Low Comm'l

Per Day

\$774

\$580

\$735

\$220

Payer Name Aetna (DE) Commercial and Medicare	Delaware with your pl		ncial situation, and deductible/co-pays	s to deter			
and Medicare	Service	Billing Codes	Physician/ Provider Services	Charge Per Day	Negotiated Rate Per Day	Self-Pay Per Day	Hig Com Per D
Aetna (DE) Commercial and Medicare	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 \$2,200	\$900 \$900	\$800 \$800	\$1,44 \$1,44
Aetna (DE) Commercial and Medicare	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Not Included (billed separately)	\$2,200	\$900	\$800	\$1,44
Aetna (DE) Commercial and Medicare	Partial Hospitalization Program (all inclusive hospital services)	H2020 H0015	Not Included (billed separately)	\$1,100	\$400	\$300	\$66
Aetna (DE) Commercial and Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$250	\$200	\$43
Amerihealth (Magellan) Amerihealth (Magellan)	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124 	Not Included (billed separately) Not Included	\$2,200 \$2,200	\$1,061 \$1,061	\$800 \$800	\$1,4 \$1,4
Amerihealth (Magellan)	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126	(billed separately) Not Included (billed separately)	\$2,200	\$1,061 	\$800	\$1,4
Amerihealth (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$451	\$300	\$66
Amerihealth (Magellan)	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015,	Included	\$825	\$282	\$275	\$43
Amerihealth Caritas- Delaware Medicaid	Inpatient Mental Health (all-inclusive hospital services)	H2020	Not Included (billed separately)	\$2,200	\$753	\$800	\$1,4
Amerihealth Caritas- Delaware Medicaid Amerihealth Caritas-	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128 126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$753 \$753	\$800 \$800	\$1,4 \$1,4
Delaware Medicaid AmerHealth Caritas-	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853,	(billed separately) Not Included	\$1,100	\$375	\$300	\$66
Delaware Medicaid	(all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	(billed separately) Not Included	\$1,100	\$375	\$300	-
Delaware Medicaid Beacon Carelon	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	(billed separately) Not Included (billed separately)	\$825 \$2,200	\$185 \$900	\$200 \$800	\$4: \$1,4
Beacon Carelon	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	\$2,200	\$850	\$800	\$1,4
Beacon Carelon	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Not Included (billed separately)	\$2,200	\$850 	\$800 	\$1,4
Beacon Carelon	Partial Hospitalization Program (all inclusive hospital services)	90852, H0015, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$386	\$375	\$6
Beacon Carelon	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$210	\$275	\$4
Beacon Carelon- Medicare Beacon Carelon-	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124 	Not Included (billed separately) Not Included	\$2,200	\$832.94 base rate \$832.94	\$800 \$800	\$1,4
Medicare Beacon Carelon- Medicare	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	base rate \$832.94 base rate	\$800	\$1,4 \$1,4
Beacon Carelon- Medicare	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035,	Not Included (billed separately)	\$1,100	\$276	\$375	\$6
Beacon Carelon-	Intensive Outpatient Program	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Not Included	\$825	N/A	 \$275	 \$4
Medicare Care First Maryland BCBS	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	124	(billed separately)	\$2,200	\$775	\$275 \$800	\$4 \$1,4
Care First Maryland BCBS Care First Maryland	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	Included	\$2,200	\$580 	\$800	\$1,4
BCBS	(all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Included	\$2,200	\$735	\$800	\$1,4
Care First Maryland BCBS	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$350	\$375	\$6
Care First Maryland BCBS	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	\$825	\$240	\$275	\$4
Cigna/Evernorth Cigna/Evernorth	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 \$2,200	\$936 \$936	\$800 \$800	\$1,4 \$1,4
Cigna/Evernorth	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	\$2,200	\$936	\$800	\$1,4
Cigna/Evernorth	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$391	\$300	\$6
Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015,	Not Included (billed separately)	\$825	\$235	\$200	 \$4
Cigna Health Springs/ Evernorth-Medicare	Inpatient Mental Health (all-inclusive hospital services)	H2020	Not Included (billed separately)	\$2,200	\$832.94 base rate	\$800	\$1,4
Cigna Health Springs/ Evernorth- Medicare Cigna Health Springs/	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128 126	Not Included (billed separately) Not Included	\$2,200 \$2,200	\$832.94 base rate \$832.94	\$800 \$800	\$1,4 \$1,4
Evernorth- Medicare Cigna Health Springs/	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015,	(billed separately) Not Included		base rate		
Evernorth- Medicare	(all inclusive hospital services)	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	(billed separately)	\$1,100	\$276 	\$300	\$ 6
Cigna Health springs/ Evernorth- Medicare	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	S9480, H0015, H2020	Not Included (billed separately) Not Included	\$825	N/A	\$200	\$4
Compsych	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,442 \$1,442	\$800 \$800	\$1,4 \$1,4
Compsych	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Not Included (billed separately)	\$2,200	\$1,442	\$800 	\$1,4
Compsych	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$644	\$300	\$6
