



**Haven Behavioral Services of Frisco LLC
d/b/a Haven Behavioral Hospital of Frisco
5680 Frisco Square Blvd, Suite 3000
Frisco TX 75034
469.535.8000**

SHOPPABLE SERVICES

Haven Behavioral Hospital of Frisco provides inpatient psychiatric services and an outpatient intensive Outpatient Program (IOP). All services provided are listed on the following pages. There are no other services provided at this facility.

All services, prices and negotiated rates list are effective as of 12/1/2022.

TABLE OF CONTENTS

PAGE

Services Offered.....	4
Payor Reimbursement Tables:	
Medicare TX.....	5
Medicare UBH (Optum).....	6
Medicare Humana.....	7
Medicare Aetna.....	8
Medicare Superior Health.....	9
Medicare Cigna Health Spring.....	10
Medicare Molina Health Care.....	11
Medicare Blue Cross Advantage.....	12
Medicare Care N Care.....	13
Medicare Magellan.....	14
Medicare Scott & White Health.....	15
Medicaid TX.....	16
Medicaid Superior.....	17
Medicaid Molina.....	18
Medicaid Life Path.....	19
Medicaid NTBHA.....	20
Medicaid Beacon Health.....	21
Medicaid United.....	22
Medicaid Denton County MHMR.....	23
Triwest VA CCN.....	24
Blue Cross Blue Shield TX.....	25
Blue Cross Blue Shield Federal.....	26
UBH (Optum).....	27
Cigna.....	28

TABLE OF CONTENTS (continued)

Payor Reimbursement Tables (continued):

Magellan.....	29
Humana.....	30
Aetna.....	31
Scott & White Health Plan.....	32
UMR.....	33
Molina Marketplace.....	34
Marketplace (Superior)	35
MCR Amerigroup	36
MCD Amerigroup	37
Beacon Health Options	38

The below is an all-inclusive list of services offered at Haven Behavioral Hospital of Frisco

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
INPATIENT SERVICES							
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$970 per diem	\$529.59 per diem	\$529.59 per diem
OR							
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$970 per diem	\$529.59 per diem	\$529.59 per diem
OUTPATIENT SERVICES							
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$250 per diem	\$135 per diem	\$200 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$275 per diem	\$135 per diem	\$200 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	No negotiated rate	No negotiated rate	No negotiated rate
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	No negotiated rate	No negotiated rate	No negotiated rate
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	No negotiated rate	No negotiated rate	No negotiated rate
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	No negotiated rate	No negotiated rate	No negotiated rate
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	No negotiated rate	No negotiated rate	No negotiated rate
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	No negotiated rate	No negotiated rate	No negotiated rate

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

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

MEDICARE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE TX
---------------------------	---------------------	-----------------	--------------	----------------------	-------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	Medicare APC fee schedule
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	Medicare APC fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	Medicare APC fee schedule
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	Medicare APC fee schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	Medicare APC fee schedule
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	Medicare APC fee schedule

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

MEDICARE UBH (OPTUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE UBH (OPTUM)
---------------------------	---------------------	-----------------	--------------	----------------------	----------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$200 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$165 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE HUMANA
---------------------------	---------------------	-----------------	--------------	----------------------	-----------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	Medicare APC fee schedule
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	Medicare APC fee schedule

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

MEDICARE AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE AETNA
---------------------------	---------------------	-----------------	--------------	----------------------	----------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$958 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$958 per diem
--------	-----------------------------	-----------	-----------------	-----	----------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$207 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$202 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE SUPERIOR HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE SUPERIOR HEALTH
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE CIGNA HEALTHSPRING

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE CIGNA HEALTHSPRING
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	------------------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE MOLINA HEALTH CARE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE MOLINA HEALTH CARE
---------------------------	---------------------	-----------------	--------------	----------------------	-----------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$225 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$225 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE BLUE CROSS ADVANTAGE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE BC ADVANTAGE
---------------------------	---------------------	-----------------	--------------	----------------------	-----------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE CARE N CARE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE CARE N CARE
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	-----------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE MAGELLAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE MAGELLAN
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	--------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$953 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$953 per diem
--------	-----------------------------	-----------	-----------------	-----	----------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$230 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$230 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

MEDICARE SCOTT & WHITE HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE SCOTT & WHITE HEALTH
---------------------------	---------------------	-----------------	--------------	----------------------	-------------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID TEXAS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID TX
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	--------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$529.59 per diem
--------	-----------------------	-----------	-----------------	-----	-------------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	
--------	-----------------------------	-----------	-----------------	-----	--

