

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

INITEDNIAL		<u> </u>	I	DDIAAADV	N 4 A X I N 41 I N 4	D 41 D 11 D 41 1 D 4	
INTERNAL				PRIMARY	_	MINIMUM	DISCOUNTED
REFERENCE				BILLING			DISCOUNTED
NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	CHARGE	CHARGE	CASH PRICE
INTENSIVE	OUTPATIENT PROGRAM	<u> </u>					
	INDIVIDUAL						
	PSYCHOTHERAPY 60	Service not offered individually;		_	No nego-	No nego-	No nego-
4590837	MINUTES	May be one of several	\$ 267.00	914/90837	tiated rate	tiated rate	tiated rate
	FAMILY PSYCOTHERAPY	components of a bundled IOP			No nego-	No nego-	No nego-
4590847	W/PATIENT	program	\$ 356.00	916/90847	tiated rate	tiated rate	tiated rate
	GROUP PSYCHOTHERAPY	program			No nego-	No nego-	No nego-
4590853	45 MINUTES		\$ 154.00	916/90853	tiated rate	tiated rate	tiated rate
			Based on quantity of	905/906/91			
		Bundled service IOP Mental	number of	0/914/915/			
		Health is billed as quantity 3 or	groups/individual therapy	916/90853/			
	Intensive Outpatient -	more units of 4590832 and/or	received during the specific	S9480/H001	\$250 per	\$135 per	\$200 per
IOP MH	Mental Health	4590853 per date of service	date of services	5	diem	diem	diem
			Based on quantity of				
		Bundled service IOP Substance	number of				
		Abuse is billed as quantity 3 or	groups/individual therapy				
	Intensive Outpatient -	more units of 4590832 and/or	received during the specific		\$275 per	\$135 per	\$200 per
IOP SA	Substance Abuse	4590853 per date of service	date of services	906/H0015	diem	diem	diem
PARTIAL HO	SPITALIZATON PROGRAM			•			
					No nego-	No nego-	No nego-
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	tiated rate	tiated rate	tiated rate
		May be one of several			No nego-	No nego-	No nego-
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	tiated rate	tiated rate	tiated rate
		program		2, 2, 2, 2	No nego-	No nego-	No nego-
1510084	INDIV PSYCHOTHERAPY	' "	\$ 260.00	914/90837	tiated rate	tiated rate	tiated rate
				.,			
		Bundled services of PHP is as	Based on number of groups	912/915			
PHP	Partial Hospitalization	quantity 4 or more units of PHP	and/or therapy sessions	S0201	\$447 per	\$230 per	\$300 per
'	Program	individual and/or group therapy	received during the specific	H0035	diem	diem	diem
		per date of service	date of services	1.10033			
	<u>L</u>	ļ	L	l		<u> </u>	

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

INITEDNIAL				DDIMARY	
INTERNAL REFERENCE				PRIMARY BILLING	
	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MEDICARE TX
	OUTPATIENT PROGRAM	TIPE OF SERVICE	GROSS CHARGE	CODE	WEDICARE IX
	INDIVIDUAL				
	PSYCHOTHERAPY 60				Medicare APC
	MINUTES	Service not offered individually;	\$ 267.00	914/90837	fee schedule
	FAMILY PSYCOTHERAPY	May be one of several	207.00	914/90837	Medicare APC
	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	fee schedule
	GROUP PSYCHOTHERAPY	program	330.00	310/30047	Medicare APC
	45 MINUTES		\$ 154.00	916/90853	fee schedule
			2000	2 20, 2 2 2 2 2	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	Medicare APC
	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	fee schedule
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	Medicare APC fee
PARTIAL HO	SPITALIZATON PROGRAM				
					Medicare APC
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	fee schedule
		May be one of several			Medicare APC
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	fee schedule
		program			Medicare APC
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	fee schedule
		Bundled services of PHP is as	Based on number of		
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
PHP I	Program	individual and/or group therapy	sessions received during	S0201	
	O. w	per date of service	the specific date of	H0035	Medicare APC
		15-2. 2010 0. 00. 1.00	services	ı	fee schedule

MEDICARE UBH (OPTUM)

INTERNAL				PRIMARY	
REFERENCE				BILLING	
NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCR UBH (OPTUM)
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
4590837	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	F 8. a			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$225 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$225 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
1310010	1111 1 NOCE 33 GNO 01 1	May be one of several	300.00	313/ 30410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1310012	1111 1110 0200 0111 11	program	Ş 300.00	313, 60 110	
1510084	INDIV PSYCHOTHERAPY	P8	\$ 260.00	914/90837	
		B II I : (2002)	Based on number of		
		Bundled services of PHP is as	groups and/or therapy	912/915	
PHP	Partial Hospitalization	quantity 4 or more units of PHP	sessions received during	S0201	
	Program	individual and/or group therapy	the specific date of	H0035	
		per date of service	services		\$425 per diem
Any service lister	d without a payor rate indicates ther	e is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICARE HUMANA

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

MEDICARE AETNA

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

MEDICARE SUPERIOR HEALTH

111221011112					
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR SUPERIOR HEALTH
	OUTPATIENT PROGRAM	= 0. 0202	5.1.333 S. 11 11.13		
	INDIVIDUAL				
	PSYCHOTHERAPY 60				
4590837	MINUTES	Service not offered individually;	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	May be one of several	Ψ = 207.100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental Health is billed as quantity 3 or	Based on number of groups/individual therapy	905/906/ 910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	Medicare APC fee
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	schedule
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		Medicare APC fee
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	May be one of several components of a bundled PHP	\$ 300.00	915/G0410	
		program		_	
1510084	INDIV PSYCHOTHERAPY		·	914/90837	
РНР	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 liste	d without a payor rate indicates the	re is no contract or negotiated rate for that serv	vices for that insurance provider		

