# SUN Behavioral Health

**SUN Behavioral Health 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 Commercial and Medicare | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $921 | $800 | $1,472 | $797 |
| Aetna Commercial and Medicare | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $921 | $800 | $1,472 | $744 |
| Aetna Commercial and Medicare | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $921 | $800 | $1,472 | $744 |
| Aetna 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 | $418 | $350 | $550 | $220 |
| Aetna Commercial and Medicare | Intensive Outpatient Program (all inclusive hospital services) | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $202 | $200 | $425 | $150 |
| Aetna Better Health- Medicaid | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $884.38/ $972.82 | $800 | $1,472 | $797 |
| Aetna Better Health- Medicaid | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $884.38/ $972.82 | $800 | $1,472 | $744 |
| Aetna Better Health- Medicaid | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $884.38/ $972.82 | $800 | $1,472 | $744 |
| Aetna Better Health- Medicaid | Partial Hospitalization Program (all inclusive hospital services) intensive | 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, | Not Included (billed separately) | $1,100 | $201 | $350 | $550 | $220 |
| Aetna Better Health- Medicaid | Intensive Outpatient Program (all inclusive hospital services) less intensive | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $130 | $200 | $425 | $150 |
| Aetna Better Health- Exchange | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $833 | $800 | $1,472 | $797 |
| Aetna Better Health- Exchange | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $833 | $800 | $1,472 | $744 |
| Aetna Better Health- Exchange | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $833 | $800 | $1,472 | $744 |
| Aetna Better Health- 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 | $275.83 | $350 | $550 | $220 |
| Aetna Better Health- Exchange | Intensive Outpatient Program (all inclusive hospital services) | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $71.65/ group | $200 | $425 | $150 |
| Aetna Better Health OhioRise | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $4534.47 APR/DRG | $800 | $1,472 | $797 |
| Aetna Better Health OhioRise | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $4534.47 APR/DRG | $800 | $1,472 | $744 |
| Aetna Better Health OhioRise | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $4534.47 APR/DRG | $800 | $1,472 | $744 |
| Aetna Better Health OhioRise | 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 | $182.66 MH/ $224.82 SUD | $350 | $550 | $220 |
| Aetna Better Health OhioRise | Intensive Outpatient Program (all inclusive hospital services) | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $182.66 MH/ $149.88 SUD | $200 | $425 | $150 |
| Anthem BCBS Commercial | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $813 | $800 | $1,472 | $797 |
| Anthem BCBS Commercial | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $813 | $800 | $1,472 | $744 |
| Anthem BCBS Commercial | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $813 | $800 | $1,472 | $744 |
| Anthem BCBS Commercial | 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 | $393 | $350 | $550 | $220 |
| Anthem BCBS Commercial | Intensive Outpatient Program (all inclusive hospital services) | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $255 | $200 | $425 | $150 |