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID SUPERIOR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID SUPERIOR
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	--------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$530 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$530 per diem
--------	-----------------------------	-----------	-----------------	-----	----------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$135 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$135 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID MOLINA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID MOLINA
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$529.59 per diem
--------	-----------------------	-----------	-----------------	-----	-------------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$529.59 per diem
--------	-----------------------------	-----------	-----------------	-----	-------------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$175 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$175 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID LIFE PATH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID LIFE PATH
---------------------------	---------------------	-----------------	--------------	----------------------	--------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$630 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	
--------	-----------------------------	-----------	-----------------	-----	--

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID NTBHA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID NTBHA
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$630 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID BEACON HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID BEACON HEALTH
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$529.59 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$529.59 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$140 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$140 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID UNITED

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID UNITED
---------------------------	---------------------	-----------------	--------------	----------------------	-----------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$529.59 per diem
--------	-----------------------	-----------	-----------------	-----	-------------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$529.59 per diem
--------	-----------------------------	-----------	-----------------	-----	-------------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	140 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	140 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID DENTON COUNTY MHMR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID DENTON CTY MHMR
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	---------------------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$630 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	
--------	-----------------------------	-----------	-----------------	-----	--

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

TRIWEST VA CCN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRIWEST VA CCN
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

BLUE CROSS BLUE SHIELD TEXAS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BCBS TX
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$715 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$715 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$250 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$275 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

BLUE CROSS BLUE SHIELD FEDERAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BCBS FEDERAL
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$700 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$700 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$200 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$250 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

UBH (OPTUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UBH (OPTUM)
---------------------------	---------------------	-----------------	--------------	----------------------	-------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$875 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$835 per diem
--------	-----------------------------	-----------	-----------------	-----	----------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$175 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$175 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

CIGNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CIGNA
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$870 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$870 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$227 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$227 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MAGELLAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MAGELLAN
---------------------------	---------------------	-----------------	--------------	----------------------	----------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$796 per diem
--------	-----------------------	-----------	-----------------	-----	----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$796 per diem
--------	-----------------------------	-----------	-----------------	-----	----------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$230 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$230 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	HUMANA
----------------------------------	----------------------------	------------------------	---------------------	-----------------------------	---------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$ 835 per diem
--------	-----------------------	-----------	-----------------	-----	-----------------

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$ 835 per diem
--------	-----------------------------	-----------	-----------------	-----	-----------------

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$200 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$200 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	AETNA
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$958 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$958 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$207 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$207 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

SCOTT & WHITE HEALTH PLAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SCOTT & WHITE HEALTH PLAN
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$740 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$710 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$180 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$160 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

UMR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UMR
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$875 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$835 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$175 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$175 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MOLINA MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MOLINA MARKETPLACE
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$225 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$225 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

SUPERIOR MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SUPERIOR MARKETPLACE
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$670 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$670 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$181 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$181 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICARE AMERIGROUP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE AMERIGROUP
---------------------------	---------------------	-----------------	--------------	----------------------	---------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	DRG
--------	-----------------------	-----------	-----------------	-----	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	DRG
--------	-----------------------------	-----------	-----------------	-----	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$223.10 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$223.10 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

MEDICAID AMERIGROUP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID AMERIGROUP
INPATIENT SERVICES					
100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124	\$550 per diem
OR					
100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126	\$550 per diem
OUTPATIENT SERVICES					
IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015	\$175 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015	\$175 per diem
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853	
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853	
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832	
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847	

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

BEACON HEALTH OPTIONS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE
---------------------------	---------------------	-----------------	--------------	----------------------

INPATIENT SERVICES

100000	SEMI PRIVATE Room/Bed	INPATIENT	\$1851 per diem	124
--------	-----------------------	-----------	-----------------	-----

OR

100001	DETOX SEMI PRIVATE ROOM/BED	INPATIENT	\$1851 per diem	126
--------	-----------------------------	-----------	-----------------	-----

OUTPATIENT SERVICES

IOP MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	905/906/910/914/915/916/90853/S9480/H0015
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more of 4590832 and/or 4590853 per date of service	Based on number of group/individual therapy received during the specific date of service	906/H0015
4590853	GROUP PSYCHOTHERAPY MENTAL HEALTH 45 MINUTES	Services not offered individually; May be one of several components of a bundled IOP program	\$150	905/90853
4690853	GROUP PSYCHOTHERAPY SUB-ABUSE 45 MINUTS		\$100	906/90853
4590832	INDIVIDUAL PSYCHOTHERAPY 30		\$170	914/90832
4590834	INDIVIDUAL PSCYHOTHERAPY 45		\$215	914/90834
4590837	INDIVIDUAL PSYCHOTHERAPY 60		\$260	914/90837
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$340	916/90847

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