| A
 | Service
 | Billing Codes
 | Physician/
Provider Services
 | Charge
Per Day
 | ermine your o
Negotiated
Rate Per Day | Self-Pay
Per Day | High
Comm'l
Per Day
 | Low
Comm'l
Per Day |

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Aetna Aetna Aetna	
 | Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
 | 124
128
126
912, 913, 90853,
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$2,200.00
 | \$1,015.00
\$1,015.00
\$1,015.00 | \$800.00
\$800.00
\$800.00 | \$1,063.00
\$1,063.00
\$1,063.00
 | \$700.00
\$700.00
\$700.00 |
| Aetna
Aetna
 | Partial Hospitalization
Program (all inclusive
hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
 | 905, 906,
905, 906,
905, 906,
905, 906,
905, 906,
905, 906,
905, 906,
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$1,100.00

\$825.00

 | \$377.00
 | \$350.00

\$225.00
 | \$711.00

 | \$250.00
\$185.00 |
| Aetna
American Behavioral
Health
American Behavioral
Health
American Behavioral
Health
 | ECT
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
 | 901
124
128
126
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$950.00
\$2,200.00
\$2,200.00
\$2,200.00
 | \$845.00
\$850.00
\$850.00
\$850.00 | \$950.00
\$800.00
\$800.00
\$800.00 | \$812.00
\$1,063.00
\$1,063.00
\$1,063.00
 | \$385.58
\$700.00
\$700.00
\$700.00 |
| Health
American Behavioral
Health
American Behavioral
Health
 | (all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
 | 912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$1,100.00
\$825.00
 | \$325.00 | \$350.00 | \$711.00
\$309.00
 | \$250.00
\$185.00 |
| American Behavioral
Health
Amerigroup
Community Care
Medicare/MMP
Amerigroup
 | ECT
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
 | H2020
901
124
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$950.00
\$2,200.00
 | \$650.00
\$895.63 | \$950.00
\$800.00 | \$812.00
\$1,063.00
 | \$385.58
\$700.00 |
| Community Care
Medicare/MMP
Amerigroup
Community Care
Medicare/MMP
Amerigroup
Community Care-
 | (all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
 | 128

126
912, 913, 90853,
H2020, H0015,
90852, H0035,
 | (billed separately)
Not Included
(billed separately)
Not Included
 | \$2,200.00

\$2,200.00
\$1,100.00
 | \$895.63

\$895.63
\$358.21 | \$800.00

\$800.00
\$350.00 | \$1,063.00

\$1,063.00
\$711.00
 | \$700.00
\$700.00
\$250.00 |
| Medicare
Amerigroup
Community Care-
Medicare
Amerigroup
Community Care-
 | Intensive Outpatient Program
(all inclusive hospital services)
 | 90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
901
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$825.00
\$950.00
 | \$259.40
\$385.58 | \$350.00
\$225.00
\$950.00 | \$309.00
\$812.00
 | \$250.00
\$185.00
\$385.58 |
| Medicare
Amerigroup
Community Care-
Medicaid
Amerigroup
Community Care-
Medicaid
Amerigroup
 | Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
 | 124
128
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00

