SUN Behavioral Delaware

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

Payer Name	Service	Billing Codes	Physician/ Provider Services	Charge Per Day	Negotiated Rate Per Day	Self-Pay Per Day	High Comm'l Per Day	Low Comm'l Per Day
Aetna (DE) Commercial and Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$927.00	$800	$1,540.00	$777.00
Aetna (DE) Commercial and Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$927.00	$800	$1,540.00	$592.18
Aetna (DE) Commercial and Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$927.00	$800	$1,540.00	$750.44
Aetna (DE) Commercial and 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	$412.00	$300	$683.00	$347.00
Aetna (DE) Commercial and Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$258.00	$200	$575.50	$200.00
Amerihealth (Magellan)	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,061.00	$800	$1,540.00	$774.00
Amerihealth (Magellan)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,061.00	$800	$1,540.00	$580.00
Amerihealth (Magellan)	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,061.00	$800	$1,540.00	$735.00
Amerihealth (Magellan)	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	$451.00	$300	$683.00	$347.00
Amerihealth (Magellan)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$282.00	$275	$575.50	$207.00
Amerihealth Caritas-Delaware Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$791.95	$800	$1,540.00	$774.00
Amerihealth Caritas-Delaware Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$791.95	$800	$1,540.00	$580.00
Amerihealth Caritas-Delaware Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$791.95	$800	$1,540.00	$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	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$191.38	$200	$575.50	$207.00
Amerihealth Caritas-Delaware Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$774.00
Amerihealth Caritas-Delaware Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$580.00
Amerihealth Caritas-Delaware Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$735.00
AmerHealth Caritas-Delaware 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	$300	$683.00	$347.00
AmerHealth Caritas-Delaware Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$200	$575.50	$207.00
Amerihealth Caritas-Delaware VIPN	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,253.81	$800	$1,540.00	$774.00
Amerihealth Caritas-Delaware VIPN	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,253.81	$800	$1,540.00	$580.00
Amerihealth Caritas-Delaware VIPN	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,253.81	$800	$1,540.00	$735.00
AmerHealth Caritas-Delaware VIPN	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	$515.45	$300	$683.00	$347.00
AmerHealth Caritas-Delaware VIPN	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$397.60	$200	$575.50	$207.00
Beacon Carelon	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$927.00	$800	$1,540.00	$774.00
Beacon Carelon	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$875.50	$800	$1,540.00	$580.00
Beacon Carelon	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$875.50	$800	$1,540.00	$735.00
Beacon Carelon	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	$397.58	$375	$683.00	$347.00
Beacon Carelon	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$216.30	$275	$575.50	$207.00
Beacon Carelon-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$774.00
Beacon Carelon-Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$580.00
Beacon Carelon-Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$735.00
Beacon Carelon-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	$347.00
Beacon Carelon-Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$275	$575.50	$207.00
Care First Maryland BCBS	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$775.00	$800	$1,540.00	$774.00
Care First Maryland BCBS	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$580.00	$800	$1,540.00	$580.00
Care First Maryland BCBS	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$735.00	$800	$1,540.00	$735.00
Care First Maryland BCBS	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Included	$1,100	$350.00	$375	$683.00	$347.00
Care First Maryland BCBS	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$240.00	$275	$575.50	$207.00
Cigna/Evernorth	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$964.00	$800	$1,540.00	$774.00
Cigna/Evernorth	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$964.00	$800	$1,540.00	$580.00
Cigna/Evernorth	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$964.00	$800	$1,540.00	$735.00
Cigna/Evernorth	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately)	$1,100	$407.00	$300	$683.00	$347.00
Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$242.00	$200	$575.50	$207.00
Cigna Health Springs/ Evernorth-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,442	$774.00
Cigna Health Springs/ Evernorth- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,442	$580.00
Cigna Health Springs/ Evernorth- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,442	$735.00
Cigna Health Springs/ Evernorth- 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	$300	$683.00	$347.00
Cigna Health springs/ Evernorth- Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$200	$575.50	$207.00
Compsych	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,529.00	$800	$1,540.00	$774.00
Compsych	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,529.00	$800	$1,540.00	$580.00
Compsych	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,529.00	$800	$1,540.00	$735.00
Compsych	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	$683.00	$300	$683.00	$347.00
Compsych	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$464.00	$200	$575.50	$207.00
