONE – INPATIENT

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

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

## MH NET (AETNA) – INPATIENT

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

## 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **QUEST BEHAVIORAL HEALTH – INPATIENT**

INTERNAL	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	QUEST BEHAVIORAL HEALTH
REFERENCE			CODE	
NUMBER				
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$868.73 per diem
One of both o	of the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) wil	be provided and charged up	oon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem
	MINUTES			
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem
	MINUTES			
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem
	MINUTES			
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem
	MINUTES			
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

#### QUEST BEHAVIORAL HEALTH – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	QUEST BEHAVIORAL HEALTH
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$291.11 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### AETNA – INPATIENT

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

## AETNA – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$366 per diem
7520000	TREATMENT GOAL GROUP AS PART OF PHP	\$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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

## 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
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
	SERVICES			
One of the be	low Initial Hospital Care services (as deter			on admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### 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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### 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
One of both o	f the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### CIGNA BEHAVIORAL HEALTH – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA BEHAVIORAL HEALTH
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **UPMC HEALTH PLAN – INPATIENT**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UPMC HEALTH PLAN
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$910 per diem
One of both o	of the below Psychiatric Eval or Exam service	ces may be provided and	d charged upon admission:	
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
One of the be	low Initial Hospital Care services (as deter	mined by physician) wil	be provided and charged up	oon admission:
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
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
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

#### **UPMC HEALTH PLAN – PHP**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UPMC HEALTH PLAN
PHP	PHP as a bundled service of four or more units per day of any combination of the charges listed below four or more days per week	Sum of individual services received per day	912/913 /G0129 /S0201	\$110 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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MAGELLAN PERSONAL CHOICE – INPATIENT

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

#### 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	
The below Psy	/chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **KEYSTONE HEALTH PLAN – INPATIENT**

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	KEYSTONE HEALTH PLAN
INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
f the below Psychiatric Eval or Exam service	es may be provided and	charged upon admission:	
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
low services will be provided and charged	upon inpatient discharg	ge:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM PSYCHIATRIC EVAL W/MEDICAL SERVICES  low Initial Hospital Care services (as determined in the services of the	INPATIENT PSYCH ROOM & BOARD \$2029 per diem  f the below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM \$358  PSYCHIATRIC EVAL W/MEDICAL \$481  SERVICES  low Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 \$205  INIT HOSP CARE - 50 \$326  INIT HOSP CARE - 70 \$400  low services will be provided and billed daily from the second day SUBSEQUENT HOSP CARE 15-24 \$100  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212  INDIVIDUAL PSYCHOTHERAPY 30 \$318  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441  MINUTES  low services will be provided and charged upon inpatient discharge DISCHARGE VISIT 30 MIN OR LESS \$150	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  f the below Psychiatric Eval or Exam services may be provided and charged upon admission: PSYCHIATRIC DIAG EXAM \$358 961/90791 PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  low Initial Hospital Care services (as determined by physician) will be provided and charged upon inpatient discharges.  INIT HOSP CARE - 30 \$205 961/99221  INIT HOSP CARE - 50 \$326 961/99222  INIT HOSP CARE - 70 \$400 961/99223  low services will be provided and billed daily from the second day of admission through discharges.  SUBSEQUENT HOSP CARE 15-24 \$100 961/99231  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150 961/99232  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90833  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  LOW Services will be provided and charged upon inpatient discharge:  DISCHARGE VISIT 30 MIN OR LESS \$150 961/99238

#### **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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### 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
One of both o	of the below Psychiatric Eval or Exam service	es may be provided and	charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
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	
One of the be	low services will be provided and charged	upon inpatient discharg	ge:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

## **UBH (OPTUM) – INPATIENT**

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (ОРТUM)
INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1097 per diem
f the below Psychiatric Eval or Exam service	es may be provided and	charged upon admission:	
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792	
low Initial Hospital Care services (as deter	nined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24 MINUTES	\$100	961/99231	
SUBSEQUENT HOSP CARE 25-34 MINUTES	\$150	961/99232	
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	\$318	961/90833	
INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	\$441	961/90838	
low services will be provided and charged	upon inpatient discharg	ge:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM PSYCHIATRIC EVAL W/MEDICAL SERVICES  low Initial Hospital Care services (as determined in the services) INIT HOSP CARE - 30 INIT HOSP CARE - 50 INIT HOSP CARE - 70  low services will be provided and billed da SUBSEQUENT HOSP CARE 15-24 MINUTES SUBSEQUENT HOSP CARE 25-34 MINUTES SUBSEQUENT HOSP CARE 35+ MINUTES INDIVIDUAL PSYCHOTHERAPY 30 MINUTES INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	INPATIENT PSYCH ROOM & BOARD \$2029 per diem  f the below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM \$358  PSYCHIATRIC EVAL W/MEDICAL \$481  SERVICES  low Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 \$205  INIT HOSP CARE - 50 \$326  INIT HOSP CARE - 70 \$400  low services will be provided and billed daily from the second day SUBSEQUENT HOSP CARE 15-24 \$100  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212  INDIVIDUAL PSYCHOTHERAPY 30 \$318  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441  MINUTES  low services will be provided and charged upon inpatient discharge DISCHARGE VISIT 30 MIN OR LESS \$150	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  f the below Psychiatric Eval or Exam services may be provided and charged upon admission: PSYCHIATRIC DIAG EXAM \$358 961/90791 PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  low Initial Hospital Care services (as determined by physician) will be provided and charged up in in inpatient discharged.  INIT HOSP CARE - 30 \$205 961/99221  INIT HOSP CARE - 50 \$326 961/99222  INIT HOSP CARE - 70 \$400 961/99223  low services will be provided and billed daily from the second day of admission through discharged.  SUBSEQUENT HOSP CARE 15-24 \$100 961/99231  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150 961/99232  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90833  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  LOW services will be provided and charged upon inpatient discharge:  DISCHARGE VISIT 30 MIN OR LESS \$150 961/99238

