



**Haven Behavioral Services of Frisco LLC
d/b/a Haven Wellness Center of Plano
7211 Preston Road Suite 3300
Plano TX 75024
972.704.2450**

SHOPPABLE SERVICES

Haven Wellness Center of Plano provides outpatient psychiatric services which include an Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP). All services provided are listed on the following pages. There are no other services provided at this facility. Inpatient psychiatric services are available at the Haven Behavioral Hospital of Frisco.

All services, prices and negotiated rates list are effective as of 1/1/2024.

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The below is an all-inclusive list of services offered at Haven Wellness Center of Plano

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
INTENSIVE OUTPATIENT PROGRAM							
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	No negotiated rate	No negotiated rate	No negotiated rate
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	No negotiated rate	No negotiated rate	No negotiated rate
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	No negotiated rate	No negotiated rate	No negotiated rate
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 quantity of number of groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on quantity of number of groups/individual therapy received during the specific date of services	906/H0015	\$275 per diem	\$135 per diem	\$200 per diem
PARTIAL HOSPITALIZATION PROGRAM							
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	No negotiated rate	No negotiated rate	No negotiated rate
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	No negotiated rate	No negotiated rate	No negotiated rate
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	No negotiated rate	No negotiated rate	No negotiated rate
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$447 per diem	\$230 per diem	\$300 per diem

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 Wellness Center of Plano 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
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	Medicare APC fee schedule
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	Medicare APC fee schedule
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	Medicare APC fee schedule
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	Medicare APC fee schedule
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	Medicare APC fee schedule
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	Medicare APC fee schedule
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	Medicare APC fee schedule
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICARE UBH (OPTUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR UBH (OPTUM)
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$225 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$425 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICARE HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR HUMANA
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	

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

MEDICARE AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR AETNA
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	\$219 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$219 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$446 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICARE SUPERIOR HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR SUPERIOR HEALTH
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	Medicare APC fee schedule

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

MEDICARE CIGNA HEALTHSPRING

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR CIGNA HEALTHSPRING
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	Medicare APC fee schedule
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICARE MOLINA HEALTH CARE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MOLINA HEALTH CARE
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$225 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$340 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICARE BLUE CROSS ADVANTAGE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR BC ADVANTAGE
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	Medicare APC fee schedule

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

MEDICARE CARE N CARE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR CARE N CARE
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	

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

MEDICARE MAGELLAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MAGELLAN
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	\$235 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$235 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$418 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICARE SCOTT & WHITE HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR SCOTT & WHITE HEALTH
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	

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

MEDICAID SUPERIOR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD SUPERIOR
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$135 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$230 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICAID MOLINA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD MOLINA
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$175 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$260 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICAID UNITED (OPTUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD UNITED (OPTUM)
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$225 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$425 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICAID BEACON HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD BEACON HEALTH
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicaid Fee Schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicaid Fee Schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	

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

TRIWEST VA CCN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRIWEST VA CCN
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC Fee Schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC Fee Schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	

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

BLUE CROSS BLUE SHIELD TEXAS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BCBS TX
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$275 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$250 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

BLUE CROSS BLUE SHIELD FEDERAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BCBS FEDERAL
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$275 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$250 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

UBH (OPTUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UBH (OPTUM)
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$225 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$425 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

CIGNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CIGNA
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$227 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$385 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MAGELLAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MAGELLAN
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	\$235 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$235 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$418 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	HUMANA
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$200 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	AETNA
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	\$219 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$219 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$446 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

SCOTT & WHITE HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SCOTT & WHITE HEALTH PLAN
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$160 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$275 per diem

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

UMR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UMR
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$225 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$425 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MOLINA MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MOLINA MARKETPLACE
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$225 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$340 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

SUPERIOR MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SUPERIOR MARKETPLACE
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$181 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$325 per diem

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

MEDICARE AMERIGROUP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR AMERIGROUP
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicare APC fee schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicare APC fee schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	Medicare APC fee schedule

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

MEDICAID AMERIGROUP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD AMERIGROUP
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$175 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$250 per diem
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

CARELON BEHAVIORAL HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CARELON BEHAVIORAL HEALTH (formely Beacon)
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$140 per diem
PARTIAL HOSPITALIZATON PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	

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

MEDICAID AETNA BETTER HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD AETNA BETTER HEALTH
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	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 units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$235 per diem
PARTIAL HOSPITALIZATON PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	\$365 per diem

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

MEDICAID COOKS CHILDREN - STAR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD COOKS CHILDREN-STAR
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicaid Fee Schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicaid Fee Schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

MEDICAID COOKS CHILDREN - CHIP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD COOKS CHILDREN-CHIP
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	Medicaid Fee Schedule
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	Medicaid Fee Schedule
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					

TRICARE EAST

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRICARE EAST
INTENSIVE OUTPATIENT PROGRAM					
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several components of a bundled IOP program	\$ 267.00	914/90837	
4590847	FAMILY PSYCHOTHERAPY W/PATIENT		\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
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 groups/individual therapy received during the specific date of services	905/906/ 910/914/915 916/90853 S9480/H0015	\$230.74 per diem
IOP SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on number of groups/individual therapy received during the specific date of services	906/H0015	\$230.74 per diem
PARTIAL HOSPITALIZATION PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several components of a bundled PHP program	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II		\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
PHP	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service	Based on number of groups and/or therapy sessions received during the specific date of services	912/915 S0201 H0035	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider					