Payer Name Aetna Commercial and Medicare Aetna Commercial and Medicare Aetna Commercial	Shoppable Service Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	their individual finance plan benefits and description benefits and des	Physician/ Provider Services Not Included (billed separately) Not Included (billed separately) Not Included	Charge Per Day \$2,200.00 \$2,200.00			High Comm'l Per Day \$1,558.13	Low Comm'l Per Day \$797.00 \$744.00
Aetna Commercial and Medicare Aetna Commercial and Medicare Aetna Commercial and Medicare Aetna Better	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100.00 \$825.00	\$431.00 \$208.00 \$1,130.21/	\$350.00 \$200.00	\$569.93 \$506.66	\$318.00 \$185.00
Health- Medicaid Aetna Better Health- Medicaid Aetna Better Health- Medicaid Aetna Better Health- Medicaid	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$1,243.23 \$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23 \$201.48	\$800.00	\$1,558.13 \$1,558.13 \$1,558.13 \$569.93	\$797.00 \$744.00 \$744.00 \$744.00
Aetna Better Health- Medicaid Aetna Better Health- Exchange Aetna Better Health- Exchange	Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	90847, G0410, 905, 906, S9480, H0015, H2020 124	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$825.00 \$2,200.00 \$2,200.00	\$129.75 \$949.00 \$910.00	\$200.00 \$800.00 \$800.00	\$1,558.13	\$185.00 \$797.00 \$744.00
Health- Exchange Aetna Better Health- Exchange Aetna Better Health- Exchange Aetna Better	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100.00 \$1,200.00 \$825.00	\$910.00 \$431.00 \$208 \$877.68	\$350.00 \$200.00 \$800.00	\$1,558.13 \$569.93 \$506.66 \$1,558.13	\$744.00 \$318.00 \$185.00
Health OhioRise Aetna Better Health OhioRise Aetna Better Health OhioRise Aetna Better Health OhioRise	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00	\$877.68 \$877.68 \$333.58	\$800.00 \$800.00 \$350.00	\$1,558.13 \$1,558.13	\$744.00 \$744.00 \$318.00
Aetna Better Health OhioRise Anthem BCBS Commercial Anthem BCBS Commercial Anthem BCBS Commercial	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	905, 906, S9480, H0015, H2020 124 128	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00 \$2,200.00	\$287.88 \$829.00 \$774.00	\$200.00 \$800.00 \$800.00 \$800.00	\$1,558.13 \$1,558.13	\$185.00 \$797.00 \$744.00 \$744.00
Anthem BCBS Commercial Anthem BCBS Commercial Anthem Indiana Commercial	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00	\$375/\$401 \$193 MH/ \$260 SUD \$797.00	\$350.00 \$200.00 \$800.00	\$569.93 \$506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
Anthem Indiana Commercial Anthem Indiana Commercial Anthem Indiana Commercial	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) less intensive	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00	\$744.00 \$744.00 \$361.00	\$800.00 \$800.00 \$350.00	\$1,558.13 \$1,558.13 \$569.93	\$744.00 \$744.00 \$744.00 \$318.00
Anthem Indiana Commercial Anthem Indiana Commercial Anthem Indiana	Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$825.00	\$385.00 \$185.00 \$250.00	\$350.00 \$200.00 \$200.00	\$506.66 \$425 \$425	\$318.00 \$185.00 \$185.00
Commercial Anthem Indiana- Medicaid Anthem Indiana- Medicaid Anthem Indiana- Medicaid	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	124 128 126 912, 913, 90853,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00	100% Medicaid 100% Medicaid 100% Medicaid	\$800.00	\$1,558.13 \$1,558.13	\$797.00 \$744.00 \$744.00
Anthem Indiana- Medicaid Anthem Indiana- Medicaid Anthem Kentucky and Indiana- Medicare	(all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (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) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00	\$219.22 \$130.59 Child /\$299.22 Adult \$895.63	\$350.00 \$200.00 \$800.00		\$318.00 \$185.00 \$797.00