MEDICARE CIGNA HEALTHSPRING

				1		
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR CIGNA HEALTHSPRING	
INTENSIVE	OUTPATIENT PROGRAM					
	INDIVIDUAL PSYCHOTHERAPY 60					
4590837	MINUTES	Service not offered individually;	\$ 267.00	914/90837		
	FAMILY PSYCOTHERAPY W/PATIENT	May be one of several components of a bundled IOP program		916/90847		
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	p. 05. a.m	\$ 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	
IOP IVIN	IVIEIILAI NEAILII	·	Based on number of	39460/10013	Scriedule	
		Bundled service IOP Substance				
		Abuse is billed as quantity 3 or	groups/individual therapy			
	Intensive Outpatient -	more units of 4590832 and/or	received during the		Medicare APC fee	
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	schedule	
PARTIAL HO	SPITALIZATON PROGRAM					
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410		
1510012	PHP PROCESS GRP II	May be one of several components of a bundled PHP	\$ 300.00	915/G0410		
1510084	INDIV PSYCHOTHERAPY	program		914/90837		
РНР	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				PRIMARY	
REFERENCE				BILLING	MCR MOLINA HEALTH
NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	CARE
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
4590837	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$225 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$225 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several		_	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program		_	
1510084	INDIV PSYCHOTHERAPY			914/90837	
		Bundled services of PHP is as	Based on number of	_	
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
PHP	Program	individual and/or group therapy	sessions received during	S0201	
	- G . 	per date of service	the specific date of	H0035	
		•	services		\$340 per diem
Any service liste	d without a payor rate indicates then	re is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICARE BLUE CROSS ADVANTAGE

IVILDICANL	BLUE CRUSS ADVANTAGE	T	I	1	T
INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCR BC ADVANTAGE
INTENSIVE	OUTPATIENT PROGRAM				
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT GROUP PSYCHOTHERAPY	components of a bundled IOP program	\$ 356.00	916/90847	
4590853	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
	Intensive Outpatient -	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the		Medicare APC fee
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several		915/G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program		914/90837	
PHP Any service liste	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
, 301 1100 11300	aaara payor rate marcates tilei	co act of fiegotiated fate for that ser			

MEDICARE CARE N CARE

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

MEDICARE MAGELLAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MAGELLAN
	OUTPATIENT PROGRAM				
	INDIVIDUAL				
4590837	PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT	components of a bundled IOP program	\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
IODANI	Intensive Outpatient -	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	905/906/ 910/914/915 916/90853	6225
IOP MH	Mental Health	4590853 per date of service	specific date of services	39480/H0015	\$235 per diem
100.54	Intensive Outpatient -	Abuse is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	005/110045	4225
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$235 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program	\$ 260.00	914/90837	
РНР	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 liste	d without a payor rate indicates ther	re is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICARE SCOTT & WHITE HEALTH

IVILDICANL	SCOTT & WHITE HEALTH		1		
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR SCOTT & WHITE HEALTH
	OUTPATIENT PROGRAM	TIPL OF SERVICE	GRO33 CHARGE	CODE	HEALIH
INTENSIVE					
	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
	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
	Intensive Outpatient -	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	005/110045	Medicare APC fee
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program	\$ 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	
Airy service liste	a without a payor rate murcates ther	e is no contract of negotiated rate for that ser	vices for that hisurance provider		

MEDICAID SUPERIOR

INTERNAL				PRIMARY	
REFERENCE	CEDVICE DECCRIPTION	TYPE OF SERVICE	CDOCC CHARCE	BILLING	MCD CUDEDIOD
	OUTPATIENT PROGRAM	TYPE OF SERVICE	GROSS CHARGE	CODE	MCD SUPERIOR
	INDIVIDUAL				
	PSYCHOTHERAPY 60				
	MINUTES	Service not offered individually;	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	May be one of several	\$ 207.00	914/90657	
	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program	330.00	910/90847	
	45 MINUTES		\$ 154.00	916/90853	
4590655	43 WIINO 1 L3		7 134.00	910/90833	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
	Mental Health	4590853 per date of service	specific date of services		\$135 per diem
		Bundled service IOP Substance	Based on number of	, , , , , , , , , , , , , , , , , , , ,	,,
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$135 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
		Bundled services of PHP is as	Based on number of		
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
I PHP I	Program	individual and/or group therapy	sessions received during	S0201	
	riogiaiii	per date of service	the specific date of	H0035	
		per date of service	services		\$230 per diem
Any service liste	d without a payor rate indicates ther	e is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICAID MOLINA