## UBH (OPTUM) – PHP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (ОРТUM)
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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **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
One of both o	f the below Psychiatric Eval or Exam service	es may be provided and	charged upon admission:	
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
	SERVICES			
One of the be	low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	pon admission:
7500075	INIT HOSP CARE - 30	\$205	961/99221	
7500076	INIT HOSP CARE - 50	\$326	961/99222	
7500077	INIT HOSP CARE - 70	\$400	961/99223	
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	
	MINUTES			
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	
	MINUTES			
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	
	MINUTES			
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	
	MINUTES			
One of the be	low services will be provided and charged	upon inpatient discharg	e:	
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	

#### **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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	•
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

## AARP (OPTUM) – INPATIENT

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	AARP (OPTUM)
		CODE	
INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1075 per diem
f the below Psychiatric Eval or Exam servic	es may be provided and	charged upon admission:	
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
SERVICES			
ow Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
ow services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	
MINUTES			
SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	
MINUTES			
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	
MINUTES			
INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	
MINUTES			
ow services will be provided and charged	upon inpatient discharg	e:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  The below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM  PSYCHIATRIC EVAL W/MEDICAL SERVICES  OW Initial Hospital Care services (as determined by the services of the s	INPATIENT PSYCH ROOM & BOARD \$2029 per diem  Ithe below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM \$358  PSYCHIATRIC EVAL W/MEDICAL \$481  SERVICES  OW Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 \$205  INIT HOSP CARE - 50 \$326  INIT HOSP CARE - 70 \$400  OW services will be provided and billed daily from the second day SUBSEQUENT HOSP CARE 15-24 \$100  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212  INDIVIDUAL PSYCHOTHERAPY 30 \$318  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441  MINUTES  OW services will be provided and charged upon inpatient discharge DISCHARGE VISIT 30 MIN OR LESS \$150  DISCHARGE VISIT 31+ MINUTES \$261	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  the below Psychiatric Eval or Exam services may be provided and charged upon admission:  PSYCHIATRIC DIAG EXAM \$358 961/90791  PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  OW Initial Hospital Care services (as determined by physician) will be provided and charged up in in inpatient discharged.  INIT HOSP CARE - 30 \$205 961/99221  INIT HOSP CARE - 50 \$326 961/99222  INIT HOSP CARE - 70 \$400 961/99223  OW services will be provided and billed daily from the second day of admission through discharged.  SUBSEQUENT HOSP CARE 15-24 \$100 961/99231  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150 961/99232  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90833  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  OW services will be provided and charged upon inpatient discharge:  DISCHARGE VISIT 30 MIN OR LESS \$150 961/99238

## 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	
The below Psy	chiatric Diagnostic Exam will be provided one	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### MAGELLAN – INPATIENT

SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING	MAGELLAN
		CODE	
INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$1103 per diem
f the below Psychiatric Eval or Exam service	es may be provided and	d charged upon admission:	
PSYCHIATRIC DIAG EXAM	\$358	961/90791	
PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	
SERVICES			
low Initial Hospital Care services (as deter	mined by physician) will	be provided and charged up	oon admission:
INIT HOSP CARE - 30	\$205	961/99221	
INIT HOSP CARE - 50	\$326	961/99222	
INIT HOSP CARE - 70	\$400	961/99223	
low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:
SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	
MINUTES			
SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	
MINUTES			
SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	
INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	
MINUTES			
INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	
MINUTES			
low services will be provided and charged	upon inpatient discharg	e:	
DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238	
DISCHARGE VISIT 31+ MINUTES	\$261	961/99239	
	INPATIENT PSYCH ROOM & BOARD  f the below Psychiatric Eval or Exam service PSYCHIATRIC DIAG EXAM PSYCHIATRIC EVAL W/MEDICAL SERVICES  ow Initial Hospital Care services (as determined in the provided in the	INPATIENT PSYCH ROOM & BOARD \$2029 per diem  f the below Psychiatric Eval or Exam services may be provided and PSYCHIATRIC DIAG EXAM \$358  PSYCHIATRIC EVAL W/MEDICAL \$481  SERVICES  low Initial Hospital Care services (as determined by physician) will INIT HOSP CARE - 30 \$205  INIT HOSP CARE - 50 \$326  INIT HOSP CARE - 70 \$400  low services will be provided and billed daily from the second day SUBSEQUENT HOSP CARE 15-24 \$100  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150  MINUTES  SUBSEQUENT HOSP CARE 35+ MINUTES \$212  INDIVIDUAL PSYCHOTHERAPY 30 \$318  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441  MINUTES  low services will be provided and charged upon inpatient discharged DISCHARGE VISIT 30 MIN OR LESS \$150	INPATIENT PSYCH ROOM & BOARD \$2029 per diem 124  f the below Psychiatric Eval or Exam services may be provided and charged upon admission: PSYCHIATRIC DIAG EXAM \$358 961/90791 PSYCHIATRIC EVAL W/MEDICAL \$481 961/90792  SERVICES  IOW Initial Hospital Care services (as determined by physician) will be provided and charged up INIT HOSP CARE - 30 \$205 961/99221  INIT HOSP CARE - 50 \$326 961/99222  INIT HOSP CARE - 70 \$400 961/99223  IOW services will be provided and billed daily from the second day of admission through discharged up INIT HOSP CARE 15-24 \$100 961/99231  MINUTES  SUBSEQUENT HOSP CARE 25-34 \$150 961/99232  INDIVIDUAL PSYCHOTHERAPY 30 \$318 961/90833  MINUTES  INDIVIDUAL PSYCHOTHERAPY 60 \$441 961/90838  MINUTES  IOW services will be provided and charged upon inpatient discharge:  DISCHARGE VISIT 30 MIN OR LESS \$150 961/99238

#### 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	
The below Psy	vchiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	1
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	

#### **CARELON BEHAVIORAL HEALTH – INPATIENT**

INTERNAL REFERENCE	SERVICE DESCRIPTION	GROSS CHARGE	MOST COMMON BILLING CODE	CARELON BEHAVIORAL HEALTH		
NUMBER			CODE			
1000010	INPATIENT PSYCH ROOM & BOARD	\$2029 per diem	124	\$900 per diem		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791	all inclusive-included with R&B per diem		
7500012	PSYCHIATRIC EVAL W/MEDICAL	\$481	961/90792	all inclusive-included with R&B per diem		
	SERVICES					
One of the be	One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:					
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		
One of the below services will be provided and billed daily from the second day of admission through discharges as determined by the providing physician:						
7500050	SUBSEQUENT HOSP CARE 15-24	\$100	961/99231	all inclusive-included with R&B per diem		
	MINUTES					
7500060	SUBSEQUENT HOSP CARE 25-34	\$150	961/99232	all inclusive-included with R&B per diem		
	MINUTES					
7500070	SUBSEQUENT HOSP CARE 35+ MINUTES	\$212	961/99233	all inclusive-included with R&B per diem		
7500080	INDIVIDUAL PSYCHOTHERAPY 30	\$318	961/90833	all inclusive-included with R&B per diem		
	MINUTES					
7500090	INDIVIDUAL PSYCHOTHERAPY 60	\$441	961/90838	all inclusive-included with R&B per diem		
	MINUTES					
One of the below services will be provided and charged upon inpatient discharge:						
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		

#### 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			
The below Psy	The below Psychiatric Diagnostic Exam will be provided one-time and charged upon admission into the PHP program:					
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791			

#### 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		
One of both o	One of both of the below Psychiatric Eval or Exam services may be provided and charged upon admission:					
7500011	PSYCHIATRIC DIAG EXAM	\$358	961/90791			
7500012	PSYCHIATRIC EVAL W/MEDICAL SERVICES	\$481	961/90792			
One of the be	One of the below Initial Hospital Care services (as determined by physician) will be provided and charged upon admission:					
7500075	INIT HOSP CARE - 30	\$205	961/99221			
7500076	INIT HOSP CARE - 50	\$326	961/99222			
7500077	INIT HOSP CARE - 70	\$400	961/99223			
One of the be	low services will be provided and billed da	ily from the second day	of admission through discha	arges as determined by the providing physician:		
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			
One of the below services will be provided and charged upon inpatient discharge:						
7500020	DISCHARGE VISIT 30 MIN OR LESS	\$150	961/99238			
7500030	DISCHARGE VISIT 31+ MINUTES	\$261	961/99239			

#### 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	
The below Psy	chiatric Diagnostic Exam will be provided one-	time and charged upon	admission into the PHP program:	
7500011	PSYCHIATRIC DIAGNOSTIC EXAM	\$358	961/90791	