 | \$560.00

\$560.00 | \$800.00

\$800.00
 | \$1,063.00

\$1,063.00

 | \$700.00
 |
| Community Care-
Medicaid
Amerigroup
Community Care-
Medicaid/MMP
 | Inpatient Detoxification (all
inclusive hospital services)
Partial Hospitalization Pro-
gram (all inclusive hospital
services)
 | 126
912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
 | \$560.00
\$225.00 | \$800.00
\$800.00 | \$1,063.00
\$1,063.00
 | \$700.00
\$250.00 |
| Amerigroup
Community Care-
Medicaid/MMP
Amerigroup
Community Care-
Medicaid/MMP
Beacon Health
Options
 | Intensive Outpatient Program
(all inclusive hospital services)
ECT
Inpatient Mental Health
(all-inclusive hospital services)
 | 905, 906,
S9480, H0015,
H2020
901
124
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$825.00
\$950.00
\$2,200.00
 | \$125.00
\$750.00
\$743.00 | \$225.00
\$950.00
\$800.00 | \$309.00
\$812.00
\$1,063.00
 | \$185.00
\$385.58
\$700.00 |
| Beacon Health
Options
Beacon Health
Options
Beacon Health
Options
 | Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
 | 128
126
912, 913, 90853,
H2020, H0015,
90852, H0035,
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$1,100.00
 | \$743.00
\$743.00
\$278.00 | \$800.00
\$800.00
\$350.00 | \$1,063.00
\$1,063.00
\$711.00
 | \$700.00
\$700.00
\$250.00 |
| Beacon Health
Options
Beacon Health
Options
Beacon Health
 | hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
ECT
Inpatient Mental Health
 | H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
901
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$825.00
\$950.00
 | \$160.00
\$584.00 | \$225.00
\$950.00 | \$309.00
\$812.00
 | \$185.00
\$385.58 |
| Strategies
Beacon Health
Strategies
Beacon Health
Strategies
 | (all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
 | 124
128
126
912, 913, 90853,
H2020, H0015,
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$2,200.00
 | \$675.00
\$675.00
\$675.00 | \$800.00

\$800.00

\$800.00 | \$1,063.00
\$1,063.00
\$1,063.00
 | \$700.00
\$700.00
\$700.00 |
| Beacon Health
Strategies
Beacon Health
Strategies
Beacon Health
Strategies
 | Program (all inclusive
hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
ECT
 | 90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$1,100.00
\$825.00
\$950.00
 | \$325.00

\$175.00
 | \$350.00

\$225.00

\$950.00 | \$711.00

\$309.00

 | \$250.00
\$185.00
\$385.58 |
| Blue Cross Blue Shield
of Texas
Blue Cross Blue Shield
of Texas
Blue Cross Blue Shield
of Texas
 | Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
 | 124
128
126
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$2,200.00
 | \$740.00
\$740.00
\$740.00 | \$800.00
\$800.00
\$800.00 | \$1,063.00
\$1,063.00
\$1,063.00
 | \$700.00
\$700.00
\$700.00 |
| Blue Cross Blue Shield
of Texas
Blue Cross Blue Shield
of Texas
Blue Cross Blue Shield
 | Partial Hospitalization
Program (all inclusive
hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
 | 912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$1,100.00

\$825.00

 | \$325.00

\$212.00
 | \$350.00

\$225.00
 | \$711.00

\$309.00

 | \$250.00
\$185.00 |
| of Texas
Blue Cross Blue Shield
of Texas- Medicare
Blue Cross Blue Shield
of Texas- Medicare
Blue Cross Blue Shield
of Texas- Medicare
 | ECT
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
 | 901
124
128
126
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$950.00
\$2,200.00
\$2,200.00
\$2,200.00
 | \$725.00
\$895.63
\$895.63
\$895.63 | \$950.00
\$800.00
\$800.00
\$800.00 | \$812.00
\$1,063.00
\$1,063.00
\$1,063.00
 | \$385.58
\$700.00
\$700.00
\$700.00 |
| Blue Cross Blue Shield
of Texas- Medicare
Blue Cross Blue Shield
of Texas- Medicare
 | Partial Hospitalization
Program (all inclusive
hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
 | 912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$1,100.00
\$825.00
 | \$358.21
\$259.40 | \$350.00
\$225.00 | \$711.00
\$309.00
 | \$250.00
\$185.00 |
| Blue Cross Blue Shield
of Texas- Medicare
Cigna/Evernorth
Cigna/Evernorth
 | ECT
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
 | 901
124
128
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$950.00
\$2,200.00
\$2,200.00
 | \$385.58
\$885.00
\$885.00 | \$950.00
\$800.00
\$800.00 | \$812.00
\$1,063.00
\$1,063.00
 | \$385.58
\$700.00
\$700.00 |
| Cigna/Evernorth
Cigna/Evernorth
Cigna/Evernorth
 | (all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
hospital services)
Intensive Outpatient Program
 | 126
912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
 | (billed separately)
Not Included
(billed separately)
Not Included
 | \$2,200.00
\$1,100.00