INTERNAL REFERENCE NUMBER SERVICE DESCRIPTION TYPE OF SERVICE GROSS CHARGE CODE MCD MOLINA INTENSIVE OUTPATIENT PROGRAM INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES GROUP PSYCHOTHERAPY 4590853 45 MINUTES GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I 1510012 PHP PROCESS GROUP I 1510084 INDIV PSYCHOTHERAPY Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program					1	
REFERENCE NUMBER SERVICE DESCRIPTION TYPE OF SERVICE GROSS CHARGE CODE MCD MOLINA INTENSIVE OUTPATIENT PROGRAM INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I SERVICE DESCRIPTION TYPE OF SERVICE GROSS CHARGE CODE MCD MOLINA Service not offered individually; \$ 267.00 914/90837	INTERNAL				PRIMARY	
INTENSIVE OUTPATIENT PROGRAM INDIVIDUAL PSYCHOTHERAPY 60 4590837 FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or INTENSIVE OUTPATIENT INTENSIVE OUTPATIENT INTENSIVE OUTPATIENT BUNDLED OF A Substance Abuse INTENSIVE OUTPATIENT PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled IOP program Service not offered individually; \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590823 and/or Intensive Outpatient - Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Substance Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I May be one of several components of a bundled PHP program Service not offered individually; \$ 300.00 915/G0410		SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE		MCD MOLINA
PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or IOP MH Mental Health Bundled service IOP Substance Abuse is billed as quantity 3 or Intensive Outpatient - Substance Abuse Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Based on number of groups/individual therapy received during the specific date of services Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$175 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled PHP program \$ 300.00 915/G0410	INTENSIVE	OUTPATIENT PROGRAM				
Service not offered individually; \$ 267.00 914/90837		INDIVIDUAL				
A590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Sundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient -		PSYCHOTHERAPY 60	Sarvice not offered individually:			
## AS90847 W/PATIENT ## GROUP PSYCHOTHERAPY ## A590853 45 MINUTES ## Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or IOP MH Mental Health ## A590853 per date of service ## Bundled service IOP Mental Health ## Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or IOP SA Substance Abuse ## A590853 per date of service ## Substance Abuse ## A590853 per date of service ## Substance Abuse ## A590853 per date of service ## Substance Abuse ## A590853 per date of service ## Substance Abuse ## A590853 per date of service ## Specific date of	4590837	MINUTES	, ,	\$ 267.00	914/90837	
Sacrotice Sacr		FAMILY PSYCOTHERAPY	'			
4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or IOP MH Mental Health Mental Heal	4590847	W/PATIENT	'	\$ 356.00	916/90847	
Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or IOP MH Mental Health Based on number of groups/individual therapy received during the specific date of services Bundled service IOP Substance Abuse is billed as quantity 3 or groups/individual therapy received during the specific date of services May be one of service May be one of several components of a bundled PHP program Based on number of groups/individual therapy received during the specific date of services May be one of several components of a bundled PHP program Based on number of groups/individual therapy received during the specific date of services May be one of several components of a bundled PHP program Based on number of groups/individual therapy received during the specific date of services May be one of several components of a bundled PHP program May be one of several components of a bundled PHP program		GROUP PSYCHOTHERAPY	program			
Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Substance Abuse 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I 1510012 PHP PROCESS GRP II Health is billed as quantity 3 or more units of 4590832 and/or 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse ab	4590853	45 MINUTES		\$ 154.00	916/90853	
Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled PHP program Health is billed as quantity 3 or more units of 4590832 and/or groups/individual therapy received during the specific date of services 906/H0015 \$175 per diem \$ 300.00 915/G0410 \$ 300.00 915/						
Intensive Outpatient - Mental Health			Bundled service IOP Mental	Based on number of	905/906/	
IOP MH Mental Health 4590853 per date of service specific date of services S9480/H0015 \$175 per diem Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or received during the specific date of services 906/H0015 \$175 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; \$300.00 915/G0410 May be one of several components of a bundled PHP process GROUP I program Mental Health 4590853 per date of service specific date of services 906/H0015 \$175 per diem \$300.00 915/G0410 \$1510012 PHP PROCESS GROUP I \$300.00 915/G0410 \$1510012 PHP PROCESS GRP II \$300.00 915/G0410 \$1510012 PHP PROCESS GRP II \$1510012 PHP PROC						
Bundled service IOP Substance Abuse is billed as quantity 3 or Intensive Outpatient - IOP SA Substance Abuse PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several 1510012 PHP PROCESS GRP II Components of a bundled PHP program Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$175 per diem \$ 300.00 915/G0410 \$ 300.00 915/G0410 \$ 300.00 915/G0410		•	•			
Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$175 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 Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$175 per diem \$\frac{1510010}{2} \text{ PHP PROCESS GROUP I} \text{ Service not offered individually; } \frac{\$300.00}{2} \text{ \$300.00} \text{ \$915/G0410} \text{ \$90853 per date of services } \text{ \$300.00} \text{ \$915/G0410} \text{ \$90853 per diem } \text{ \$90853 per date of services } \text{ \$908/H0015} \text{ \$\$175 per diem } \text{ \$\$1510012} \text{ \$\$175 per diem } \text{ \$\$175 per diem } \text{ \$\$1510012} \text{ \$\$175 per diem } \$\$175	IOP MH	Mental Health	•	'	S9480/H0015	\$175 per diem
Intensive Outpatient - More units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$175 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled PHP program More units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$175 per diem Service not offered individually; \$ 300.00 915/G0410 \$ 300.00 915/G						
IOP SA Substance Abuse 4590853 per date of service specific date of services 906/H0015 \$175 per diem PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled PHP process GRP II program Service not offered individually; \$300.00 915/G0410 \$1510012 PHP PROCESS GRP II \$300.00 915/G0410 \$175 per diem				I		
PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; \$ 300.00 915/G0410 May be one of several components of a bundled PHP \$ 300.00 915/G0410 program		•	•			
1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; \$ 300.00 915/G0410 \$ 300.00 915/G0410			4590853 per date of service	specific date of services	906/H0015	\$175 per diem
May be one of several components of a bundled PHP program \$ 300.00 915/G0410	PARTIAL HO	SPITALIZATON PROGRAM				
May be one of several components of a bundled PHP program \$ 300.00 915/G0410	1510010	DITO DEOCESS CEOTIO	Sancica not offered individually:	ć 200.00	015/00410	
1510012 PHP PROCESS GRP II components of a bundled PHP \$ 300.00 915/G0410 program	1310010	PHP PROCESS GROUP I	**	\$ 500.00	915/00410	
program	1510012	DHD DDOCESS CDD II	•	\$ 300.00	015/60/10	
	1310012	THE FROCESS GRE II	· '	300.00	513/00410	
	1510084	INDIV PSYCHOTHERAPY	Iki o Pi aiii	\$ 260.00	914/90837	
Based on number of			_ ,, , , , , , , , , , , , , , , , , ,	•		
Bundled services of PHP is as groups and/or therapy 912/915		n e la estado		groups and/or therapy	912/915	
PARTIAL Hospitalization quantity 4 or more units of PHP Sessions received during S0201	PHP	•	-	T		
Program individual and/or group therapy the specific date of H0035		Program		the specific date of	H0035	
per date of service services \$260 per diem			per date of service			\$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	Any service liste	d without a payor rate indicates ther	e is no contract or negotiated rate for that serv	vices for that insurance provider		