Compsych	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$438	\$200	\$4
Community Behavioral Care- Pennsylvania Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Included	\$2,200	\$791	\$790	\$1,4
Community Behavioral Care- Pennsylvania Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	\$2,200	\$592	\$790	\$1,4
Community Behavioral Care- Pennsylvania Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Included	\$2,200	\$750	\$790	\$1,4
Community Behavioral Care- Pennsylvania Medicaid	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035, H2036, 916, 915,	Included	\$1,100	\$350	\$375	\$6
Community Behavioral Care-	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015,	Included	\$825	 \$240	\$275	\$4
Pennsylvania Medicaid Delaware First Health- DE Medicaid	Inpatient Mental Health (all-inclusive hospital services)	H2020	Included	\$2,200	\$820	\$800	\$1, <i>4</i>
Delaware First Health- DE Medicaid Delaware First Health-	Inpatient Detoxification (all inclusive hospital services) Inpatient Mental Health	126 124	Included Not Included	\$2,200 \$2,200	\$820 \$875	\$800 \$800	\$1,4 \$1,4
Medicare, Exchange Delaware First Health- Medicare, Exchange	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126	(billed separately) Not Included (billed separately)	\$2,200	\$875	\$800	\$1, <i>4</i>
Delaware First Health- DE Medicaid, Medicare, Exchange	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$644	\$350	\$6
Delaware First Health- Medicaid, Medicare,	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015,	Not Included (billed separately)	\$825	\$438	\$240	 \$4
Exchange Federal BCBS through Highmark	Inpatient Mental Health (all-inclusive hospital services)	H2020	Included				
	Inpatient SUD Acute Rehab			\$2,200	\$791	\$800	\$1, ₄
Federal BCBS through Highmark Federal BCBS through	(all-inclusive hospital services) Inpatient Detoxification	128	Included 	\$2,200	\$592	\$800	\$1,4
Highmark		126 	Included	\$2,200 \$2,200	\$592 \$750	\$800 \$800	\$1,4 \$1,4
Highmark Federal BCBS through Highmark Federal BCBS through Highmark	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,		\$2,200	\$592	\$800	\$1,4 \$1,4
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$2,200 \$2,200 \$1,100 \$825	\$592 \$750 \$357 \$245	\$800 \$800 \$375 \$275	\$1,4 \$1,4 \$6
Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Included Included Included	\$2,200 \$2,200 \$1,100	\$592 \$750 \$357	\$800 \$800 \$375	\$1,4 \$1,4 \$4
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp.	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128	Included Included Included Included (billed separately) Not Included	\$2,200 \$2,200 \$1,100 \$825	\$592 \$750 \$357 \$245 \$927	\$800 \$800 \$375 \$275	\$1,- \$1,- \$6 \$4 \$1,-
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp.	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Included Included Included Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200	\$592 	\$800 \$800 \$375 \$275 \$800 	\$1,4 \$1,4 \$1,4 \$1,4 \$1,4
Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp.	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Included Included Included Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927	\$800 \$800 \$375 \$275 \$800 \$800	\$1,
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp.	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	Included Included Included Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200	\$592 	\$800 \$800 \$375 \$275 \$800 \$800	\$1,
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128	Included Included Included Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$412 \$257 \$1,000	\$800 \$375 \$275 \$800 \$800 \$300 \$200 \$800 	\$1,,
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020	Included Included Included Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$927 \$1,000 \$1,000	\$800 \$375 \$275 \$800 \$800 \$300 \$200 \$800 \$800	\$1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (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, 92480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020, H0015, H2020	Included Included Included Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$412 \$257 \$1,000	\$800 \$375 \$275 \$800 \$800 \$300 \$200 \$800 	\$1,,
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 92480, H0015, H2020 124 128 126 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Included Included Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$1,100 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$412 \$257 \$1,000 \$1,000 \$1,000	\$800 \$375 \$275 \$800 \$800 \$300 \$800 \$200 \$800 \$200	\$1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (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, 92480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Included Included Included Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$412 \$257 \$1,000 \$1,000 \$1,000	\$800 \$375 \$275 \$800 \$800 \$300 \$200 \$800 \$800 	\$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Highmark BCBS	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126	Included Included Included Not Included (billed separately) Included Included	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$412 \$257 \$1,000 \$1,000 \$1,000 \$1,000 \$425 \$250	\$800 \$800 \$375 \$275 \$800 \$800 \$800 \$300 \$800 \$800 \$800 \$800	\$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4
