SUN Behavioral Houston

SUN Behavioral Houston always work with patients to find an affordable out-of-pocket expense to meet their individual financial situation, and most patients don't owe anything. Please check with your plan benefits and deductible/co-pays to determine your out of pocket costs.

Payer Name	Service	Billing Codes	Physician/ Provider Services	Charge Per Day	Negotiated Rate Per Day	Self-Pay Per Day	High Comm'l Per Day	Low Comm'l Per Day
Aetna	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$956	$800	$1,063	$620
Aetna	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$956	$800	$1,063	$620
Aetna	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$956	$800	$1,063	$620
Aetna	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$363	$350	$711	$239
Aetna	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$228	$225	$309	$125
Aetna	ECT	901	Not Included (billed separately)	$950	$812	$950	$812	$337
American Behavioral Health	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$850	$800	$1,063	$620
American Behavioral Health	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$850	$800	$1,063	$620
American Behavioral Health	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$850	$800	$1,063	$620
American Behavioral Health	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$325	$350	$711	$239
American Behavioral Health	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$205	$225	$309	$125
American Behavioral Health	ECT	901	Not Included (billed separately)	$950	$650	$950	$812	$337
Amerigroup Community Care Medicare/MMP	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$700 /$832.94	$800	$1,063	$620
Amerigroup Community Care Medicare/MMP	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$700/ $832.94	$800	$1,063	$620
Amerigroup Community Care Medicare/MMP	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$700/ $832.94	$800	$1,063	$620
Amerigroup Community Care- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$225	$350	$711	$239
Amerigroup Community Care- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$205	$225	$309	$125
Amerigroup Community Care- Medicare	ECT	901	Not Included (billed separately)	$950	$650	$950	$812	$337
Amerigroup Community Care- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$560	$800	$1,063	$620
Amerigroup Community Care- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$560	$800	$1,063	$620
Amerigroup Community Care- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$560	$800	$1,063	$620
Amerigroup Community Care- Medicaid/MMP	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$2,200	$225	$800	$1,063	$620
Amerigroup Community Care- Medicaid/MMP	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$125	$225	$309	$125
Amerigroup Community Care- Medicaid/MMP	ECT	901	Not Included (billed separately)	$950	$750	$950	$812	$337
Beacon Health Options	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$721	$800	$1,063	$620
Beacon Health Options	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$721	$800	$1,063	$620
Beacon Health Options	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$721	$800	$1,063	$620
Beacon Health Options	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$278	$350	$711	$239
Beacon Health Options	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$155	$225	$309	$125
Beacon Health Options	ECT	901	Not Included (billed separately)	$950	$567	$950	$812	$337
Beacon Health Strategies	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$675	$800	$1,063	$620
Beacon Health Strategies	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$675	$800	$1,063	$620
Beacon Health Strategies	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$675	$800	$1,063	$620
Beacon Health Strategies	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$325	$350	$711	$239
Beacon Health Strategies	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$175	$225	$309	$125
Beacon Health Strategies	ECT	901	Not Included (billed separately)	$950	$89	$950	$812	$337
Blue Cross Blue Shield of Texas	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$740	$800	$1,063	$620
Blue Cross Blue Shield of Texas	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$740	$800	$1,063	$620
Blue Cross Blue Shield of Texas	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$740	$800	$1,063	$620
Blue Cross Blue Shield of Texas	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$325	$350	$711	$239
Blue Cross Blue Shield of Texas	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$212	$225	$309	$125
Blue Cross Blue Shield of Texas	ECT	901	Not Included (billed separately)	$950	$725	$950	$812	$350
Blue Cross Blue Shield of Texas- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Blue Cross Blue Shield of Texas- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Blue Cross Blue Shield of Texas- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Blue Cross Blue Shield of Texas- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$276	$350	$711	$239
Blue Cross Blue Shield of Texas- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$170	$225	$309	$125
Blue Cross Blue Shield of Texas- Medicare	ECT	901	Not Included (billed separately)	$950	$725	$950	$812	$350
Cigna/Evernorth	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$863	$800	$1,063	$620
Cigna/Evernorth	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$863	$800	$1,063	$620
Cigna/Evernorth	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$863	$800	$1,063	$620
Cigna/Evernorth	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$345	$350	$711	$239
Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$202	$225	$309	$125
Cigna/Evernorth	ECT	901	Not Included (billed separately)	$950	$734	$950	$812	$337
Claim Doc, LLC	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,063	$800	$1,063	$620
Claim Doc, LLC	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,063	$800	$1,063	$620
Claim Doc, LLC	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,063	$800	$1,063	$620
Claim Doc, LLC	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$239	$350	$711	$239
Claim Doc, LLC	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$103/ group	$225	$309	$125
Claim Doc, LLC	ECT	901	Not Included (billed separately)	$950	$493	$950	$812	$337
Community Health Choice- Marketplace	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Community Health Choice- Marketplace	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Community Health Choice- Marketplace	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Community Health Choice- Marketplace	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$325	$350	$711	$239
Community Health Choice- Marketplace	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$195	$225	$309	$125