MEDICAID UNITED (OPTUM)

IVIEDICAID	ONITED (OPTOM)	1		1	1
INTERNAL				PRIMARY	
REFERENCE				BILLING	
NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCD UNITED (OPTUM)
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
4590837	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$225 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$225 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
		Donadla di anni da anni Citta di Citta di Anni	Based on number of		
	Dential Hands Posts	Bundled services of PHP is as	groups and/or therapy	912/915	
PHP	Partial Hospitalization	quantity 4 or more units of PHP	sessions received during	S0201	
	Program	individual and/or group therapy	the specific date of	H0035	
		per date of service	services		\$425 per diem
Any service liste	d without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICAID BEACON HEALTH

IVILDICAID	BEACON HEALTH	T	1	1	
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD BEACON HEALTH
		TIFL OF SERVICE	GNO33 CHANGE	CODE	IVICO DEACON REALIT
INTENSIVE	OUTPATIENT PROGRAM				
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
	Intensive Outpatient -	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	905/906/ 910/914/915 916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	Medicaid Fee Schedule
	Intensive Outpatient -	Abuse is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the		
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	Medicaid Fee Schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	May be one of several components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program		914/90837	
РНР	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 liste	d without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

TRIWEST VA CCN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRIWEST VA CCN
	OUTPATIENT PROGRAM	THE OF SERVICE	G.1.035 G.1., 11.02		
INTENSIVE	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	p. 08. a			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	Medicare APC Fee
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	Schedule
		Bundled service IOP Substance	Based on number of	-	
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		Medicare APC Fee
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	Schedule
	SPITALIZATON PROGRAM				
74441742110					
1510010	PHP PROCESS GROUP I	 Service not offered individually;	\$ 300.00	915/G0410	
1310010	THE TROCESS GROOT I	May be one of several	300.00	J13/ G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	'	300.00	913/00410	
4540004	INDIVERSE OF LEDARY	program	250.00	04.4/00027	
1510084	INDIV PSYCHOTHERAPY			914/90837	
		Bundled services of PHP is as	Based on number of	040/04-	
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
PHP	Program	individual and/or group therapy	sessions received during	S0201	
		per date of service	the specific date of	H0035	
		'	services		
Any service lister	d without a payor rate indicates ther	e is no contract or negotiated rate for that serv	vices for that insurance provider		

BLUE CROSS BLUE SHIELD TEXAS

DEGE CROS	3 DLUE SHIELD LEXAS				1
INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	BCBS TX
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Comice not offered individually			
4590837	MINUTES	Service not offered individually;	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	May be one of several			
4590847	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental Health is billed as quantity 3 or	Based on number of groups/individual therapy	905/906/ 910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$250 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$275 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several		-	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program	•	-	
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
I PHP I	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 lister	d without a payor rate indicates ther	e is no contract or negotiated rate for that ser	vices for that insurance provider		

BLUE CROSS BLUE SHIELD FEDERAL

INTERNAL				PRIMARY	
REFERENCE	CED UCE DECODIDEION	TVD5 05 65D) #65	CDOSS SUADOF	BILLING	0.000 5505044
	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	BCBS FEDERAL
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;	257.00	04.4/00007	
	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP	ć 25C 00	046/00047	
4590847	W/PATIENT	program	\$ 356.00	916/90847	
4500053	GROUP PSYCHOTHERAPY		ć 454.00	04.6./00053	
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or		910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services		\$250 per diem
IOP WIT	IVIEIILAI NEAILII	Bundled service IOP Substance	Based on number of	39460/110013	3230 per diem
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$275 per diem
	SPITALIZATON PROGRAM	4590855 per date of service	specific date of services	906/10013	\$275 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
		Bundled services of PHP is as	Based on number of		
	Dortial Haspitalization		groups and/or therapy	912/915	
PHP	Partial Hospitalization	quantity 4 or more units of PHP individual and/or group therapy	sessions received during	S0201	
	Program	per date of service	the specific date of	H0035	
		per date of service	services		\$250 per diem
Any service liste	d without a payor rate indicates the	e is no contract or negotiated rate for that serv	vices for that insurance provider		

