Payer Name  Aetna (DE) Commercial  Aetna (DE) Commercial	Inpatient Mental Health (all-inclusive hospital services)	Billing Codes	Physician/ Provider Services  Not Included (billed separately)	Charge Per Day \$2,200	Negotiated Rate Per Day \$927.00	Self-Pay Per Day \$800	High Comm'l Per Day \$1,540.00	Low Comm'l Per Day \$777.00
Aetna (DE) Commercial and Medicare Aetna (DE) Commercial and Medicare	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	\$927.00 \$927.00	\$800 \$800	\$1,540.00 \$1,540.00	\$592.18 \$750.44
Aetna (DE) Commercial and Medicare Aetna (DE) Commercial	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015.	Not Included (billed separately) Not Included	\$1,100  \$825	\$412.00 \$258.00	\$300  \$200	\$683.00 \$575.50	\$347.00 \$200.00
Aetna (DE) Commercial and Medicare  Amerihealth (Magellan)  Amerihealth (Magellan)	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	905, 906, S9480, H0015, H2020 124 	Not Included (billed separately)  Not Included (billed separately)  Not Included (billed separately)	\$825 \$2,200 \$2,200	\$258.00 \$1,061.00 \$1,061.00	\$200 \$800 \$800	\$575.50 \$1,540.00 \$1,540.00	\$200.00 \$774.00 \$580.00
Amerihealth (Magellan)  Amerihealth (Magellan)	(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,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200	\$1,061.00 \$451.00	\$800	\$1,540.00	\$735.00 \$347.00
Amerihealth (Magellan) Amerihealth Caritas-	hospital services)  Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health		Included  Not Included	\$825 \$2,200	\$282.00 \$791.95	\$275 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
Amerihealth Caritas- Delaware Medicaid Amerihealth Caritas- Delaware Medicaid Amerihealth Caritas- Delaware Medicaid	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200 \$2,200	\$791.95  \$791.95  \$791.95	\$800  \$800  \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$774.00 \$580.00 \$735.00
AmerHealth Caritas- Delaware Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately)	\$1,100	\$388.13	\$300	\$683.00	\$347.00
AmerHealth Caritas- Delaware Medicaid  Amerihealth Caritas- Delaware Medicare  Amerihealth Caritas-	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)  Inpatient SUD Acute Rehab	905, 906, S9480, H0015, H2020	Not Included (billed separately)  Not Included (billed separately)  Not Included	\$825 \$2,200  \$2,200	\$191.38 \$895.58  \$895.58	\$200 \$800  \$800	\$575.50 \$1,540.00  \$1,540.00	\$207.00 \$774.00 \$580.00
Delaware Medicare Amerihealth Caritas- Delaware Medicare  AmerHealth Caritas-	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization	126  912, 913, 90853, H2020, H0015,	(billed separately) Not Included (billed separately) Not Included	\$2,200	\$895.58 	\$800	\$1,540.00	\$735.00
AmerHealth Caritas- Delaware Medicare  AmerHealth Caritas- Delaware Medicare	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately)  Not Included (billed separately)	\$1,100  \$825	\$358.21  \$259.40	\$300  \$200	\$683.00  \$575.50	\$347.00  \$207.00
Amerihealth Caritas- Delaware VIPN Amerihealth Caritas- Delaware VIPN Amerihealth Caritas-	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	124 128	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200  \$2,200	\$1,253.81  \$1,253.81  \$1,253.81	\$800  \$800  \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$774.00 \$580.00 \$735.00
Amerihealth Caritas- Delaware VIPN  AmerHealth Caritas- Delaware VIPN	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$1,100	\$1,253.81  \$515.45	\$800  \$300	\$1,540.00  \$683.00	\$735.00  \$347.00
AmerHealth Caritas- Delaware VIPN Beacon Carelon	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)	90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately)  Not Included (billed separately)	\$825 \$2,200	\$397.60 \$927.00	\$200 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
Beacon Carelon  Beacon Carelon	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128  126  912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200	\$875.50  \$875.50	\$800  \$800	\$1,540.00  \$1,540.00	\$580.00  \$735.00
Beacon Carelon  Beacon Carelon	Partial Hospitalization Program (all inclusive hospital services)  Intensive Outpatient Program (all inclusive hospital services)		Not Included (billed separately)  Not Included (billed separately)	\$1,100  \$825	\$397.58  \$216.30	\$375  \$275	\$683.00  \$575.50	\$347.00  \$207.00