Anthem Kentucky and Indiana- Medicare Anthem Kentucky and Indiana- Medicare Anthem Kentucky and Indiana- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00	\$895.63 \$895.63 \$358.21		\$1,558.13 \$1,558.13 \$569.93	\$744.00 \$744.00 \$318.00
Anthem Kentucky and indiana- Medicare Anthem Kentucky- Medicaid Anthem Kentucky- Medicaid	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	90847, G0410, 905, 906, S9480, H0015, H2020 124	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00	\$259.40 \$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23	\$200.00 \$800.00 \$800.00		\$185.00 \$797.00 \$744.00
Anthem Kentucky- Medicaid Anthem Kentucky- Medicaid Anthem Kentucky-	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$1,100.00 \$825.00	\$1,130.21/ \$1,243.23 \$201.48 \$129.75	\$800.00 \$350.00 \$200.00	\$1,558.13 \$569.93 506.66	\$744.00 \$318.00 \$185.00
Medicaid Beacon Commercial Beacon Commercial Beacon Commercial	Inpatient Mental Health (all-inclusive hospital servicess) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126 912, 913, 90853, H2020, H0015,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00	\$962.00 \$962.00 \$962.00	\$800.00 \$800.00 \$800.00	\$1,558.13	\$797.00 \$744.00 \$744.00
Beacon Commercial Beacon Commercial Beacon Health Strategies- Medicaid Beacon Health	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital servicess) Inpatient SUD Acute Rehab	90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100.00 \$825.00 \$2,200.00	\$420.00 \$290.00 \$1,130.21/ \$1,243.23 \$1,130.21/		\$569.93 506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
Strategies- Medicaid Beacon Health Strategies- Medicaid Beacon Health Strategies- Medicaid	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00	\$1,130.21/ \$1,130.21/ \$1,243.23 \$201.48	\$800.00 \$800.00 \$350.00	\$1,558.13 \$1,558.13 \$569.93	\$744.00 \$744.00 \$318.00
Beacon Health Strategies- Medicaid Buckeye- Medicare Buckeye- Medicare Buckeye- Medicare	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	905, 906, S9480, H0015, H2020 124 128	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00 \$2,200.00	\$129.75 \$895.63 \$895.63 \$895.63	\$200.00 \$800.00 \$800.00		\$185.00 \$797.00 \$744.00 \$744.00
Buckeye- Medicare Buckeye- Medicare Buckeye Ohio- Medicaid	Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00	\$358.21 \$259.40 \$877.68	\$350.00 \$200.00 \$800.00	\$569.93 \$506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
Buckeye Ohio- Medicaid Buckeye Ohio- Medicaid Buckeye Ohio- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00	\$877.68 \$877.68 \$333.58		\$1,558.13 \$1,558.13 \$569.93	\$744.00 \$744.00 \$318.00
Buckeye Ohio- Medicaid CareSource Healthy Exchange Marketplace CareSource Healthy Exchange Marketplace	Intensive Outpatient Program (all inclusive hospital services) less intensive 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)	\$825.00 \$2,200.00 \$2,200.00	\$287.88 \$1,038.76 \$1,038.76	\$200.00 \$800.00 \$800.00		\$185.00 \$797.00 \$744.00
CareSource Healthy Exchange Marketplace CareSource Healthy Exchange Marketplace CareSource Healthy Exchange Marketplace	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$1,100.00 \$825.00	\$1,038.76 \$379.95 \$337.78	\$800.00 \$350.00 \$200.00	\$1,558.13 \$569.93 \$506.66	\$744.00 \$318.00 \$185.00
Marketplace CareSource- Medicare CareSource- Medicare CareSource- Medicare	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	124 128 126 912, 913, 90853, H2020, H0015,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00	\$895.63 \$895.63 \$895.63	\$800.00 \$800.00 \$800.00	\$1,558.13 \$1,558.13 \$1,558.13	\$797.00 \$744.00 \$744.00
CareSource- Medicare CareSource- Medicare CareSource Indiana- Medicaid CareSource	(all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100.00 \$825.00 \$2,200.00	\$358.21 \$259.40 100% Medicaid 100%	\$350.00 \$200.00 \$800.00	\$569.93 \$506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