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|---|---|---|---|---|---|---|---|---|
| Anthem Indiana Commercial | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $797 | $800 | $1,472 | $797 |
| Anthem Indiana Commercial | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $744 | $800 | $1,472 | $744 |
| Anthem Indiana Commercial | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $744 | $800 | $1,472 | $744 |
| Anthem Indiana Commercial | Partial Hospitalization Program (all inclusive hospital services) less intensive | 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, | Not Included (billed separately) | $1,100 | $361 | $350 | $550 | $220 |
| Anthem Indiana Commercial | Partial Hospitalization Program (all inclusive hospital services) intensive | 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, | Not Included (billed separately) | $1,100 | $385 | $350 | $550 | $220 |
| Anthem Indiana Commercial | Intensive Outpatient Program (all inclusive hospital services) less intensive | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $185 | $200 | $425 | $150 |
| Anthem Indiana Commercial | Intensive Outpatient Program (all inclusive hospital services) intensive | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $250 | $200 | $425 | $150 |
| Anthem Indiana-Medicaid | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $473 | $800 | $1,472 | $797 |
| Anthem Indiana-Medicaid | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $473 | $800 | $1,472 | $744 |
| Anthem Indiana-Medicaid | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $473 | $800 | $1,472 | $744 |
| Anthem Indiana-Medicaid | Partial Hospitalization Program (all inclusive hospital services) intensive | 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, | Not Included (billed separately) | $1,100 | N/C | $350 | $550 | $220 |
| Anthem Indiana-Medicaid | Intensive Outpatient Program (all inclusive hospital services) less intensive | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $130.59/ $299.22 | $200 | $425 | $150 |
| Anthem Kentucky and Indiana-Medicare | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $833 | $800 | $1,472 | $797 |
| Anthem Kentucky and Indiana-Medicare | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $833 | $800 | $1,472 | $744 |
| Anthem Kentucky and Indiana-Medicare | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $833 | $800 | $1,472 | $744 |
| Anthem Kentucky and Indiana-Medicare | Partial Hospitalization Program (all inclusive hospital services) intensive | 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, | Not Included (billed separately) | $1,100 | $275.83 | $350 | $550 | $220 |
| Anthem Kentucky and indiana-Medicare | Intensive Outpatient Program (all inclusive hospital services) less intensive | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $71.65/ group | $200 | $425 | $150 |
| Anthem Kentucky-Medicaid | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $884.38/ $972.82 | $800 | $1,472 | $797 |
| Anthem Kentucky-Medicaid | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $884.38/ $972.82 | $800 | $1,472 | $744 |
| Anthem Kentucky-Medicaid | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $884.38/ $972.82 | $800 | $1,472 | $744 |
| Anthem Kentucky-Medicaid | Partial Hospitalization Program (all inclusive hospital services) intensive | 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, | Not Included (billed separately) | $1,100 | $201 | $350 | $550 | $220 |
| Anthem Kentucky-Medicaid | Intensive Outpatient Program (all inclusive hospital services) less intensive | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $130 | $200 | $425 | $150 |
| Beacon Commercial | Inpatient Mental Health (all-inclusive hospital services) | 124 | Not Included (billed separately) | $2,200 | $943 | $800 | $1,472 | $797 |
| Beacon Commercial | Inpatient SUD Acute Rehab (all-inclusive hospital services) | 128 | Not Included (billed separately) | $2,200 | $943 | $800 | $1,472 | $744 |
| Beacon Commercial | Inpatient Detoxification (all inclusive hospital services) | 126 | Not Included (billed separately) | $2,200 | $943 | $800 | $1,472 | $744 |
| Beacon Commercial | 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 | $350 | $550 | $220 |
| Beacon Commercial | Intensive Outpatient Program (all inclusive hospital services) | 905, 906, S9480, H0015, H2020 | Not Included (billed separately) | $825 | $284 | $200 | $425 | $150 |

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|---|---|---|---|---|---|---|---|---|
| **Buckeye- Medicare** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **Buckeye- Medicare** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Buckeye- Medicare** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Buckeye- Medicare** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **Buckeye- Medicare** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |
| **Buckeye Ohio-Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$797** |
| **Buckeye Ohio-Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$744** |
| **Buckeye Ohio-Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$744** |
| **Buckeye Ohio-Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$182.66 MH/<br>$224.82 SUD** | **$350** | **$550** | **$220** |
| **Buckeye Ohio-Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$182.66 MH/<br>$149.88 SUD** | **$200** | **$425** | **$150** |
| **CareSource Healthy Exchange Marketplace** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$981** | **$800** | **$1,472** | **$797** |
| **CareSource Healthy Exchange Marketplace** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$981** | **$800** | **$1,472** | **$744** |
| **CareSource Healthy Exchange Marketplace** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$981** | **$800** | **$1,472** | **$744** |
| **CareSource Healthy Exchange Marketplace** | **Partial Hospitalization Program (all inclusive hospital services)** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$220** | **$350** | **$550** | **$220** |
| **CareSource Healthy Exchange Marketplace** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$94/ group** | **$200** | **$425** | **$150** |
| **CareSource-Medicare** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **CareSource-Medicare** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **CareSource-Medicare** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **CareSource-Medicare** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **CareSource-Medicare** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |
| **CareSource Indiana- Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$473** | **$800** | **$1,472** | **$797** |
| **CareSource Indiana-Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$473** | **$800** | **$1,472** | **$744** |
| **CareSource Indiana- Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$473** | **$800** | **$1,472** | **$744** |
| **CareSource Indiana- Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **N/C** | **$350** | **$550** | **$220** |
| **CareSource Indiana- Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$130.59/<br>$299.22** | **$200** | **$425** | **$150** |