Beacon Carelon- Medicare  Beacon Carelon- Medicare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200	\$895.58  \$895.58	\$800  \$800	\$1,540.00  \$1,540.00	\$774.00  \$580.00
Beacon Carelon- Medicare  Beacon Carelon- Medicare	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$1,100	\$895.58  \$358.21	\$800 \$375	\$1,540.00  \$683	\$735.00  \$347.00
Beacon Carelon- Medicare Care First Maryland BCBS	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately) Included	\$825 \$2,200	\$259.40 \$775.00	\$275 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
Care First Maryland BCBS Care First Maryland BCBS	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128  126  912, 913, 90853,	Included Included	\$2,200  \$2,200	\$580.00  \$735.00	\$800  \$800	\$1,540.00  \$1,540.00	\$580.00 \$735.00
Care First Maryland BCBS  Care First Maryland BCBS	Partial Hospitalization Program (all inclusive hospital services)  Intensive Outpatient Program	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410  905, 906, S9480, H0015,	Included	\$1,100  \$825	\$350.00  \$240.00	\$375  \$275	\$683.00  \$575.50	\$347.00  \$207.00
Cigna/Evernorth  Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)  Inpatient SUD Acute Rehab (all-inclusive hospital services)		Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200	\$240.00 \$964.00 \$964.00	\$275 \$800 \$800	\$575.50 \$1,540.00 \$1,540.00	\$207.00 \$774.00 \$580.00
Cigna/Evernorth  Cigna/Evernorth	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program (all inclusive	126  912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200	\$964.00 \$407.00	\$800	\$1,540.00 \$1,540.00 \$683.00	\$735.00 \$347.00
Cigna/Evernorth  Cigna Health Springs/	hospital services)  Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included	\$825	\$242.00	\$200	\$575.50	\$207.00
Cigna Health Springs/ Evernorth-Medicare Cigna Health Springs/ Evernorth- Medicare Cigna Health Springs/ Evernorth- Medicare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$895.58  \$895.58  \$895.58	\$800  \$800  \$800	\$1,442 \$1,442  \$1,442	\$774.00 \$580.00 \$735.00
Evernorth- Medicare  Cigna Health Springs/ Evernorth- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	(billed separately)  Not Included (billed separately)	\$1,100	\$358.21	\$300	\$683.00	\$347.00
Cigna Health springs/ Evernorth- Medicare Compsych	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	905, 906, 59480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200	\$259.40 \$1,529.00	\$200	\$575.50 \$1,540.00	\$207.00 \$774.00
Compsych	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization	128 126 912, 913, 90853, H2020, H0015,	(billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,529.00 \$1,529.00	\$800 \$800	\$1,540.00 \$1,540.00	\$580.00 \$735.00
Compsych	Partial Hospitalization Program (all inclusive hospital services)  Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately)  Not Included (billed separately)	\$1,100  \$825	\$683.00  \$464.00	\$300  \$200	\$683.00  \$575.50	\$347.00  \$207.00
Community Behavioral Care- Pennsylvania Medicaid Community Behavioral Care-	(all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)  Inpatient SUD Acute Rehab (all-inclusive hospital services)		Included	\$2,200 \$2,200	\$781.76 \$781.67	\$790 \$790	\$1,540.00 \$1,540.00	\$774.00 \$580.00
Pennsylvania Medicaid Community Behavioral Care- Pennsylvania Medicaid	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126  912, 913, 90853,	Included Included	\$2,200  \$2,200 	\$781.67  \$781.67 	\$790  \$790 	\$1,540.00  \$1,540.00 	\$580.00  \$735.00
Community Behavioral Care- Pennsylvania Medicaid  Community Behavioral Care-	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 	Included	\$1,100  \$825	\$275.83  \$275.83	\$375  \$275	\$683.00  \$575.50	\$347.00  \$207.00
Pennsylvania Medicaid  Delaware First Health- DE Medicaid  Delaware First Health- DE Medicaid	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 	Included Included Included	\$2,200 \$2,200	\$275.83 \$820.00  \$820.00	\$275 \$800  \$800	\$575.50 \$1,540.00  \$1,540.00	\$207.00 \$774.00 \$580.00
Delaware First Health- Medicare, Exchange Delaware First Health- Medicare, Exchange	Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 126 912, 913, 90853,	Included Included	\$2,200 \$2,200	\$940.00  \$940.00	\$800  \$800	\$1,540.00 \$1,540.00	\$580.00 \$580.00