Indiana-Medicaid CareSource Indiana- Medicaid CareSource Indiana- Medicaid	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00	100% Medicaid \$219.22	\$800.00 \$800.00 \$350.00	\$1,558.13 \$569.93	\$744.00 \$744.00 \$318.00
CareSource Indiana- Medicaid CareSource Kentucky- Medicaid CareSource Kentucky- Medicaid CareSource	(all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	905, 906, S9480, H0015, H2020 124 128	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00	Adult/ \$299.22 Child \$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23	\$200.00 \$800.00 \$800.00	\$1,558.13	\$185.00 \$797.00 \$744.00
CareSource Kentucky- Medicaid CareSource Kentucky- Medicaid CareSource Kentucky- Medicaid	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$1,100.00 \$825.00	\$1,130.21/ \$1,243.23 \$201.48 \$129.75	\$800.00 \$350.00 \$200.00	\$1,558.13 \$569.93 506.66	\$744.00 \$318.00 \$185.00
Medicaid CareSource Ohio- Medicaid CareSource Ohio- Medicaid CareSource Ohio- Medicaid CareSource Ohio-	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$877.68 \$877.68 \$877.68	\$800.00 \$800.00 \$800.00	\$1,558.13 \$1,558.13	\$797.00 \$744.00 \$744.00 \$318.00
CareSource Ohio- Medicaid CareSource Ohio- Medicaid Cigna/Evernorth Cigna/Evernorth			Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00 \$2,200.00	\$333.58 \$287.88 \$1,055 \$1,055	\$350.00 \$200.00 \$800.00 \$800.00	\$506.66 \$1,558.13	\$318.00 \$185.00 \$797.00 \$744.00
Cigna/Evernorth Cigna/Evernorth Cigna/Evernorth	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00 \$825.00	\$1,055 \$1,055 \$410.00 \$274.00		\$1,558.13 \$1,558.13 \$569.93 \$506.66	\$744.00 \$744.00 \$318.00 \$185.00
Communicare Advantage Communicare Advantage Communicare Advantage Communicare Advantage	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$895.63 \$895.63 \$895.63 \$358.21		\$1,558.13 \$1,558.13	\$797.00 \$744.00 \$744.00 \$318.00
				\$1,100.00 \$825.00 \$2,200.00 \$2,200.00	\$358.21 \$259.40 \$1,211.88 \$1,211.88	\$200.00	\$506.66	\$318.00 \$185.00 \$797.00 \$744.00
Benefits Custom Design Benefits Custom Design Benefits Custom Design	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$2,200.00 \$1,100.00 \$825.00	\$1,211.88 \$1,211.88 \$443.28 \$394.07	\$800.00 \$800.00 \$350.00 \$200.00	\$1,558.13 \$569.93	\$744.00 \$744.00 \$318.00 \$185.00
Custom Design Benefits Elite Health- Health Ohio Network Elite Health- Health Ohio Network Elite Health- Health Ohio Network	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)		Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00 \$2,200.00	\$394.07 \$1,125.32 \$1,125.32 \$1,125.32	\$800.00 \$800.00		\$185.00 \$797.00 \$744.00 \$744.00
Health Ohio Network Elite Health- Health Ohio Network Elite Health- Health Ohio Network Essence	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100.00 \$825.00	\$411.62 \$365.42	\$350.00 \$200.00	\$569.93 \$506.66	\$318.00 \$185.00
Essence Healthcare Essence Healthcare Essence Healthcare Essence Healthcare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$895.63 \$895.63 \$895.63 \$358.21	\$800.00 \$800.00 \$800.00 \$350.00	\$1,558.13 \$1,558.13 \$1,558.13 \$569.93	\$797.00 \$744.00 \$744.00 \$744.00
Essence Healthcare First Health First Health	Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	H2036, 916, 915,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$825.00 \$2,200.00 \$2,200.00 \$2,200.00	\$259.40 \$949.00 \$910.00	\$200.00 \$800.00 \$800.00 \$800.00	\$1,558.13 \$1,558.13	\$185.00 \$797.00 \$744.00
First Health First Health First Health Humana	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$1,100.00 \$825.00 \$2,200.00	\$910.00 \$431.00 \$208.00 \$1,038.00	\$800.00 \$350.00 \$200.00 \$800.00	\$569.93	\$744.00 \$318.00 \$185.00 \$797.00
Humana Humana Humana Humana	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$1,038.00 \$1,038.00 \$1,038.00 \$491.00		\$1,558.13 \$1,558.13 \$1,558.13 \$569.93	\$797.00 \$744.00 \$744.00 \$318.00