Community Health Choice- Marketplace	ECT	901	Not Included (billed separately)	$950	$450	$950	$812	$337
Community Health Choice- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$715	$800	$1,063	$620
Community Health Choice- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$715	$800	$1,063	$620
Community Health Choice- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$715	$800	$1,063	$620
Community Health Choice- Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$318	$350	$711	$239
Community Health Choice- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$206	$225	$309	$125
Community Health Choice- Medicaid	ECT	901	Not Included (billed separately)	$950	$450	$950	$812	$337
Community Health Choice- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$900	$800	$1,063	$620
Community Health Choice- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$900	$800	$1,063	$620
Community Health Choice- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$900	$800	$1,063	$620
Community Health Choice- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$276	$350	$711	$239
Community Health Choice- Medicare	Intensive Outpatient Program/ OPS (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$71.65/ group	$225	$309	
Community Health Choice- Medicare	ECT	901	Not Included (billed separately)	$950	$450	$950	$812	$337
Friday Health Plans	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,000	$800	$1,063	$620
Friday Health Plans	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,000	$800	$1,063	$620
Friday Health Plans	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,000	$800	$1,063	$620
Friday Health Plans	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$450	$350	$711	$239
Friday Health Plans	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$325	$225	$309	$125
Friday Health Plans	ECT	901	Not Included (billed separately)	$950	$750	$950	$812	$337
Humana/Lifesynch	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$777	$800	$1,063	$620
Humana/Lifesynch	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$777	$800	$1,063	$620
Humana/Lifesynch	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$777	$800	$1,063	$620
Humana/Lifesynch	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$331	$350	$711	$239
Humana/Lifesynch	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$174	$225	$309	$125
Humana/Lifesynch	ECT	901	Not Included (billed separately)	$950	$700	$950	$812	$337
Humana- Louisiana Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$715	$800	$1,063	$620
Humana- Louisiana Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$715	$800	$1,063	$620
Humana- Louisiana Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$715	$800	$1,063	$620
Humana- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Humana- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Humana- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Humana- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$276	$350	$711	$239
Humana- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$71.65/ group	$225	$309	$125
Humana- Medicare	ECT	901	Not Included (billed separately)	$950	$352	$950	$812	$337
Humana- Military	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$770	$800	$1,063	$620
Humana- Military	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$770	$800	$1,063	$620
Humana- Military	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$770	$800	$1,063	$620
Humana- Military	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$380	$350	$711	$239
Humana- Military	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$249	$225	$309	$125
Humana- Military	ECT	901	Not Included (billed separately)	$950	$650	$950	$812	$337
Magellan Providers of Texas, Inc, Commercial and Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$925	$800	$1,063	$620
Magellan Providers of Texas, Inc, Commercial and Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$925	$800	$1,063	$620
Magellan Providers of Texas, Inc, Commercial and Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$925	$800	$1,063	$620
Magellan Providers of Texas, Inc, Commercial and Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$372	$350	$711	$239
Magellan Providers of Texas, Inc, Commercial and Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$226	$225	$309	$125
Magellan Providers of Texas, Inc, Commercial and Medicaid	ECT	901	Not Included (billed separately)	$950	$706	$950	$812	$337
Molina Healthcare of Texas, Inc- Marketplace	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Molina Healthcare of Texas, Inc- Marketplace	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Molina Healthcare of Texas, Inc- Marketplace	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Molina Healthcare of Texas, Inc- Marketplace	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$400	$350	$711	$239
Molina Healthcare of Texas, Inc- Marketplace	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$225	$225	$309	$125
Molina Healthcare of Texas, Inc- Marketplace	ECT	901	Not Included (billed separately)	$950	$600	$950	$812	$337
Molina Healthcare of Texas- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$675	$800	$1,063	$620
Molina Healthcare of Texas- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$675	$800	$1,063	$620
Molina Healthcare of Texas- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$675	$800	$1,063	$620
Molina Healthcare of Texas- Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$300	$350	$711	$239
Molina Healthcare of Texas- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$200	$225	$309	$125
Molina Healthcare of Texas- Medicaid	ECT	901	Not Included (billed separately)	$950	$89	$950	$812	$337
Molina Healthcare of Texas- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Molina Healthcare of Texas- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Molina Healthcare of Texas- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Molina Healthcare of Texas- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$400	$350	$711	$239
Molina Healthcare of Texas- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$71.65/ group	$225	$309	$125
Molina Healthcare of Texas- Medicare	ECT	901	Not Included (billed separately)	$950	$600	$950	$812	$337
Multiplan	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Multiplan	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Multiplan	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$750	$800	$1,063	$620
Multiplan	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$450	$350	$711	$239
Multiplan	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$250	$225	$309	$125
MultiPlan	ECT	901	Not Included (billed separately)	$950	$650	$950	$812	$337
Optum Community of Louisiana- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$800	$800	$1,063	$620