Delaware First Health- DE Medicaid, Medicare, Exchange  Delaware First Health- Medicaid, Medicare,	Partial Hospitalization Program (all inclusive hospital services)  Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015,	Not Included (billed separately)  Not Included (billed separately)	\$1,100 \$825	\$350.00  \$240.00	\$350  \$240	\$683.00  \$575.50	\$347.00  \$207.00
Medicaid, Medicare, Exchange  Delaware Medicaid  Delaware Medicaid	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	S9480, H0015, H2020 124 		\$2,200  \$2,200	\$240.00 \$781.67 	\$790  \$790	\$1,540.00 \$1,540.00	\$207.00 \$774.00 \$580.00
Delaware Medicaid  Delaware Medicaid	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program 4+ Svcs/Day (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Included Included	\$2,200 \$1,100	\$781.67 	\$790  \$375	\$1,540.00 \$683.00	\$735.00 \$347.00
Delaware Medicaid	(all inclusive hospital services)  Partial Hospitalization  Program 3 Svcs/Day  (all inclusive hospital services)	H2036, 916, 915, 90847, G0410 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Included	\$1,100	\$266.35	\$375	\$683.00	\$347.00
Federal BCBS through Highmark Federal BCBS through Highmark Federal BCBS through	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	124 128	Not Included (billed separately) Included Included	\$2,200  \$2,200  \$2,200	\$791.28  \$592.00  \$750.00	\$800  \$800  \$800	\$1,540.00  \$1,540.00  \$1,540.00	\$774.00 \$580.00 \$735.00
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	Included	\$2,200 \$1,100	\$750.00  \$357.00	\$800  \$375	\$1,540.00  \$683.00	\$735.00  \$347.00
Federal BCBS through Highmark First Health Group Corp.	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	\$825 \$2,200	\$245.00 \$958.81	\$275 \$800	\$575.50 \$1,442	\$207.00 \$774.00
First Health Group Corp. First Health Group Corp.	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization	128 	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$958.18  \$958.18	\$800  \$800	\$1,540.00  \$1,540.00	\$580.00 \$735.00
First Health Group Corp.  First Health Group Corp.	Partial Hospitalization Program (all inclusive hospital services)  Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately)  Not Included (billed separately)	\$1,100  \$825	\$424.36  \$265.23	\$300  \$200	\$683.00  \$575.50	\$347.00  \$207.00
Geisinger (Magellan) Geisinger (Magellan)	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2020 124 	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200	\$1,000.00 \$1,000.00	\$800  \$800 	\$1,540.00  \$1,540.00	\$774.00 \$580.00
Geisinger (Magellan) Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$1,100	\$1,000.00 \$425.00	\$800  \$300	\$1,540.00 \$683.00	\$735.00 \$347.00
Geisinger (Magellan) Highmark BCBS	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	H2036, 916, 915, 90847, G0410 905, 906, 59480, H0015, H2020	Included	\$825 \$2,200	\$250.00 \$791.28	\$275 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
Highmark BCBS Highmark BCBS Highmark BCBS	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Included Included Included	\$2,200 \$2,200 \$2,200	\$791.28  \$592.18 	\$800  \$800  \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$774.00 \$580.00 \$735.00
Highmark BCBS	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Included	\$1,100	\$357.00	\$375	\$683.00	\$347.00
Highmark BCBS  Highmark Health Options-DE Medicaid  Highmark Health Options-DE Medicaid	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	905, 906, S9480, H0015, H2020 124 	Included Included Included	\$825 \$2,200  \$2,200	\$245.00 \$829.50  \$829.50	\$275 \$790  \$790	\$575.50 \$1,540.00 \$1,540.00	\$207.00 \$774.00 \$580.00
Options-DE Medicaid Highmark Health Options- DE Medicaid Highmark Health	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive	126 	Included Included Included	\$2,200 \$2,200 \$1,100	\$829.50 \$829.50 \$393.75	\$790  \$790  \$375	\$1,540.00  \$1,540.00 \$660	\$735.00 \$347.00
Options- DE Medicaid  Highmark Health Options- DE Medicaid	hospital services)  Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Included Included Not Included	\$825	\$262.50	\$275	\$575.50	\$207.00
Highmark-Medicare Advantage D-SNP Highmark-Medicare Advantage D-SNP Highmark-Medicare Advantage D-SNP	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124  128  126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$895.58  \$895.58  \$895.58	\$790  \$790  \$790	\$1,540.00 \$1,540.00 \$1,540.00	\$774.00 \$580.00 \$735.00