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Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Highmark BCBS	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020	Included Included Included (billed separately) Not Included (billed separately) Included Included Included Included Included Included Included Included	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200 \$1,100 \$825	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$927 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000	\$800 	\$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4
Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Geisinger (Magellan) Highmark BCBS	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Program (all inclusive hospital services) Inpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90852, H0035, H2036, H0015, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2036, H2036, H2036, H0015, H2036, H0015, H2036, H0015, H2036, H0015, H2036, H0015, H2036, H0035, H2036, H0035, H003	Included Included Included Included (billed separately) Not Included (billed separately) Included	\$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$412 \$257 \$1,000 \$1,000 \$1,000 \$1,000 \$425 \$250 \$791 \$592 \$750 \$357 \$245	\$800 	\$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4 \$1,4
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Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. 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Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. 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Highmark Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through Highmark First Health Group Corp. First Health Group Corp. First Health Group Corp. First Health Group Corp. 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H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 919, 919, 90853, H2036, 916, 916, 916, 916, 916, 916, 916, 91	Included Included Included Included (billed separately) Not Included (billed separately) Included	\$2,200 \$1,100 \$1,100 \$1,100 \$1,100 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200	\$592 \$750 \$357 \$245 \$927 \$927 \$927 \$927 \$412 \$257 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 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	(all inclusive hospital services) Inpatient Mental Health	H2020	(billed separately) Not Included					
Amerihealth (Magellan)	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,061 \$1,061	\$800 \$800 	\$1,442 \$1,442	\$774 \$580
Amerihealth (Magellan)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included	\$2,200	\$1,061 	\$800	\$1,442	\$735
Amerihealth (Magellan)	(all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	(billed separately)	\$1,100	\$ 45 1	\$300	\$660 	\$220
Amerihealth (Magellan) Amerihealth Caritas- Delaware Medicaid	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	Not Included (billed separately)	\$825 \$2,200	\$282 \$753	\$275 \$800	\$438 \$1,442	\$207 \$774
Amerihealth Caritas- Delaware Medicaid Amerihealth Caritas- Delaware Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$753 \$753	\$800 \$800	\$1,442 \$1,442	\$580 \$735
AmerHealth Caritas- Delaware Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$375	\$300	\$660	\$220
AmerHealth Caritas- Delaware Medicaid	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$185	\$200	\$438	\$207
Beacon Carelon Beacon Carelon	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124 	Not Included (billed separately) Not Included	\$2,200 \$2,200	\$900 \$850	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Beacon Carelon	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	(billed separately) Not Included (billed separately)	\$2,200 	\$850	\$800	\$1,442	\$735
Beacon Carelon	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$386	\$375	\$660	\$220
Beacon Carelon	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$210	\$275	\$438	\$207
Beacon Carelon- Medicare Beacon Carelon- Medicare	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 \$2,200	\$832.94 base rate \$832.94 base rate	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Beacon Carelon- Medicare	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Not Included (billed separately)	\$2,200	\$832.94 base rate	\$800	\$1,442	\$735
Beacon Carelon- Medicare	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$276	\$375	\$660	\$220
Beacon Carelon- Medicare Care First Maryland	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825 \$2,200	N/A \$775	\$275 \$800	\$438 \$1,442	\$207 \$774
BCBS Care First Maryland BCBS Care First Maryland	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	Included	\$2,200	\$580	\$800	\$1,442	\$580
BCBS Care First Maryland	(all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015, 90852, H0035,	Included	\$2,200	\$735 \$350	\$800 \$375	\$1,442 \$660	\$735 \$220
BCBS Care First Maryland	(all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Included	\$1,100 \$825			\$660 \$438	
BCBS Cigna/Evernorth	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H2020	Not Included (billed separately)	\$2,200	\$240 \$936	\$275 \$800	\$1,442	\$207 \$774
Cigna/Evernorth Cigna/Evernorth	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$936 \$936	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Cigna/Evernorth	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$391	\$300	\$660	\$220
Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$235	\$200	\$438	\$207