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|---|---|---|---|---|---|---|---|---|
| **CareSource Kentucky- Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$797** |
| **CareSource Kentucky- Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **CareSource Kentucky- Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **CareSource Kentucky- Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$201.48** | **$350** | **$550** | **$220** |
| **CareSource Kentucky- Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$129.75** | **$200** | **$425** | **$150** |
| **CareSource Ohio- Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$797** |
| **CareSource Ohio- Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$744** |
| **CareSource Ohio- Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$744** |
| **CareSource Ohio- Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$182.66 MH/ $224.82 SUD** | **$350** | **$550** | **$220** |
| **CareSource Ohio- Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$182.66 MH/ $149.88 SUD** | **$200** | **$425** | **$150** |
| **Cigna/Evernorth** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,024** | **$800** | **$1,472** | **$797** |
| **Cigna/Evernorth** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,024** | **$800** | **$1,472** | **$744** |
| **Cigna/Evernorth** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,024** | **$800** | **$1,472** | **$744** |
| **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** | **$398** | **$350** | **$550** | **$220** |
| **Cigna/Evernorth** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$266** | **$200** | **$425** | **$150** |
| **Communicare Advantage** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **Communicare Advantage** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Communicare Advantage** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Communicare Advantage** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **Communicare Advantage** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |
| **Custom Design Benefits** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,145** | **$800** | **$1,472** | **$797** |
| **Custom Design Benefits** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,145** | **$800** | **$1,472** | **$744** |
| **Custom Design Benefits** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,145** | **$800** | **$1,472** | **$744** |
| **Custom Design Benefits** | **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** | **$257** | **$350** | **$550** | **$220** |
| **Custom Design Benefits** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$110/ group** | **$200** | **$425** | **$150** |

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| **Elite Health-Health Ohio Network** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,063** | **$800** | **$1,472** | **$797** |
| **Elite Health-Health Ohio Network** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,063** | **$800** | **$1,472** | **$744** |
| **Elite Health-Health Ohio Network** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,063** | **$800** | **$1,472** | **$744** |
| **Elite Health-Health Ohio Network** | **Partial Hospitalization Program (all inclusive hospital services)** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$239** | **$350** | **$550** | **$220** |
| **Elite Health-Health Ohio Network** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$102/ group** | **$200** | **$425** | **$150** |
| **Essence Healthcare** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **Essence Healthcare** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Essence Healthcare** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Essence Healthcare** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **Essence Healthcare** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |
| **First Health** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$877** | **$800** | **$1,472** | **$797** |
| **First Health** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$840** | **$800** | **$1,472** | **$744** |
| **First Health** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$840** | **$800** | **$1,472** | **$744** |
| **First Health** | **Partial Hospitalization Program (all inclusive hospital services)** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$398** | **$350** | **$550** | **$220** |
| **First Health** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$192** | **$200** | **$425** | **$150** |
| **Humana** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,038** | **$800** | **$1,472** | **$797** |
| **Humana** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,038** | **$800** | **$1,472** | **$744** |
| **Humana** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,038** | **$800** | **$1,472** | **$744** |
| **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** | **$491** | **$350** | **$550** | **$220** |
| **Humana** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$328** | **$200** | **$425** | **$150** |
| **Humana- Medicare** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **Humana- Medicare** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Humana- Medicare** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Humana- Medicare** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **Humana- Medicare** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |

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|---|---|---|---|---|---|---|---|---|
| **Humana- Kentucky Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$797** |
| **Humana- Kentucky Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **Humana- Kentucky Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **Humana- Kentucky Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$201** | **$350** | **$550** | **$220** |
| **Humana- Kentucky Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$130** | **$200** | **$425** | **$150** |
| **Humana- Ohio Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$797** |
| **Humana- Ohio Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$744** |
| **Humana- Ohio Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$3,202.14 APR-DRG** | **$800** | **$1,472** | **$744** |
| **Humana- Ohio Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$182.66 MH/ $224.82 SUD** | **$350** | **$550** | **$220** |
| **Humana- Ohio Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$182.66 MH/ $149.88 SUD** | **$200** | **$425** | **$150** |
| **Humana Military (TriCare)** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$728** | **$800** | **$1,472** | **$797** |
| **Humana Military (TriCare)** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$728** | **$800** | **$1,472** | **$744** |
| **Humana Military (TriCare)** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$728** | **$800** | **$1,472** | **$744** |
| **Humana Military (TriCare)** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$248** | **$350** | **$550** | **$220** |
| **Humana Military (TriCare)** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$64.49/ group** | **$200** | **$425** | **$150** |
| **Med Ben** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,472** | **$800** | **$1,472** | **$797** |
| **Med Ben** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,472** | **$800** | **$1,472** | **$744** |
| **Med Ben** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,472** | **$800** | **$1,472** | **$744** |
| **Med Ben** | **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** | **$330** | **$350** | **$550** | **$220** |
| **Med Ben** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$141/ group** | **$200** | **$425** | **$150** |
| **Medical Mutual of Ohio and Kentucky** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,030** | **$800** | **$1,472** | **$797** |
| **Medical Mutual of Ohio and Kentucky** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,030** | **$800** | **$1,472** | **$744** |
| **Medical Mutual of Ohio and Kentucky** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,030** | **$800** | **$1,472** | **$744** |
| **Medical Mutual of Ohio and Kentucky** | **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** | **$350** | **$550** | **$220** |
| **Medical Mutual of Ohio and Kentucky** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$247** | **$200** | **$425** | **$150** |

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|---|---|---|---|---|---|---|---|---|
| **Medical Mutual of Ohio and Kentucky (NASCO)** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$770** | **$800** | **$1,472** | **$797** |
| **Medical Mutual of Ohio and Kentucky (NASCO)** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$770** | **$800** | **$1,472** | **$744** |
| **Medical Mutual of Ohio and Kentucky (NASCO)** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$770** | **$800** | **$1,472** | **$744** |
| **Medical Mutual of Ohio and Kentucky (NASCO)** | **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** | **$385** | **$350** | **$550** | **$220** |
| **Medical Mutual of Ohio and Kentucky (NASCO)** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$298** | **$200** | **$425** | **$150** |
| **MHS of Indiana-Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$473** | **$800** | **$1,472** | **$797** |
| **MHS of Indiana-Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$473** | **$800** | **$1,472** | **$744** |
| **MHS of Indiana-Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$473** | **$800** | **$1,472** | **$744** |
| **MHS of Indiana-Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **N/C** | **$350** | **$550** | **$220** |
| **MHS of Indiana-Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$130.59/$299.22** | **$200** | **$425** | **$150** |
| **MHS of Indiana-Exchange** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$813** | **$800** | **$1,472** | **$797** |
| **MHS of Indiana-Exchange** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$813** | **$800** | **$1,472** | **$744** |
| **MHS of Indiana-Exchange** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$813** | **$800** | **$1,472** | **$744** |
| **MHS of Indiana-Exchange** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$350** | **$350** | **$550** | **$220** |
| **MHS of Indiana-Exchange** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$250** | **$200** | **$425** | **$150** |
| **MultiPlan** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$1,000** | **$800** | **$1,472** | **$797** |
| **MultiPlan** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$1,000** | **$800** | **$1,472** | **$744** |
| **MultiPlan** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$1,000** | **$800** | **$1,472** | **$744** |
| **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** | **$550** | **$350** | **$550** | **$220** |
| **MultiPlan** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$425** | **$200** | **$425** | **$150** |
| **Passport by Molina-Medicare, MMP, Exchange** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **Passport by Molina-Medicare, MMP, Exchange** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Passport by Molina-Medicare, MMP, Exchange** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Passport by Molina-Medicare, MMP, Exchange** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **Passport by Molina-Medicare, MMP, Exchange** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/group** | **$200** | **$425** | **$150** |