Community Behavioral Care-Pennsylvania Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$781.76	$790	$1,540.00	$774.00
Community Behavioral Care-Pennsylvania Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$781.67	$790	$1,540.00	$580.00
Community Behavioral Care-Pennsylvania Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$781.67	$790	$1,540.00	$735.00
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	$275.83	$375	$683.00	$347.00
Community Behavioral Care-Pennsylvania Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$275.83	$275	$575.50	$207.00
Delaware First Health-DE Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$820.00	$800	$1,540.00	$774.00
Delaware First Health-DE Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$820.00	$800	$1,540.00	$580.00
Delaware First Health-Medicare, Exchange	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$940.00	$800	$1,540.00	$580.00
Delaware First Health-Medicare, Exchange	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$940.00	$800	$1,540.00	$580.00
Delaware First Health-DE Medicaid, Medicare, Exchange	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately)	$1,100	$350.00	$350	$683.00	$347.00
Delaware First Health-Medicaid, Medicare, Exchange	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$240.00	$240	$575.50	$207.00
Delaware Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$781.67	$790	$1,540.00	$774.00
Delaware Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$781.67	$790	$1,540.00	$580.00
Delaware Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$781.67	$790	$1,540.00	$735.00
Delaware Medicaid	Partial Hospitalization Program 4+ Svcs/Day (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Included	$1,100	$367.79	$375	$683.00	$347.00
Delaware Medicaid	Partial Hospitalization Program 3 Svcs/Day (all inclusive hospital services)	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	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$791.28	$800	$1,540.00	$774.00
Federal BCBS through Highmark	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$592.00	$800	$1,540.00	$580.00
Federal BCBS through Highmark	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$750.00	$800	$1,540.00	$735.00
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	$357.00	$375	$683.00	$347.00
Federal BCBS through Highmark	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$245.00	$275	$575.50	$207.00
First Health Group Corp.	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$958.81	$800	$1,442	$774.00
First Health Group Corp.	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$958.18	$800	$1,540.00	$580.00
First Health Group Corp.	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$958.18	$800	$1,540.00	$735.00
First Health Group Corp.	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	$424.36	$300	$683.00	$347.00
First Health Group Corp.	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$265.23	$200	$575.50	$207.00
Geisinger (Magellan)	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,000.00	$800	$1,540.00	$774.00
Geisinger (Magellan)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,000.00	$800	$1,540.00	$580.00
Geisinger (Magellan)	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,000.00	$800	$1,540.00	$735.00
Geisinger (Magellan)	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	$425.00	$300	$683.00	$347.00
Geisinger (Magellan)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$250.00	$275	$575.50	$207.00
Highmark BCBS	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$791.28	$800	$1,540.00	$774.00
Highmark BCBS	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$592.18	$800	$1,540.00	$580.00
Highmark BCBS	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$750.44	$800	$1,540.00	$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	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$245.00	$275	$575.50	$207.00
Highmark Health Options-DE Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$829.50	$790	$1,540.00	$774.00
Highmark Health Options-DE Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$829.50	$790	$1,540.00	$580.00
Highmark Health Options- DE Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$829.50	$790	$1,540.00	$735.00
Highmark Health Options- DE Medicaid	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Included	$1,100	$393.75	$375	$660	$347.00
Highmark Health Options- DE Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$262.50	$275	$575.50	$207.00
Highmark-Medicare Advantage D-SNP	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$790	$1,540.00	$774.00
Highmark-Medicare Advantage D-SNP	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$790	$1,540.00	$580.00
Highmark-Medicare Advantage D-SNP	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$790	$1,540.00	$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	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$275	$575.50	$207.00
Humana	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,298.00	$800	$1,540.00	$774.00
Humana	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,275.00	$800	$1,540.00	$580.00
Humana	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,248.00	$800	$1,540.00	$735.00
Humana	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	$494.00	$375	$683.00	$347.00
Humana	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$338.00	$275	$575.50	$207.00
Humana	Inpatient Mental Health (all-inclusive hospital services) C&A	124	Not Included (billed separately)	$2,200	$1,379.00	$800	$1,540.00	$774.00
Humana	Inpatient SUD Acute Rehab (all-inclusive hospital services) C&A	128	Not Included (billed separately)	$2,200	$1,379.00	$800	$1,540.00	$580.00