Cigna Health Springs/ Evernorth-Medicare Cigna Health Springs/	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124 128	Not Included (billed separately) Not Included	\$2,200 \$2,200	\$832.94 base rate \$832.94	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Evernorth- Medicare Cigna Health Springs/ Evernorth- Medicare	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$832.94 base rate	\$800 \$800 	\$1,442 \$1,442	\$735
Cigna Health Springs/ Evernorth- Medicare	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$276	\$300	\$660	\$220
Compared	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	N/A	\$200	\$438	\$207
Compsych	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,442 \$1,442	\$800 \$800 	\$1,442 \$1,442	\$774 \$580
Compsych	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included	\$2,200	\$1,442	\$800	\$1,442	\$735
Compsych	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	(billed separately)	\$1,100 	\$644 	\$300 	\$660 	\$220
Compsych Community Behavioral Care-	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately) Included	\$825 \$2,200	\$438 \$791	\$200 \$790	\$438 \$1,442	\$207 \$774
Pennsylvania Medicaid Community Behavioral Care- Pennsylvania Medicaid	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	\$2,200	\$791 \$592	\$790 \$790	\$1,442 \$1,442	\$774 \$580
Community Behavioral Care- Pennsylvania Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Included	\$2,200	\$750	\$790	\$1,442	\$735
Community Behavioral Care- Pennsylvania Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$350	\$375	\$660	\$220
Community Behavioral Care- Pennsylvania Medicaid	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$825	\$240	\$275	\$438	\$207
Delaware First Health- DE Medicaid Delaware First Health- DE Medicaid	Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 126	Included Included	\$2,200 \$2,200	\$820 \$820	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Delaware First Health- Medicare, Exchange Delaware First Health- Medicare, Exchange	Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$875 \$875	\$800 \$800	\$1,442 \$1,442	\$580
Medicare, Exchange Delaware First Health- DE Medicaid, Medicare, Exchange	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included (billed separately)	\$1,100	\$644	\$350	\$660	\$220
Exchange Delaware First Health- Medicaid, Medicare, Exchange	Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$438	\$240	\$438	\$207
Federal BCBS through Highmark Federal BCBS through	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124	Included	\$2,200	\$791	\$800	\$1,442	\$774
Highmark Federal BCBS through Highmark	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Included Included	\$2,200 \$2,200	\$592 \$750	\$800 \$800 	\$1,442 \$1,442	\$580 \$735
Federal BCBS through Highmark	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$357	\$375	\$660	\$220
Federal BCBS through Highmark	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$825	\$245	\$275	\$438	\$207
First Health Group Corp. First Health Group Corp.	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 \$2,200	\$927 \$927	\$800 \$800	\$1,442 \$1,442	\$774 \$580
First Health Group Corp.	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Not Included (billed separately)	\$2,200	\$927	\$800	\$1,442 	\$735
First Health Group Corp.	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	Not Included (billed separately)	\$1,100	\$412	\$300	\$660	\$220
First Health Group Corp. Geisinger (Magellan)	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	905, 906, \$9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200	\$257 \$1,000	\$200 \$800	\$438 \$1,442	\$207 \$774
Geisinger (Magellan)	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	Not Included (billed separately) Not Included	\$2,200	\$1,000	\$800	\$1,442	\$580
Geisinger (Magellan) 	(all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included	\$2,200 \$1,100	\$1,000 \$425	\$800 \$300	\$1,442 \$660	\$735 \$220
Geisinger (Magellan)	(all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	(billed separately)	\$825	\$250	\$275	\$438	\$220 \$207
Highmark BCBS	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	H2020	Included	\$2,200	\$791	\$800	\$1,442	\$774
Highmark BCBS Highmark BCBS	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128	Included Included 	\$2,200 \$2,200	\$592 \$750 	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Highmark BCBS	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$357	\$375	\$660	\$220
Highmark BCBS Highmark Health Op-	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-in-	905, 906, 59480, H0015, H2020	Included	\$825	\$245	\$275	\$438	\$207
Highmark Health Options-DE Medicaid Highmark Health Options-DE Medicaid	Inpatient Mental Health (all-in- clusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Included Included	\$2,200 \$2,200	\$791 \$592	\$790 \$790 	\$1,442 \$1,442	\$774 \$580
Highmark Health Op- tions- DE Medicaid Highmark Health Op-	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015,	Included	\$2,200	\$750	\$790	-	\$735
Highmark Health Options- DE Medicaid Highmark Health Op-	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035,					\$1,442	
Highmark Health Op- tions- DE Medicaid Highmark-Medicare	Intensive Outpotics :	H2036, 916, 915, 90847, G0410, 905, 906,	Included	\$1,100	\$350	\$375	\$660	\$220
	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410,	Included Included Included	\$1,100 \$825 \$2,200	\$350 \$240 \$950	\$375 \$275 \$790		
Highmark-Medicare Highmark-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$825	\$240	\$275	\$660 \$438	\$220 \$207