Optum Community of Louisiana- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$800	$800	$1,063	$620
Optum Community of Louisiana- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$800	$800	$1,063	$620
Optum Community of Louisiana- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$199	$225	$309	$125
Optum Network Services/UBH	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$800	$800	$1,063	$620
Optum Network Services/UBH	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$800	$800	$1,063	$620
Optum Network Services/UBH	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$800	$800	$1,063	$620
Optum Network Services/UBH	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$292	$350	$711	$239
Optum Network Services/UBH	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$193	$225	$309	$125
Optum Network Services/UBH	ECT	901	Not Included (billed separately)	$950	$600	$950	$812	$337
Optum Network Services/UBH-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$600	$800	$1,063	$620
Optum Network Services/UBH-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$600	$800	$1,063	$620
Optum Network Services/UBH-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$600	$800	$1,063	$620
Optum Network Services/UBH-Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$278	$350	$711	$239
Optum Network Services/UBH-Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$184	$225	$309	$125
Optum Network Services/UBH-Medicaid	ECT	901	Not Included (billed separately)	$950	$337	$950	$812	$337
Optum Network Services/UBH- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Optum Network Services/UBH- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Optum Network Services/UBH- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Optum Network Services/UBH- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$278	$350	$711	$239
Optum Network Services/UBH- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$184	$225	$309	$125
Optum Network Services/UBH- Medicare	ECT	901	Not Included (billed separately)	$950	$352	$950	$812	$337
Scott & White Health Plan	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$700	$800	$1,063	$620
Scott & White Health Plan	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$700	$800	$1,063	$620
Scott & White Health Plan	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$700	$800	$700	$620
Scott & White Health Plan	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$250	$350	$711	$239
Scott & White Health Plan	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$185	$225	$309	$125
Scott & White Health Plan	ECT	901	Not Included (billed separately)	$950	$650	$950	$812	$337
Scott & White Health Plan- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Scott & White Health Plan- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Scott & White Health Plan- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$700	$620
Scott & White Health Plan- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$250	$350	$711	$239
Scott & White Health Plan- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$185	$225	$309	$125
Scott & White Health Plan- Medicare	ECT	901	Not Included (billed separately)	$950	$352	$950	$812	$337
Superior Healthcare- Exchange	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$620	$800	$1,063	$620
Superior Healthcare- Exchange	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$620	$800	$1,063	$620
Superior Healthcare- Exchange	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$620	$800	$1,063	$620
Superior Healthcare- Exchange	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$325	$350	$711	$239
Superior Healthcare- Exchange	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$150	$225	$309	$125
Superior Healthcare- Exchange	ECT	901	Not Included (billed separately)	$950	$352	$950	$812	$337
Superior Healthcare- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$575	$800	$1,063	$620
Superior Healthcare- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$575	$800	$1,063	$620
Superior Healthcare- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$575	$800	$1,063	$620
Superior Healthcare- Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$225	$350	$711	$239
Superior Healthcare- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$150	$225	$309	$125
Superior Healthcare- Medicaid	ECT	901	Not Included (billed separately)	$950	$89	$950	$812	$337
Superior Healthcare- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Superior Healthcare- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Superior Healthcare- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Superior Healthcare- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$276	$350	$711	$239
Superior Healthcare- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$71.65/ group	$225	$309	$125
Superior Healthcare- Medicare	ECT	901	Not Included (billed separately)	$950	$352	$950	$812	$337
Texas Children's Health Plan- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$530	$800	$1,063	$620
Texas Children's Health Plan- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$530	$800	$1,063	$620
Texas Children's Health Plan- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$530	$800	$1,063	$620
Texas Children's Health Plan- Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$270	$350	$711	$239
Texas Children's Health Plan- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$125	$225	$309	$125
Texas Children's Health Plan- Medicaid	ECT	901	Not Included (billed separately)	$950	$500	$950	$812	$337
Veterans Administration- VACCN	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Veterans Administration- VACCN	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Veterans Administration- VACCN	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$833	$800	$1,063	$620
Veterans Administration- VACCN	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$276	$350	$711	$239
Veterans Administration- VACCN	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$71.65/ group	$225	$309	$125
Veterans Administration- VACCN	ECT	901	Not Included (billed separately)	$950	$352	$950	$812	$337
WellCare of Texas- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$815	$800	$1,063	$620
WellCare of Texas- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$815	$800	$1,063	$620
WellCare of Texas- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$815	$800	$1,063	$620
WellCare of Texas- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	$1,100	$315	$350	$711	$239
WellCare of Texas- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$71.65/ group	$225	$309	$125
WellCare of Texas- Medicare	ECT	901	Not Included (billed separately)	$950	$350	$950	$812	$337

Prices Posted and Effective (01/01/2023)