Highmark-Medicare Advantage D-SNP	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	\$358.21	\$375	\$683.00	\$347.00
Highmark-Medicare Advantage D-SNP Humana	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200	\$259.40 \$1,298.00	\$275 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
Humana Humana	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization	128 126 912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$1,275.00  \$1,248.00	\$800  \$800	\$1,540.00  \$1,540.00	\$580.00 \$735.00
Humana Humana	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$494.00 \$338.00	\$375  \$275	\$683.00 \$575.50	\$347.00 \$207.00
Humana Humana	Inpatient Mental Health (all-inclusive hospital services) C&A Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2020 124 	Not Included (billed separately)  Not Included (billed separately)	\$2,200  \$2,200	\$1,379.00  \$1,379.00	\$800  \$800	\$1,540.00  \$1,540.00	\$774.00  \$580.00
Humana Humana Humana- Medicare	C&A Inpatient Detoxification (all inclusive hospital services) C&A Inpatient Mental Health	128	(billed separately)  Not Included (billed separately)  Not Included	\$2,200 \$2,200 \$2,200	\$1,379.00  \$1,379.00 \$895.58	\$800  \$800 \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$580.00 \$735.00 \$774.00
Humana- Medicare  Humana- Medicare  Humana- Medicare	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	(billed separately)  Not Included (billed separately)  Not Included (billed separately)	\$2,200  \$2,200  \$2,200	\$895.58  \$895.58  \$895.58	\$800  \$800  \$800	\$1,540.00  \$1,540.00  \$1,540.00	\$774.00 \$580.00 \$735.00
Humana- Medicare	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately)	\$1,100	\$358.21	\$375	\$683.00	\$347.00
Humana- Medicare  Humana Military (TriCare)  Humana Military (TriCare)	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	905, 906, S9480, H0015, H2020 124 	(billed separately)  Not Included (billed separately)  Not Included	\$825 \$2,200 \$2,200	\$259.40 \$1,134.32  \$1,134.32	\$275 \$800  \$800	\$575.50 \$1,540.00  \$1,540.00	\$207.00 \$774.00  \$580.00
(TriCare) Humana Military (TriCare) Humana Military	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive	126  912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200 \$1,100	\$1,134.32 \$1,134.32 \$394.00	\$800 \$800 \$375	\$1,540.00 \$1,540.00 \$683.00	\$580.00 \$735.00 \$347.00
(TriCare)  Humana Military (TriCare)	Program (all inclusive hospital services)  Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health	H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	(billed separately)  Not Included (billed separately)  Not Included	\$825	\$296.00	\$275	\$575.50	\$207.00
Independence BCBS Independence BCBS Independence BCBS	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$1,092.00 \$1,092.00 \$1,092.00	\$800 \$800  \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$774.00 \$580.00 \$735.00
Independence BCBS		912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410		\$1,100	\$1,092.00 \$465.00	\$800  \$300	\$683.00	\$347.00
Independence BCBS  Magellan	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	905, 906, S9480, H0015, H2020	Included  Not Included (billed separately)  Not Included	\$825 \$2,200	\$290.00	\$275	\$575.50 \$1,540.00	\$207.00 \$775.00
Magellan Magellan	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization	128 126  912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,061.00  \$1,061.00	\$800  \$800	\$1,540.00 \$1,540.00	\$580.00 \$735.00
Magellan 	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 	Not Included (billed separately)	\$1,100 \$825	\$451.00  \$282.00	\$300  \$275	\$683.00  \$575.50	\$347.00 \$207.00
Maryland Medicaid (Optum) Maryland Medicaid (Optum) Maryland Medicaid	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Included Included	\$2,200 \$2,200	\$781.67 	\$790  \$790 	\$1,540.00 \$1,540.00	\$774.00 \$580.00
Maryland Medicaid (Optum) Maryland Medicaid (Optum)	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	Included	\$2,200  \$1,100	\$781.67  \$275.83	\$790  \$375	\$1,540.00  \$683.00	\$735.00  \$347.00
Maryland Medicaid (Optum) MultiPlan	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)		Included  Not Included (billed separately)	\$825 \$2,200	\$275.83 \$1,320.00	\$275 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