\$825.00
 | \$885.00
\$354.00

\$207.00 | \$800.00
\$350.00

\$225.00 | \$1,063.00
\$711.00

\$309.00
 | \$700.00
\$250.00
\$185.00 |
| Cigna/Evernorth
Claim Doc, LLC
Claim Doc, LLC
 | (all inclusive hospital services)
ECT
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
 | H2020
901
124
128
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$950.00
\$2,200.00
\$2,200.00
 | \$752.00
\$1,125.00
\$1,125.00 | \$950.00
\$800.00
\$800.00 | \$812.00
\$1,063.00
\$1,063.00
 | \$385.58
\$700.00
\$700.00 |
| Claim Doc, LLC
Claim Doc, LLC
 | Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
hospital services)
 | 126
912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$1,100.00
 | \$1,125.00
\$446.00 | \$800.00
\$350.00 | \$1,063.00
\$711.00
 | \$700.00
\$250.00 |
| Claim Doc, LLC
Claim Doc, LLC
Community Health
Choice- Marketplace
Community Health
Choice- Marketplace
 | Intensive Outpatient Program
(all inclusive hospital services)
ECT
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
 | 905, 906,
S9480, H0015,
H2020
901
124
128
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$825.00
\$950.00
\$2,200.00
\$2,200.00
 | \$337.00
\$540.00
\$795.00
\$795.00 | \$225.00
\$950.00
\$800.00
\$800.00 | \$309.00
\$812.00
\$1,063.00
\$1,063.00
 | \$185.00
\$385.58
\$700.00
\$700.00 |
| Community Health
Choice- Marketplace
Community Health
Choice- Marketplace
Community Health
Choice- Marketplace
 | Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
hospital services)
 | 128
126
912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$1,100.00
 | \$795.00
\$795.00
\$345.00 | \$800.00
\$800.00

\$350.00 | \$1,063.00
\$1,063.00
\$711.00
 | \$700.00
\$700.00
\$250.00 |
| Community Health
Choice- Marketplace
Community Health
Choice- Marketplace
Community Health
Choice- Medicaid
 | Intensive Outpatient Program
(all inclusive hospital services)
ECT
Inpatient Mental Health
(all-inclusive hospital services)
 |
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$825.00
\$950.00
\$2,200.00
 | \$206.00
\$450.00
\$715.00 | \$225.00
\$950.00
\$800.00 | \$309.00
\$812.00
\$1,063.00
 | \$185.00
\$385.58
\$700.00 |
| Choice- Medicaid
Community Health
Choice- Medicaid
Community Health
Choice- Medicaid
Community Health
Choice- Medicaid
 | Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
 | 128
126
912, 913, 90853,
H2020, H0015,
90852, H0035,
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$2,200.00
\$1,100.00
 | \$715.00
\$715.00
\$715.00
\$318.00 | \$800.00
\$800.00
\$800.00
\$350.00 | \$1,063.00
\$1,063.00
\$1,063.00
\$711.00
 | \$700.00
\$700.00
\$250.00 |
| Community Health
Choice- Medicaid
Community Health
Choice- Medicaid
 | hospital services)
Intensive Outpatient Program
(all inclusive hospital services)
ECT
 | H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
901
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$825.00
\$950.00
 | \$206.00
\$450.00 | \$225.00
\$950.00 | \$309.00
\$812.00
 | \$185.00
\$385.58 |
| Community Health
Choice- Medicare
Community Health
Choice- Medicare
Community Health
Choice- Medicare
 | Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
 | 124
128
126
912, 913, 90853,
H2020, H0015,
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$2,200.00
 | \$900.00
\$900.00
\$900.00 | \$800.00
\$800.00
\$800.00 | \$1,063.00
\$1,063.00
\$1,063.00
 | \$700.00
\$700.00
\$700.00 |
| Community Health
Choice- Medicare
Community Health
Choice- Medicare
Community Health
 | Program (all inclusive
hospital services)
Intensive Outpatient
Program/OPS
(all inclusive hospital services)
 | 90852, H00135,
90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$1,100.00