Humana Humana- Medicare Humana- Medicare Humana- Medicare Medicare	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)		Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00 \$2,200.00	\$328.00 \$895.63 \$895.63 \$895.63	\$200.00 \$800.00 \$800.00	\$506.66 \$1,558.13 \$1,558.13 \$1,558.13	\$185.00 \$797.00 \$744.00 \$744.00
Humana- Medicare Humana- Medicare Humana- Kentucky		912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020		\$1,100.00 \$825.00 \$2,200.00	\$358.21 \$259.40 \$1,130.21/	\$350.00 \$350.00 \$200.00	\$569.93 506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
Medicaid Humana- Kentucky Medicaid Humana- Kentucky Medicaid Humana- Kentucky	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035,		\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23		\$1,558.13	\$797.00 \$744.00 \$744.00 \$318.00
Kentucky Medicaid Humana- Kentucky Medicaid Humana- Ohio Medicaid Humana- Ohio Medicaid	(all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)		(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00 \$2,200.00	\$201.48 \$129.75 \$877.68 \$877.68	\$200.00 \$800.00	\$569.93 506.66 \$1,558.13 \$1,558.13	\$185.00 \$185.00 \$797.00 \$744.00
Medicaid Humana- Ohio Medicaid Humana- Ohio Medicaid Humana- Ohio Medicaid	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$1,100.00 \$825.00	\$877.68 \$877.68 \$333.58 \$287.88	\$800.00 \$800.00 \$350.00 \$200.00		\$744.00 \$744.00 \$318.00 \$185.00
Humana Military (TriCare) Humana Military (TriCare) Humana Military (TriCare)		124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$958.58 \$958.58 \$958.58 \$958.58	\$800.00 \$800.00		\$797.00 \$744.00 \$744.00 \$744.00
Humana Military (TriCare) Humana Military (TriCare) Med Ben Med Ben			Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00 \$2,200.00	\$331.20 \$301.76 \$1,558.13 \$1,558.13	\$350.00 \$200.00 \$800.00 \$800.00	\$506.66	\$318.00 \$185.00 \$797.00 \$744.00
Med Ben Med Ben Med Ben		128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020		\$2,200.00 \$2,200.00 \$1,100.00 \$825.00	\$1,558.13 \$1,558.13 \$569.93 \$506.66	\$800.00 \$800.00 \$350.00 \$200.00		\$744.00 \$744.00 \$318.00 \$185.00
Medical Mutual of Ohio and Kentucky Medical Mutual of Ohio and Kentucky Medical Mutual of Ohio and Kentucky		124 128 126		\$2,200.00 \$2,200.00 \$2,200.00	\$1,061.00 \$1,061.00 \$1,061.00	\$800.00 \$800.00	\$1,558.13	\$797.00 \$744.00 \$744.00
Medical Mutual of Ohio and Kentucky Medical Mutual of Ohio and Kentucky Medical Mutual of Ohio and Kentucky	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00	\$530.00 \$255.00 \$895.63	\$350.00 \$200.00 \$800.00	\$506.66	\$318.00 \$185.00 \$797.00
Kentucky Medicare Advantage Medical Mutual of Ohio and Kentucky Medicare Advantage Medical Mutual of Ohio and Kentucky	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	128	(billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$2,200.00 \$2,200.00	\$895.63 \$895.63 \$895.63	\$800.00 \$800.00 \$800.00	\$1,558.13	\$797.00 \$744.00 \$744.00
Kentucky Medicare Advantage Medical Mutual of Ohio and Kentucky Medicare Advantage Medical Mutual of Ohio and Kentucky	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$1,100.00 \$825.00	\$895.63 \$358.21 \$259.40	\$350.00 \$350.00	\$1,558.13 \$569.93 \$506.66	\$744.00 \$318.00 \$185.00
Kentucky Medicare Advantage MHS of Indiana- Medicaid (HHW, HCC) MHS of Indiana- Medicaid (HHW, HCC) MHS of Indiana- Medicaid (HHW, HCC)	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification		(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$2,200.00 \$2,200.00	100% Medicaid 100% Medicaid	\$800.00	\$1,558.13 \$1,558.13	\$797.00 \$744.00 \$744.00
MHS of Indiana- Medicaid (HHW, HCC) MHS of Indiana- Medicaid (HHW, HCC)	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$1,100.00 \$825.00	\$219.22 \$130.59 Adult/ \$299.22 Child	\$350.00 \$350.00	\$569.93	\$744.00 \$318.00 \$185.00