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|---|---|---|---|---|---|---|---|---|---|
| **Passport by Molina-Kentucky Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$797** |
| **Passport by Molina-Kentucky Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **Passport by Molina-Kentucky Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **Passport by Molina-Kentucky Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$201** | **$350** | **$550** | **$220** |
| **Passport by Molina-Kentucky Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$130** | **$200** | **$425** | **$150** |
| **United Healthcare Optum** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$950** | **$800** | **$1,472** | **$797** |
| **United Healthcare Optum** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$950** | **$800** | **$1,472** | **$744** |
| **United Healthcare Optum** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$950** | **$800** | **$1,472** | **$744** |
| **United Healthcare 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** | **$300** | **$350** | **$550** | **$220** |
| **United Healthcare Optum** | **Intensive Outpatient Program (all inclusive hospital services)** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$150** | **$200** | **$425** | **$150** |
| **United Healthcare Optum- Medicare** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **United Healthcare Optum- Medicare** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **United Healthcare Optum- Medicare** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **United Healthcare Optum- Medicare** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **United Healthcare Optum- Medicare** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |
| **United Healthcare Optum- Kentucky Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$797** |
| **United Healthcare Optum- Kentucky Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **United Healthcare Optum- Kentucky Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **United Healthcare Optum- Kentucky Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$201** | **$350** | **$550** | **$220** |
| **United Healthcare Optum- Kentucky Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$130** | **$200** | **$425** | **$150** |
| **Veterans Administration VACCN** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **Veterans Administration VACCN** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Veterans Administration VACCN** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **Veterans Administration VACCN** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **Veterans Administration VACCN** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |

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|---|---|---|---|---|---|---|---|---|---|
| **WellCare Medicare** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$797** |
| **WellCare Medicare** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **WellCare Medicare** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$833** | **$800** | **$1,472** | **$744** |
| **WellCare Medicare** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$275.83** | **$350** | **$550** | **$220** |
| **WellCare Medicare** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$71.65/ group** | **$200** | **$425** | **$150** |
| **WellCare- Kentucky Medicaid** | **Inpatient Mental Health (all-inclusive hospital services)** | **124** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$797** |
| **WellCare- Kentucky Medicaid** | **Inpatient SUD Acute Rehab (all-inclusive hospital services)** | **128** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **WellCare- Kentucky Medicaid** | **Inpatient Detoxification (all inclusive hospital services)** | **126** | **Not Included (billed separately)** | **$2,200** | **$884.38/ $972.82** | **$800** | **$1,472** | **$744** |
| **WellCare- Kentucky Medicaid** | **Partial Hospitalization Program (all inclusive hospital services) intensive** | **912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,** | **Not Included (billed separately)** | **$1,100** | **$201** | **$350** | **$550** | **$220** |
| **WellCare- Kentucky Medicaid** | **Intensive Outpatient Program (all inclusive hospital services) less intensive** | **905, 906, S9480, H0015, H2020** | **Not Included (billed separately)** | **$825** | **$130** | **$200** | **$425** | **$150** |

Prices Posted and Effective (01/01/2023)