MultiPlan MultiPlan	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126 912, 913, 90853,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200  \$2,200	\$1,320.00 \$1,320.00 \$1,320.00	\$800  \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$580.00 \$735.00
MultiPlan MultiPlan	Partial Hospitalization Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906,	Not Included (billed separately) Not Included	\$1,100  \$825	\$660.00  \$510.00	\$300  \$200	\$683.00 \$575.50	\$347.00
MultiPlan  Optum  Optum	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)	905, 906, S9480, H0015, H2020	(billed separately)  Not Included (billed separately)  Not Included	\$825 \$2,200  \$2,200	\$510.00 \$777.00  \$800.00	\$200 \$800  \$800	\$575.50 \$1,540.00 \$1,540.00	\$207.00 \$774.00 \$774.00
Optum Optum Optum	C&A Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 	(billed separately)  Not Included (billed separately)  Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$800.00  \$777.00  \$800.00	\$800  \$800  \$800	\$1,540.00 \$1,540.00 \$1,540.00	\$774.00 \$580.00 \$580.00
Optum	C&A Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization	126 912, 913, 90853, H2020, H0015,		\$2,200 	\$777.00	\$800 	\$1,540.00	\$735.00
Optum Optum	Partial Hospitalization Program (all inclusive hospital services)  Intensive Outpatient Program (all inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately)  Not Included (billed separately)	\$1,100  \$825	\$347.00  \$207.00	\$300  \$200	\$683.00  \$575.50	\$347.00  \$207.00
Optum Medicare  Optum Medicare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	124 128	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$895.58  \$895.58	\$800  \$800	\$1,540.00 \$1,540.00	\$774.00 \$580.00
Optum Medicare Optum Medicare	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$1,100	\$895.58  \$358.21	\$800  \$300	\$1,540.00  \$683.00	\$735.00  \$347.00
Optum Medicare Prime Health Services	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)		Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200	\$259.40 \$1,540.00	\$200 \$800	\$575.50 \$1,540.00	\$207.00 \$774.00
Prime Health Services  Prime Health Services  Prime Health Services	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128  126  912, 913, 90853,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200  \$2,200	\$1,540.00 \$1,540.00 \$1,540.00	\$800  \$800	\$1,540.00  \$1,540.00	\$580.00  \$735.00
Prime Health Services  Prime Health Services	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906,	Not Included (billed separately) Not Included	\$1,100  \$825	\$770.00  \$575.50	\$300  \$200	\$683.00  \$575.50	\$347.00 \$207.00
Prime Health Services Prime Health Services- Medicare and WC Prime Health Services- Medicare and WC	Intensive Outpatient Program (all inclusive hospital services)  Inpatient Mental Health (all-inclusive hospital services)  Inpatient SUD Acute Rehab (all-inclusive hospital services)	S9480, H0015, H2020 124 128	Not Included (billed separately)  Not Included (billed separately)  Not Included (billed separately)	\$2,200 \$2,200	\$575.50 \$895.58 \$895.58	\$200 \$800 \$800	\$575.50 \$1,540.00 \$1,540.00	\$207.00 \$774.00 \$580.00
Prime Health Services- Medicare and WC Prime Health Services-	Inpatient Detoxification (all inclusive hospital services)  Partial Hospitalization Program (all inclusive	126  912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately)  Not Included (billed separately)  Not Included (billed separately)	\$2,200	\$895.58 \$358.21	\$800	\$1,540.00	\$735.00 \$347.00
Medicare and WC	hospital services)  Intensive Outpatient Program (all inclusive hospital services)	H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included	\$825 \$2,200	\$259.40 \$895.58	\$200	\$575.50 \$1,540.00	\$207.00
Prime Health Services- Medicare and WC Veterans	Inpatient Mental Health (all-inclusive hospital services)		(billed separately) Not Included	\$2,200 \$2,200	\$895.58  \$895.58	\$800  \$800	\$1,540.00  \$1,540.00	\$774.00  \$580.00
Prime Health Services- Medicare and WC	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128	(billed separately) Not Included (billed separately)	\$2,200	\$895.58	\$800	\$1,540.00	\$735.00
Prime Health Services- Medicare and WC  Veterans Administration- VACCN  Veterans Administration- VACCN  Veterans	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification		Not Included	\$2,200 \$1,100	\$895.58 	\$800  \$300		