Humana	Inpatient Detoxification (all inclusive hospital services) C&A	126	Not Included (billed separately)	$2,200	$1,379.00	$800	$1,540.00	$735.00
Humana- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$774.00
Humana- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$580.00
Humana- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$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	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$275	$575.50	$207.00
Humana Military (TriCare)	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,134.32	$800	$1,540.00	$774.00
Humana Military (TriCare)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,134.32	$800	$1,540.00	$580.00
Humana Military (TriCare)	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,134.32	$800	$1,540.00	$735.00
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	$394.00	$375	$683.00	$347.00
Humana Military (TriCare)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$296.00	$275	$575.50	$207.00
Independence BCBS	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,092.00	$800	$1,540.00	$774.00
Independence BCBS	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,092.00	$800	$1,540.00	$580.00
Independence BCBS	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,092.00	$800	$1,540.00	$735.00
Independence BCBS	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	$465.00	$300	$683.00	$347.00
Independence BCBS	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$290.00	$275	$575.50	$207.00
Magellan	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,061.00	$800	$1,540.00	$775.00
Magellan	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,061.00	$800	$1,540.00	$580.00
Magellan	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,061.00	$800	$1,540.00	$735.00
Magellan	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	$451.00	$300	$683.00	$347.00
Magellan	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$282.00	$275	$575.50	$207.00
Maryland Medicaid (Optum)	Inpatient Mental Health (all-inclusive hospital services)	124	Included	$2,200	$781.67	$790	$1,540.00	$774.00
Maryland Medicaid (Optum)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Included	$2,200	$781.67	$790	$1,540.00	$580.00
Maryland Medicaid (Optum)	Inpatient Detoxification (all inclusive hospital services)	126	Included	$2,200	$781.67	$790	$1,540.00	$735.00
Maryland Medicaid (Optum)	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Included	$1,100	$275.83	$375	$683.00	$347.00
Maryland Medicaid (Optum)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Included	$825	$275.83	$275	$575.50	$207.00
MultiPlan	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,320.00	$800	$1,540.00	$774.00
MultiPlan	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,320.00	$800	$1,540.00	$580.00
MultiPlan	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,320.00	$800	$1,540.00	$735.00
MultiPlan	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately)	$1,100	$660.00	$300	$683.00	$347.00
MultiPlan	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$510.00	$200	$575.50	$207.00
Optum	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$777.00	$800	$1,540.00	$774.00
Optum	Inpatient Mental Health (all-inclusive hospital services) C&A	124	Not Included (billed separately)	$2,200	$800.00	$800	$1,540.00	$774.00
Optum	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$777.00	$800	$1,540.00	$580.00
Optum	Inpatient SUD Acute Rehab (all-inclusive hospital services) C&A	128	Not Included (billed separately)	$2,200	$800.00	$800	$1,540.00	$580.00
Optum	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$777.00	$800	$1,540.00	$735.00
Optum	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	$347.00	$300	$683.00	$347.00
Optum	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$207.00	$200	$575.50	$207.00
Optum Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$774.00
Optum Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$580.00
Optum Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$735.00
Optum 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	$300	$683.00	$347.00
Optum Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$200	$575.50	$207.00
Prime Health Services	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,540.00	$800	$1,540.00	$774.00
Prime Health Services	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,540.00	$800	$1,540.00	$580.00
Prime Health Services	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,540.00	$800	$1,540.00	$735.00
Prime Health Services	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	$770.00	$300	$683.00	$347.00
Prime Health Services	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$575.50	$200	$575.50	$207.00
Prime Health Services-Medicare and WC	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$774.00
Prime Health Services-Medicare and WC	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$580.00
Prime Health Services-Medicare and WC	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$735.00
Prime Health Services-Medicare and WC	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	$300	$683.00	$347.00
Prime Health Services-Medicare and WC	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$200	$575.50	$207.00
Veterans Administration- VACCN	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$774.00
Veterans Administration- VACCN	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$580.00
Veterans Administration- VACCN	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,540.00	$735.00
Veterans Administration- VACCN	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately)	$1,100	$358.21	$300	$683.00	$347.00
Veterans Administration- VACCN	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$200	$575.50	$207.00