	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035,	Included Included Included	\$825 \$2,200 \$2,200	\$240 \$950 	\$275 \$790 \$790	\$660 \$438 \$1,442 \$1,442	\$220 \$207 \$774 \$580
Highmark-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128	Included Included Included Included	\$825 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950	\$275 \$790 \$790 	\$660 \$438 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124	Included	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825	\$240 \$950 \$950 \$950 \$250 \$357	\$275 \$790 \$790 \$175 \$275	\$660 \$438 \$1,442 \$1,442 \$1,442 \$660 \$438	\$220 \$207 \$774 \$580 \$735 \$207 \$185
Highmark-Medicare Highmark-Medicare Highmark-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126	Included	\$825 \$2,200 \$2,200 \$2,200 \$850 \$850	\$240 \$950 \$950 \$950 \$250	\$275 \$790 \$790 \$175 \$275	\$660 \$438 \$1,442 \$1,442 \$1,442 \$660 \$438	\$220 \$207 \$774 \$580 \$735 \$207
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128	Included Included Included Included Included Included Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275	\$275 \$790 \$790 \$790 \$175 \$275 \$800 	\$660 \$438 \$1,442 \$1,442 \$1,442 \$660 \$438 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90447, G0410, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$1,100 \$825	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$375 \$275	\$660 \$438 \$1,442 \$1,442 \$1,442 \$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Included Included Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$800	\$660 \$438 \$1,442 \$1,442 \$1,442 \$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana Humana Humana Humana Humana Humana Humana-Medicare Humana-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2020, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H2020	Included Included Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$375 \$275 \$800 \$800 \$800	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Humana Humana- Medicare Humana- Medicare Humana- Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124	Included Included Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$375 \$275 \$800 \$375	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$27 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana Humana Humana Humana Humana Humana Humana-Medicare Humana-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124	Included Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$375 \$275 \$800 \$800 \$800	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana Humana-Medicare Humana-Medicare Humana-Medicare Humana-Medicare Humana-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, H2020, H0015, H2020, H0015, H2020, H0015, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020,	Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$375 \$275 \$800 \$800 \$800 \$375	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana Humana-Medicare Humana-Medicare Humana-Medicare Humana-Medicare Humana-Medicare Humana-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Hospitalization Program (all inclusive hospital services) Inpatient Hospitalization Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, H2036, 916, 915, H2036, H0035, H2036, H0036, H	Included Included Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate	\$275 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$800 \$800 \$175 \$275 \$175 \$275 \$175 \$175 \$175 \$175 \$175 \$175 \$175 \$1	\$660 \$438 \$1,442 \$1,442 \$1,442 \$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Partial Hospitalization Program (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H202	Included Included Included Included Included Included Included Included Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate \$1,134.32 \$1,134.32	\$275 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$800 \$375 \$275 \$800 \$800 \$800 \$800 \$800	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735 \$220
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana Humana-Medicare Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Independence-BCBS (Magellan) Independence-BCBS	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Program (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2030,	Included Inc	\$825 \$2,200 \$2,200 \$2,200 \$850 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100	\$240 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate \$1,134.32 \$1,134.32 \$1,134.32 \$1,134.32	\$275 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$800 \$800 \$800 \$800 \$80	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735 \$220
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana-Medicare Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare)	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H2020	Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100 \$2,200 \$1,100 \$2,200 \$2,200 \$1,100 \$2,200 \$1,100 \$2,200 \$1,100	\$240 \$950 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate \$832.94 base rate \$1,134.32 \$1,134.32 \$1,134.32	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$375 \$275 \$800 \$800 \$800 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735 \$220 \$207