\$825.00

\$950.00
 | \$358.21

\$259.40

\$450.00 | \$350.00

\$225.00

\$950.00 | \$711.00

\$309.00

\$812.00
 | \$250.00
\$185.00
\$385.58 |
| Choice- Medicare
Humana/Lifesynch
Humana/Lifesynch
Humana/Lifesynch
 | Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
 | 124
128
126
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$2,200.00
 | \$825.00
\$825.00
\$825.00 | \$800.00
\$800.00
\$800.00 | \$1,063.00
\$1,063.00
\$1,063.00
 | \$700.00
\$700.00
\$700.00 |
| Humana/Lifesynch
Humana/Lifesynch
 | Partial Hospitalization
Program (all inclusive hospital
services)
Intensive Outpatient Program
(all inclusive hospital services)
 | 912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
905, 906,
S9480, H0015,
H2020
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$1,100.00

\$825.00
 | \$355.00

\$185.00 | \$350.00

\$225.00 | \$711.00

\$309.00
 | \$250.00
\$185.00 |
| Humana/Lifesynch
Humana- Louisiana
Medicaid
 | ECT
Inpatient Mental Health
(all-inclusive hospital services)
 | 901
124
 | Not Included
(billed separately)
Not Included
(billed separately)
 | \$950.00
\$2,200.00
 | \$700.00
\$714.76 | \$950.00
\$800.00 | \$812.00
\$1,063.00
 | \$385.58
\$700.00 |
| Humana- Louisiana
Medicaid
Humana- Louisiana
Medicaid
Humana- Medicare
Humana- Medicare
 | Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Inpatient Mental Health
(all-inclusive hospital services)
Inpatient SUD Acute Rehab
 | 128
126
124
128
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
Not Included
 | \$2,200.00
\$2,200.00
\$2,200.00
\$2,200.00
 | \$714.76
\$714.76
\$865.63
\$865.63 | \$800.00
\$800.00
\$800.00
\$800.00 | \$1,063.00
\$1,063.00
\$1,063.00
\$1,063.00
 | \$700.00
\$700.00
\$700.00
\$700.00 |
| Humana- Medicare
Humana- Medicare
 | (all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
hospital services)
 | 126
912, 913, 90853,
H2020, H0015,
90852, H0035,
H2036, 916, 915,
90847, G0410,
 | (billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$2,200.00
\$2,200.00
\$1,100.00
 | \$865.63
\$304.48 | \$800.00
\$800.00
\$350.00 | \$1,063.00
\$1,063.00
\$711.00
 | \$700.00
\$700.00
\$250.00 |
| Humana- Medicare
Humana- Medicare
Humana- Military
 | Intensive Outpatient Program
(all inclusive hospital services)
ECT
Inpatient Mental Health
(all-inclusive hospital services)
 | 905, 906,
S9480, H0015,
H2020
901
124
 | Not Included
(billed separately)
Not Included
(billed separately)
Not Included
(billed separately)
 | \$825.00
\$950.00
\$2,200.00
 | \$220.49
\$385.58
\$770.40 | \$225.00
\$950.00
\$800.00 | \$309.00
\$812.00
\$1,063.00
 | \$185.00
\$385.58
\$700.00 |
| Humana- Military
Humana- Military
Humana- Military
 | Inpatient SUD Acute Rehab
(all-inclusive hospital services)
Inpatient Detoxification
(all inclusive hospital services)
Partial Hospitalization
Program (all inclusive
 | 128
126
912, 913, 90853,
H2020, H0015,
90852, H0035,
 | Not Included
(billed separately)
Not Included
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