UBH (OPTUM)

UBH (UPIU	1141]			1	I
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UBH (ОРТИМ)
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT	components of a bundled IOP program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 154.00	916/90853	
	Intensive Outpatient -	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	905/906/ 910/914/915 916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$225 per diem
	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
		4390833 per date of service	specific date of services	900/110013	3225 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
	PHP PROCESS GROUP I	Service not offered individually; May be one of several		915/G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program	•	914/90837	
РНР	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	d without a payor rate indicates ther	e is no contract or negotiated rate for that ser	vices for that insurance provider		

CIGNA

INTERNAL REFERENCE				PRIMARY BILLING			
	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	CIGNA		
	OUTPATIENT PROGRAM						
	INDIVIDUAL						
	PSYCHOTHERAPY 60	Comice not offered individually					
4590837	MINUTES	Service not offered individually;	\$ 267.00	914/90837			
	FAMILY PSYCOTHERAPY	May be one of several					
4590847	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847			
	GROUP PSYCHOTHERAPY	program					
4590853	45 MINUTES		\$ 154.00	916/90853			
	Intensive Outpatient -	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	905/906/ 910/914/915 916/90853			
IOP MH	Mental Health	4590853 per date of service	specific date of services	1	\$227 per diem		
		Bundled service IOP Substance	Based on number of	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
		Abuse is billed as quantity 3 or	groups/individual therapy				
	Intensive Outpatient -	more units of 4590832 and/or	received during the				
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$227 per diem		
PARTIAL HO	SPITALIZATON PROGRAM				·		
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410			
		May be one of several					
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410			
		program					
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837			
РНР	Partial Hospitalization Program	Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy	Based on number of groups and/or therapy sessions received during	912/915 S0201			
		per date of service	the specific date of services	H0035	\$385 per diem		
Any corvice lists	d without a payor rate indicates the	no contract or negotiated rate for that ser			2002 hei meili		
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				PRIMARY BILLING	
	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MAGELLAN
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	p 26. a			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$235 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$235 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
		Bundled services of PHP is as	Based on number of		
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
I PHP I	Program	individual and/or group therapy	sessions received during	S0201	
	11081am	per date of service	the specific date of	H0035	
		per date of service	services		\$418 per diem
Any service listed	d without a payor rate indicates ther	e is no contract or negotiated rate for that ser	vices for that insurance provider		

HUMANA

INTERNAL REFERENCE NUMBER SERVICE DESCRIPTION TYPE OF SERVICE GROSS CHARGE CODE HUMANA INTENSIVE OUTPATIENT PROGRAM INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES GROUP PSYCHOTHERAPY 60 5 CODE HUMANA INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES GROUP PSYCHOTHERAPY 60 5 CODE HUMANA Service not offered individually; May be one of several components of a bundled IOP program GROUP PSYCHOTHERAPY 60 5 CODE HUMANA Service not offered individually; May be one of several components of a bundled IOP program Service not offered individually; S 356.00 916/90847 FAMILY PSYCHOTHERAPY BILLING CODE HUMANA Service not offered individually; S 360.00 914/90837 Based on number of groups/individual therapy received during the specific date of services Specific date of services Based on number of groups/individual therapy received during the specific date of services Specific date		1	1			T
INTENSIVE OUTPATIENT PROGRAM INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY 4590847 M/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - Abuse is billed as quantity 3 or more units of 4590832 and/or 4590832 and/or 4590832 and/or 4590833 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I May be one of several components of a bundled PHP program Service not offered individually; \$ 300.00 915/G0410 May be one of several components of a bundled PHP program	REFERENCE		TVDE OF SERVICE	CDOSS CHARGE	BILLING	
INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or Abuse is billed as quantity 3 or Intensive Outpatient - More units of 4590832 and/or Intensive Outpatient - More units of 4590832 and/or Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - More units of 4590832 and/or Abuse is billed as quantity 3 or more units of 4590832 and/or Intensive Outpatient - More units of 4590832 and/or Abuse is billed as quantity 3 or more uni			TYPE OF SERVICE	GROSS CHARGE	CODE	HUMANA
PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or INTERS Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or INTERS Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or INTERS Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or INTERS Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or Abuse is billed as quantity 3 or more units of 4590832 and/or INTERS Based on number of groups/individual therapy received during the specific date of services Based on number of groups/individual therapy received during the specific date of services PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program	INTENSIVE	1				
Service not offered individually; Service not offered individual PHP program Service not offered individually; Service not offered individually; Service not offered individually; Service not offered individually; Service not offered individual PHP program Service not offered individual PHP not offered individu						
A590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES S 154.00 916/90853 S 154.00			Service not offered individually;			
## A590847 W/PATIENT Components of a bundled IOP STOCHOTHERAPY STOCK	4590837		•	\$ 267.00	914/90837	
A590847 W/PATIENT GROUP PSYCHOTHERAPY Frogram S 356.00 916/90847			1 .			
Service OP Mental Based on number of 905/906/ 910/914/915 91	4590847		· ·	\$ 356.00	916/90847	
Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or A590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or acceived during the groups/individual therapy received during the specific date of services Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$200 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled PHP program \$\$300.00 915/G0410\$						
Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Specific date of services Sp480/H0015 \$200 per diem	4590853	45 MINUTES		\$ 154.00	916/90853	
Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse Intensive Outpatient - Substance Abuse 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled PHP program Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service specific date of services specific date of ser			Bundled service IOP Mental	Based on number of	905/906/	
Intensive Outpatient - IOP MH Mental Health 4590853 per date of service Specific date of services Specific date of service					1 -	
IOP MH Mental Health 4590853 per date of service specific date of services S9480/H0015 \$200 per diem Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or received during the specific date of services 906/H0015 \$200 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; \$300.00 915/G0410 May be one of several components of a bundled PHP process GRP II program Mental Health 4590853 per date of service specific date of services 906/H0015 \$200 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; \$300.00 915/G0410 May be one of several components of a bundled PHP program Service not offered individually; \$300.00 915/G0410		Intensive Outpatient -	1		1	
Bundled service IOP Substance Abuse is billed as quantity 3 or IOP SA Substance Abuse PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I May be one of several 1510012 PHP PROCESS GRP II Program Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$200 per diem \$ 300.00 915/G0410 Components of a bundled PHP \$ 300.00 915/G0410	IOP MH	•	· ·		1	\$200 per diem
Intensive Outpatient - More units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$200 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 1510012 PHP PROCESS GRP II program More units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$200 per diem			·	· · · · · · · · · · · · · · · · · · ·		
Intensive Outpatient - More units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$200 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 1510012 PHP PROCESS GRP II Program \$300.00 915/G0410 \$			Abuse is billed as quantity 3 or	groups/individual therapy		
IOP SA Substance Abuse 4590853 per date of service specific date of services 906/H0015 \$200 per diem PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; \$ 300.00 915/G0410 May be one of several components of a bundled PHP program program \$ 300.00 915/G0410		Intensive Outpatient -	more units of 4590832 and/or			
1510010 PHP PROCESS GROUP I Service not offered individually; \$ 300.00 915/G0410 May be one of several components of a bundled PHP \$ 300.00 915/G0410 program	IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$200 per diem
May be one of several components of a bundled PHP \$ 300.00 915/G0410 program	PARTIAL HO	SPITALIZATON PROGRAM	·			
May be one of several components of a bundled PHP program \$ 300.00 915/G0410						
May be one of several components of a bundled PHP \$ 300.00 915/G0410 program	1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
program			May be one of several			
	1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084 INDIV PSYCHOTHERAPY S 260.00 914/90837			program			
	1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
Bundled services of PHP is as Based on number of			Dundled comices of DID is a	Based on number of		
l groups and/or therapy 1912/915		Downtial Hannitalizati		groups and/or therapy	912/915	
Partial Hospitalization quantity 4 or more units of PHP sessions received during S0201	PHP	•	1 '	sessions received during	S0201	
Program individual and/or group therapy the specific date of H0035		Program		the specific date of	H0035	
per date of service services			per date of service	services		
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider	Any service liste	d without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