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana-Medicare Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Humana-Military (TriCare) Independence BCBS (Magellan) Independence BCBS	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020, H2020	Included Inc	\$825 \$2,200 \$2,200 \$2,200 \$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200	\$240 \$950 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate \$1,134.32 \$1,134.32 \$1,134.32 \$1,134.32	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$800 \$800 \$800 \$800 \$80	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735 \$220 \$207
Highmark-Medicare Highmark-Medicare Highmark-Medicare Humana Humana Humana Humana- Medicare Humana- Medicare Humana- Medicare Humana- Medicare Humana- Medicare Humana- Medicare Humana- Military (TriCare) Humana Military (TriCare) Independence BCBS (Magellan) Independence BCBS (Magellan) Independence BCBS (Magellan) Independence BCBS (Magellan)	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, H2020, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2036, 916, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$825 \$2,200 \$2,200 \$850 \$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200 \$2,200 \$2,200 \$1,100	\$240 \$950 \$950 \$950 \$950 \$250 \$357 \$1,248 \$1,275 \$1,248 \$494 \$338 \$832.94 base rate \$832.94 base rate \$832.94 base rate \$1,134.32 \$1,134.32 \$1,134.32 \$1,134.32 \$1,1000 \$1,000 \$1,000	\$275 \$790 \$790 \$790 \$175 \$275 \$800 \$800 \$800 \$800 \$800 \$800 \$800 \$80	\$660 \$438 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442 \$1,442	\$220 \$207 \$774 \$580 \$735 \$207 \$185 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735 \$220 \$207 \$774 \$580 \$735 \$220
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Aetna (DE) Commercial and Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$250	\$200	\$438	\$207
Amerihealth (Magellan) Amerihealth (Magellan)	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 \$2,200	\$1,061 \$1,061	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Amerihealth (Magellan)	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Not Included (billed separately)	\$2,200	\$1,061 	\$800	\$1,442	\$735
Amerihealth (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$451	\$300	\$660	\$220
Amerihealth (Magellan)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	\$825	\$282	\$275	\$438	\$207
Amerihealth Caritas- Delaware Medicaid Amerihealth Caritas- Delaware Medicaid	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 \$2,200	\$753 \$753	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Amerihealth Caritas- Delaware Medicaid	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Not Included (billed separately)	\$2,200	\$753	\$800	\$1,442	\$735
AmerHealth Caritas- Delaware Medicaid	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$375	\$300	\$660	\$220
AmerHealth Caritas- Delaware Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$185	\$200	\$438	\$207
Beacon Carelon Beacon Carelon	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 \$2,200	\$900 \$850	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Beacon Carelon	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Not Included (billed separately)	\$2,200	\$850	\$800	\$1,442	\$735
Beacon Carelon	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$386	\$375	\$660	\$220
Beacon Carelon Beacon Carelon-	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$210 \$832.94	\$275	\$438	\$207
Medicare Beacon Carelon- Medicare	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$832.94 base rate	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Beacon Carelon- Medicare	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Not Included (billed separately)	\$2,200	\$832.94 base rate	\$800	\$1,442	\$735
Beacon Carelon- Medicare	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	Not Included (billed separately)	\$1,100	\$276	\$375	\$660	\$220
Beacon Carelon- Medicare Care First Maryland	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825 \$2,200	N/A \$775	\$275 \$800	\$438 \$1,442	\$207 \$774
BCBS Care First Maryland BCBS Care First Maryland	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	Included	\$2,200	\$580	\$800	\$1,442	\$580
BCBS Care First Maryland	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015,	Included	\$2,200	\$735	\$800	\$1,442	\$735
BCBS Care First Maryland	(all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	Included	\$1,100	\$350	\$375	\$660 	\$220
BCBS Cigna/Evernorth	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	Included Not Included (billed separately)	\$825 \$2,200	\$240 \$936	\$275 \$800	\$438 \$1,442	\$207 \$774
Cigna/Evernorth	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	Not Included (billed separately) Not Included	\$2,200	\$936	\$800	\$1,442	\$580
Cigna/Evernorth Cigna/Evernorth	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included	\$2,200 \$1,100	\$936 \$391	\$800 \$300	\$1,442 \$660	\$735 \$220
	(all inclusive hospital services) Intensive Outpatient Program	H2036, 916, 915, 90847, G0410, 905, 906,	(billed separately) Not Included					
Cigna/Evernorth Cigna Health Springs/ Evernorth-Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	(billed separately) Not Included (billed separately)	\$825 \$2,200	\$235 \$832.94 base rate	\$200 \$800	\$438 \$1,442	\$207 \$774
Cigna Health Springs/ Evernorth- Medicare Cigna Health Springs/	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128 	Not Included (billed separately) Not Included	\$2,200 \$2,200	\$832.94 base rate \$832.94	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Cigna Health Springs/	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included	\$1,100	base rate \$276	\$300	\$660	\$220