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

SCOTT & WHITE HEALTH

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INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SCOTT & WHITE HEALTH PLAN
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually;	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT GROUP PSYCHOTHERAPY	May be one of several components of a bundled IOP program		916/90847	
	45 MINUTES		\$ 154.00	916/90853	
	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	\$180 per diem
	Intensive Outpatient -	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	33400/110013	2100 per diem
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$160 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program		914/90837	
I PHP I	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 liste	d without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

UMR

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INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UMR
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	Service not offered individually; May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY W/PATIENT	components of a bundled IOP program	\$ 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
	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 HO	SPITALIZATON PROGRAM	·			•
	PHP PROCESS GROUP I	Service not offered individually; May be one of several		915/G0410	
	PHP PROCESS GRP II INDIV PSYCHOTHERAPY	components of a bundled PHP program		915/G0410 914/90837	
РНР	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 liste	d without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

MOLINA MARKETPLACE

INTERNAL REFERENCE NUMBER SERVICE DESCRIPTION TYPE OF SERVICE GROSS CHARGE CODE MARKETPLACE INTENSIVE OUTPATIENT PROGRAM INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES FAMILY PSYCOTHERAPY 4590847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590833 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 10P Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590832 an	NIOLINA IVI	ARKETPLACE	1	T		I
INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES	REFERENCE	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	BILLING	_
INDIVIDUAL PSYCHOTHERAPY 60 4590837 MINUTES	INTENSIVE	OUTPATIENT PROGRAM				
AS90847 W/PATIENT GROUP PSYCHOTHERAPY 4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or IOP MH Mental Health Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or IOP SA Substance Abuse PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled IOP program 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 S9480/H0015 \$225 per diem Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$225 per diem PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; May be one of several components of a bundled PHP program Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 300.00 915/G0410 \$ 260.00 914/90837 Based on number of groups and/or therapy sessions received during the specific date of service \$ 300.00 915/G0410 \$ 260.00 914/90837 Service Sor PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 39480/H0015 \$225 per diem Based on number of groups and/or therapy sessions received during the specific date of service \$ 300.00 915/G0410 Service Sor PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 39480/H0015 \$225 per diem Based on number of groups and/or therapy sessions received during the specific date of service \$ 300.00 915/G0410		INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	-	\$ 267.00	914/90837	
4590853 45 MINUTES Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I 1510012 PHP PROCESS GROUP I Partial Hospitalization Program Partial Hospitalization Program Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Service not offered individually; May be one of several components of a bundled PHP program Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 154.00 916/90853 Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$225 per diem Service not offered individually; \$ 300.00 915/G0410 \$ 300.00 915/G0410 \$ 260.00 914/90837 Based on number of groups and/or therapy sessions received during the specific date of service 912/915 sessions received during the specific date of service 906/H0015 \$225 per diem	4590847	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590832 and/or 4590832 and/or more units of 4590832 and/or 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled PHP program 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/individual therapy received during the specific date of services 906/H0015 \$225 per diem 906/H0015 \$225 per diem \$ 300.00 915/G0410	4590853			\$ 154.00	916/90853	
Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service PARTIAL HOSPITALIZATON PROGRAM 1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled PHP program PHP Partial Hospitalization PHP Program Based on number of groups/individual therapy received during the specific date of services 906/H0015 \$225 per diem \$ 300.00 915/G0410 \$ 300.00 915/		•	Health is billed as quantity 3 or more units of 4590832 and/or	groups/individual therapy received during the	910/914/915 916/90853	
Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service specific date of services 906/H0015 \$225 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 PHP PROCESS GRP II Sundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service services specific date of services 906/H0015 \$225 per diem \$\$300.00 915/G0410\$ \$\$300.00 915/G0410\$ \$\$\$300.00 915/G0410\$ \$\$\$\$300.00 915/G0410\$ \$	IOP MH	Mental Health	·	· ·	S9480/H0015	\$225 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 1510084 INDIV PSYCHOTHERAPY 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 Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 300.00 915/G0410		•	Abuse is billed as quantity 3 or more units of 4590832 and/or	groups/individual therapy received during the	005/110045	400-
1510010 PHP PROCESS GROUP I Service not offered individually; May be one of several components of a bundled PHP program Service not offered individually; May be one of several components of a bundled PHP program \$ 260.00 915/G0410 \$ 300.00 915/G0410			•	specific date of services	906/H0015	\$225 per diem
May be one of several components of a bundled PHP program 1510084 INDIV PSYCHOTHERAPY Partial Hospitalization Program Partial Hospitalization Program Partial Hospitalization Program May be one of several components of a bundled PHP program \$ 260.00 914/90837 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 \$ 300.00 915/G0410 \$ 300.00 914/90837 Based on number of groups and/or therapy sessions received during the specific date of service \$ \$3201 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	PARTIAL HO	SPITALIZATON PROGRAM				
1510012 PHP PROCESS GRP II components of a bundled PHP program \$ 300.00 915/G0410 1510084 INDIV PSYCHOTHERAPY \$ 260.00 914/90837 Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 300.00 915/G0410 Bundled services of PHP is as quantity 4 or more units of PHP individual and/or group therapy per date of service \$ 300.00 915/G0410 \$ 300.00 915/G0410 \$ 300.00 914/90837	1510010	PHP PROCESS GROUP I	•	\$ 300.00	915/G0410	
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 Services \$ 260.00 914/90837 Based on number of groups and/or therapy sessions received during the specific date of services \$340 per diem	1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
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 services groups and/or therapy sessions received during the specific date of services \$340 per diem	1510084	INDIV PSYCHOTHERAPY	program	'	914/90837	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that insurance provider	РНР	•	quantity 4 or more units of PHP individual and/or group therapy	groups and/or therapy sessions received during the specific date of	S0201	\$340 per diem
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	Any service liste	d without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

SUPERIOR MARKETPLACE

			l		
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SUPERIOR MARKETPLACE
	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60				
4590837	MINUTES	Service not offered individually;	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	May be one of several	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program			
4590853	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$181 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$181 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		·	914/90837	
		Bundled services of PHP is as	Based on number of		
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
PHP	Program	individual and/or group therapy	sessions received during	S0201	
		per date of service	the specific date of	H0035	
			services		\$325 per diem
Any service liste	d without a payor rate indicates ther	re is no contract or negotiated rate for that serv	vices for that insurance provider		

MEDICARE AMERIGROUP

			I	I	
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR AMERIGROUP
	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60				
	MINUTES	Service not offered individually;	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	May be one of several	207.00	32 1/30007	
	W/PATIENT	components of a bundled IOP	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program	7 333.55		
	45 MINUTES		\$ 154.00	916/90853	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	Medicare APC fee
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	schedule
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		Medicare APC fee
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY			914/90837	
		Bundled services of PHP is as	Based on number of		
	Partial Hospitalization	quantity 4 or more units of PHP	groups and/or therapy	912/915	
PHP	Program	individual and/or group therapy	sessions received during	S0201	
	i iogiani	per date of service	the specific date of	H0035	Medicare APC fee
		L L L L L L L L L L L L L L L L L L L	services		schedule
Any service lister	d without a payor rate indicates ther	e is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICAID AMERIGROUP

INTERNAL REFERENCE	CERVICE DECORPTION	TVDE OF SERVICE	CDOSS CHARCE	PRIMARY BILLING	MCD AMERICAGUA
	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCD AMERIGROUP
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	program			
4590853	45 MINUTES		\$ 154.00	916/90853	
	Intensive Outpatient -	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	905/906/ 910/914/915 916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	-	\$175 per diem
		Bundled service IOP Substance	Based on number of	, , , , , , , , , , , , , , , , , , , ,	, -, -, -, -, -, -, -, -, -, -, -, -, -,
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$175 per diem
	SPITALIZATON PROGRAM				7 -
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
РНР	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 liste	d without a payor rate indicates the	re is no contract or negotiated rate for that serv	vices for that insurance provider		

CARELON BEHAVIORAL HEALTH

CANLLON	EHAVIORAL HEALTH		1		, · · · · · · · · · · · · · · · · · · ·
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CARELON BEHAVIORAL HEALTH (formely Beacon)
	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60				
4500027	MINUTES	Service not offered individually;	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	May be one of several	\$ 207.00	914/90657	
		components of a bundled IOP	¢ 350.00	016/00047	
4590847	W/PATIENT	program	\$ 356.00	916/90847	
4500050	GROUP PSYCHOTHERAPY		454.00	04.6./00053	
4590853	45 MINUTES		\$ 154.00	916/90853	
				/ /	
		Bundled service IOP Mental	Based on number of	905/906/	
		Health is billed as quantity 3 or	groups/individual therapy	910/914/915	
	Intensive Outpatient -	more units of 4590832 and/or	received during the	916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	\$140 per diem
		Bundled service IOP Substance	Based on number of		
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	\$140 per diem
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
1510084	INDIV PSYCHOTHERAPY		\$ 260.00	914/90837	
			Based on number of	, - 300.	
		Bundled services of PHP is as	groups and/or therapy	912/915	
PHP	Partial Hospitalization	quantity 4 or more units of PHP	sessions received during	S0201	
	Program	individual and/or group therapy	the specific date of	H0035	
		per date of service	Iservices	110033	
Any service lists	d without a navor rate indicates the	e is no contract or negotiated rate for that ser			
Airy service liste	u without a payor rate mulcates ther	e is no contract or negotiated rate for that ser	vices for that hisurance provider		

MEDICAID AETNA BETTER HEALTH INTERNAL PRIMARY REFERENCE BILLING MCD AETNA BETTER CODE NUMBER SERVICE DESCRIPTION TYPE OF SERVICE **GROSS CHARGE** HEALTH INTENSIVE OUTPATIENT PROGRAM **INDIVIDUAL PSYCHOTHERAPY 60** Service not offered individually: 267.00 914/90837 4590837 MINUTES \$ May be one of several **FAMILY PSYCOTHERAPY** components of a bundled IOP \$ 356.00 916/90847 4590847 W/PATIENT program **GROUP PSYCHOTHERAPY** \$ 154.00 916/90853 4590853 45 MINUTES Bundled service IOP Mental Based on number of 905/906/ groups/individual therapy 910/914/915 Health is billed as quantity 3 or received during the 916/90853 more units of 4590832 and/or Intensive Outpatient -**IOP MH** S9480/H0015 \$140 per diem Mental Health 4590853 per date of service specific date of services Bundled service IOP Substance Based on number of Abuse is billed as quantity 3 or groups/individual therapy Intensive Outpatient more units of 4590832 and/or received during the IOP SA Substance Abuse 906/H0015 \$235 per diem 4590853 per date of service specific date of services PARTIAL HOSPITALIZATON PROGRAM Service not offered individually; 300.00 915/G0410 \$ 1510010 PHP PROCESS GROUP I May be one of several components of a bundled PHP \$ 300.00 915/G0410 1510012 PHP PROCESS GRP II program 260.00 914/90837 1510084 INDIV PSYCHOTHERAPY Based on number of Bundled services of PHP is as 912/915 groups and/or therapy quantity 4 or more units of PHP Partial Hospitalization sessions received during PHP S0201 individual and/or group therapy Program the specific date of H0035 per date of service \$365 per diem services

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

		1		1	1
INTERNAL REFERENCE				PRIMARY BILLING	MCD COOKS CHILDREN-
	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	STAR
INTENSIVE	OUTPATIENT PROGRAM				
	INDIVIDUAL				
	PSYCHOTHERAPY 60	Service not offered individually;			
4590837	MINUTES	May be one of several	\$ 267.00	914/90837	
	FAMILY PSYCOTHERAPY	components of a bundled IOP			
4590847	W/PATIENT	program	\$ 356.00	916/90847	
	GROUP PSYCHOTHERAPY	F8			
4590853	45 MINUTES		\$ 154.00	916/90853	
	Intensive Outpatient -	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the	905/906/ 910/914/915 916/90853	
IOP MH	Mental Health	4590853 per date of service	specific date of services	S9480/H0015	Medicaid Fee Schedule
		Bundled service IOP Substance	Based on number of	, , , , , , , , , , , , , , , , , , , ,	
		Abuse is billed as quantity 3 or	groups/individual therapy		
	Intensive Outpatient -	more units of 4590832 and/or	received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	Medicaid Fee Schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually;	\$ 300.00	915/G0410	
		May be one of several			
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
		program			
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 liste	u without a payor rate indicates the	re is no contract or negotiated rate for that ser	vices for that insurance provider		

MEDICAID COOKS CHILDREN - CHIP

	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	\$ 267.00	914/90837	
4590847	FAMILY PSYCOTHERAPY W/PATIENT	components of a bundled IOP program	\$ 356.00	916/90847	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	program	\$ 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
	Intensive Outpatient -	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or	Based on number of groups/individual therapy received during the		
IOP SA	Substance Abuse	4590853 per date of service	specific date of services	906/H0015	Medicaid Fee Schedule
PARTIAL HO	SPITALIZATON PROGRAM				
1510010	PHP PROCESS GROUP I	Service not offered individually; May be one of several	\$ 300.00	915/G0410	
1510012	PHP PROCESS GRP II	components of a bundled PHP	\$ 300.00	915/G0410	
1510084	INDIV PSYCHOTHERAPY	program		914/90837	
РНР	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	

TRICARE EAST

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