Evernorth- Medicare Cigna Health springs/ Evernorth- Medicare	(all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	(billed separately) Not Included (billed separately)	\$825	, \$276 	\$200	\$438	\$223 \$207
Evernorth- Medicare Compsych	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	124	(billed separately) Not Included (billed separately)	\$825 \$2,200	\$1,442	\$800	\$1,442	\$207 \$774
Compsych Compsych	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,442 \$1,442	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Compsych	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$644	\$300	\$660	\$220
Compsych	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015,	Not Included (billed separately)	\$825	\$438	\$200	\$438	\$207
Community Behavioral Care- Pennsylvania Medicaid	Inpatient Mental Health (all-inclusive hospital services)	H2020	Included	\$2,200	\$791	\$790	\$1,442	\$774
Community Behavioral Care- Pennsylvania Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	\$2,200	\$592	\$790	\$1,442	\$580
Community Behavioral Care- Pennsylvania Medicaid	Inpatient Detoxification (all inclusive hospital services)	912, 913, 90853,	Included	\$2,200	\$750	\$790	\$1,442	\$735
Community Behavioral Care- Pennsylvania Medicaid	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$350	\$375	\$660	\$220
Community Behavioral Care- Pennsylvania Medicaid Delaware First Health-	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, S9480, H0015, H2020	Included	\$825	\$240	\$275	\$438	\$207
DE Medicaid Delaware First Health- DE Medicaid	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 126	Included Included	\$2,200 \$2,200	\$820 \$820	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Delaware First Health- Medicare, Exchange Delaware First Health- Medicare, Exchange	Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$875 \$875	\$800 \$800	\$1,442 \$1,442	\$580 \$580
Delaware First Health- DE Medicaid, Medicare,	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035,	Not Included (billed separately)	\$1,100	\$644	\$350	\$660	\$220
Exchange Delaware First Health- Medicaid, Medicare,	Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Not Included (billed separately)	\$825	\$438	\$240	\$438	\$20 7
Federal BCBS through Highmark	Inpatient Mental Health (all-inclusive hospital services)	H2020	Included	\$2,200	\$791	\$800	\$1,442	\$774
Federal BCBS through Highmark Federal BCBS through Highmark	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Included Included	\$2,200 \$2,200	\$592 \$750	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Federal BCBS through Highmark	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Included	\$1,100	\$357	\$375	\$660	\$220
Federal BCBS through Highmark	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$825	\$245	\$275	\$438	\$207
First Health Group Corp.	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124	Not Included (billed separately) Not Included	\$2,200	\$927	\$800	\$1,442	\$774
First Health Group Corp. First Health Group Corp.	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$927 \$927	\$800 \$800	\$1,442 \$1,442	\$580 \$735
First Health Group Corp.	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$412	\$300	\$660	\$220
First Health Group Corp.	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$257	\$200	\$438	\$207
Geisinger (Magellan) Geisinger (Magellan)	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124	Not Included (billed separately) Not Included	\$2,200 	\$1,000 \$1,000	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Geisinger (Magellan) Geisinger (Magellan)	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,000 \$1,000	\$800	\$1,442 \$1,442	\$735
Geisinger (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$425	\$300	\$660	\$220
Geisinger (Magellan)	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Included	\$825	\$250	\$275	\$438	\$207
Highmark BCBS Highmark BCBS	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Included Included	\$2,200 \$2,200	\$791 \$592	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Highmark BCBS	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Included	\$2,200	\$750 	\$800	\$1,442	\$735
Highmark BCBS	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$357	\$375	\$660	\$220
Highmark BCBS	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	\$825	\$245	\$275	\$438	\$207
Highmark Health Op- tions-DE Medicaid Highmark Health Op- tions-DE Medicaid	Inpatient Mental Health (all-in- clusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Included Included	\$2,200 \$2,200	\$791 \$592	\$790 \$790	\$1,442 \$1,442	\$774 \$580
Highmark Health Op- tions- DE Medicaid	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Included	\$2,200	\$750	\$790	\$1,442	\$735
Highmark Health Op- tions- DE Medicaid	Partial Hospitalization Program (all inclusive hospital services)	90852, H0035, H2036, 916, 915, 90847, G0410,	Included	\$1,100	\$350	\$375	\$660	\$220
Highmark Health Options- DE Medicaid	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, S9480, H0015, H2020	Included	\$825	\$240 \$950	\$275 \$790	\$438 \$1,442	\$207 \$774
Highmark-Medicare Highmark-Medicare	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	\$2,200 \$2,200	\$950 \$950	\$790 \$790	\$1,442 \$1,442	\$774 \$580
Highmark-Medicare	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015,	Included	\$2,200	\$950	\$790	\$1,442	\$735
Highmark-Medicare	Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	Included	\$850	\$250	\$175	\$660	\$207
Highmark-Medicare Humana	Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	905, 906, \$9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200	\$357 \$1,248	\$275 \$800	\$438 \$1,442	\$185 \$774
Humana	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	(billed separately) Not Included (billed separately) Not Included	\$2,200	\$1,275	\$800	\$1,442	\$580
Humana 	(all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included	\$2,200 \$1,100	\$1,248 \$494	\$800 \$375	\$1,442 \$660	\$735 \$220
	(all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015.	(billed separately) Not Included	\$1,100 \$825	\$494 \$338		\$660 \$438	\$220 \$207
Humana Humana- Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	(billed separately) Not Included (billed separately)	\$825 \$2,200	\$338 \$832.94 base rate	\$275 \$800	\$438 \$1,442	\$207 \$774
Humana- Medicare Humana- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$832.94 base rate \$832.94 base rate	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Humana- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$276	\$375	\$660	\$220
Humana- Medicare	Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	n/a	\$275	\$438	\$207
Humana Military (TriCare) Humana Military	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	124	Not Included (billed separately) Not Included	\$2,200 \$2,200	\$1,134.32 \$1,134.32	\$800 \$800	\$1,442 \$1,442	\$774
(TriCare) Humana Military (TriCare)	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,134.32 \$1,134.32	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Humana Military (TriCare)	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	\$394	\$375	\$660	\$220
Humana Military (TriCare)	Intensive Outpatient Program (all inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825	\$296	\$275	\$438	\$207
Independence BCBS (Magellan) Independence BCBS (Magellan)	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 \$2,200	\$1,000 \$1,000	\$800 \$800	\$1,442 \$1,442	\$774 \$580
Independence BCBS (Magellan)	Inpatient Detoxification (all inclusive hospital services)	126 912, 913, 90853,	Not Included (billed separately)	\$2,200	\$1,000	\$800	\$1,442	\$735
Independence BCBS (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$425	\$300	\$660	\$220
Independence BCBS (Magellan)	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	905, 906, \$9480, H0015, H2020	Included Not Included	\$825 \$2,200	\$250 \$1,061	\$275 \$800	\$438 \$1,642	\$207 \$775
Magellan Magellan	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,061 \$1,061	\$800 \$800	\$1,442 \$1,442	\$775 \$580
Magellan	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included	\$2,200	\$1,061	\$800	\$1,442	\$735
Magellan	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906,	(billed separately)	\$1,100	\$451	\$300	\$660	\$220
Magellan Maryland Medicaid (Optum)	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	Included Included	\$825 \$2,200	\$282 \$791	\$275 \$790	\$438 \$1,442	\$207 \$774
Maryland Medicaid (Optum) Maryland Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128 126	Included Included	\$2,200 \$2,200	\$592 \$750	\$790 \$790	\$1,442 \$1,442	\$580 \$735
(Optum) Maryland Medicaid	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015, 90852, H0035,	Included	\$1,100	\$750 \$350	\$790 \$375	\$1,442 \$660	\$735 \$220
(Optum) Maryland Medicaid (Optum)	(all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Included	\$825	\$240	\$373 \$275	\$438	\$220 \$207
(Optum) MultiPlan	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	S9480, H0015, H2020	Not Included (billed separately)	\$825 \$2,200	1320	\$800	\$1,442	\$207 \$774
MultiPlan MultiPlan	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128 126	Not Included (billed separately) Not Included	\$2,200 \$2,200	1320 1320 1320	\$800 \$800	\$1,442 \$1,442	\$580 \$735
MultiPlan	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included (billed separately)	\$1,100	\$660	\$300	\$660	\$220
	Intensive Outpatient Program	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Not Included	\$825	\$510	\$200	\$438	\$207
Optum	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	124	(billed separately) Not Included (billed separately)	\$2,200	\$777 	\$800	\$1,442	\$774
Optum Optum	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$777 \$777	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Optum	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included (billed separately)	\$1,100	\$347	\$300	\$660	\$220
Optum	Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015,	Not Included (billed separately)	\$825	\$207	\$200	\$438	\$207
Veterans Administration- VACCN Veterans	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	H2020	(billed separately) Not Included (billed separately) Not Included	\$2,200	\$832.94 base rate \$832.94	\$800	\$1,442	\$774
	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$832.94 base rate \$832.94 base rate	\$800 \$800	\$1,442 \$1,442	\$580 \$735
Administration- VACCN Veterans Administration- VACCN	Inpatient Detoxification (all inclusive hospital services)	126	(billed Separately)					
Veterans		912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately)	\$1,100	\$276	\$300	\$660	\$220
Veterans Administration- VACCN Veterans	(all inclusive hospital services) Partial Hospitalization Program	912, 913, 90853, H2020, H0015, 90852, H0035,	Not Included	\$1,100 \$825	\$276 \$832.94 base rate	\$300 \$200	\$660 \$438	\$220 \$207