MHS of Indiana- Medicaid (HIP)	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$895.63 \$895.63 \$895.63 \$358.21	\$800.00 \$800.00 \$800.00 \$350.00		\$797.00 \$744.00 \$744.00 \$318.00
Medicaid (HIP) MHS of Indiana- Medicaid (HIP) MHS of Indiana- Exchange MHS of Indiana- Exchange	Intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00	\$259.40 \$813.00 \$813.00	\$200.00 \$800.00 \$800.00	\$506.66 \$1,558.13 \$1,558.13	\$185.00 \$797.00 \$744.00
MHS of Indiana- Exchange MHS of Indiana- Exchange MHS of Indiana- Exchange	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$1,100.00 \$825.00	\$813.00 \$350.00 \$250.00	\$800.00 \$350.00 \$200.00	\$1,558.13 \$569.93 506.66	\$744.00 \$318.00 \$185.00
MultiPlan MultiPlan MultiPlan MultiPlan MultiPlan MultiPlan	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$1,060.00 \$1,060.00 \$1,060.00 \$583.00	\$800.00 \$800.00 \$800.00 \$350.00	\$1,558.13 \$1,558.13	\$797.00 \$744.00 \$744.00 \$744.00
MultiPlan OhioRise OhioRise		90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020		\$825.00 \$2,200.00 \$2,200.00	\$437.25 \$437.25 \$3,202.14 APR-DRG \$3,202.14 APR-DRG \$3,202.14	\$200.00 \$800.00 \$800.00	\$506.66 \$1,558.13 \$1,558.13	\$185.00 \$797.00 \$744.00
OhioRise OhioRise OhioRise	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$1,100.00 \$825.00	\$3,202.14 APR-DRG \$182.66 MH/ \$224.82 SUD \$182.66 MH/ \$149.88 SUD	\$350.00 \$350.00	\$569.93	\$744.00 \$318.00 \$185.00
Passport by Molina- Medicare, MMP, Exchange Passport by Molina- Medicare, MMP, Exchange Passport by Molina- Medicare, MMP, Exchange	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126 912, 913, 90853,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00	\$895.63 \$895.63 \$895.63	\$800.00 \$800.00 \$800.00	\$1,558.13	\$797.00 \$744.00 \$744.00
Passport by Molina- Medicare, MMP, Exchange Passport by Molina- Medicare, MMP, Exchange Passport by Molina- Kentucky Medicaid	Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00	\$358.21 \$259.40 \$1,130.21/ \$1,243.23	\$350.00 \$200.00 \$800.00	\$569.93 \$506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23 \$201.48	\$800.00 \$800.00 \$800.00	\$1,558.13	\$744.00 \$744.00 \$744.00
_	Intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00	\$129.75 \$1,027.00 \$1,027.00	\$200.00 \$800.00 \$800.00	\$506.66 \$1,558.13 \$1,558.13	\$185.00 \$797.00 \$744.00
United Healthcare Optum United Healthcare Optum United Healthcare Optum United Healthcare	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200.00 \$1,100.00 \$825.00	\$1,027.00 \$318.00 \$212.00	\$800.00 \$350.00 \$200.00	\$569.93 \$506.66	\$744.00 \$318.00 \$185.00
United Healthcare Optum- Medicare United Healthcare Optum- Medicare United Healthcare Optum- Medicare United Healthcare Optum- Medicare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive	124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$895.63 \$895.63 \$895.63 \$358.21	\$800.00 \$800.00 \$800.00 \$350.00	\$1,558.13 \$1,558.13 \$1,558.13 \$569.93	\$797.00 \$744.00 \$744.00 \$318.00
Optum- Medicare United Healthcare Optum- Medicare United Healthcare Optum- Kentucky Medicaid United Healthcare Optum- Kentucky				\$1,100.00 \$825.00 \$2,200.00 \$2,200.00	\$358.21 \$259.40 \$1,130.21/ \$1,243.23 \$1,130.21/ \$1,243.23	\$200.00 \$800.00	\$506.66	\$318.00 \$185.00 \$797.00 \$744.00
Optum- Kentucky Medicaid United Healthcare Optum- Kentucky Medicaid United Healthcare Optum- Kentucky Medicaid United Healthcare	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,		\$2,200.00 \$1,100.00	\$1,243.23 \$1,130.21/ \$1,243.23 \$201.48	\$800.00	\$1,558.13 \$569.93	\$744.00 \$318.00
United Healthcare Optum- Kentucky Medicaid Optum Indiana Medicaid Optum Indiana Medicaid Optum Indiana Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825.00 \$2,200.00 \$2,200.00 \$2,200.00	\$129.75 \$1,255.50 \$1,255.50 \$1,255.50	\$200.00 \$800.00 \$800.00 \$800.00	\$1,558.13	\$185.00 \$797.00 \$744.00 \$744.00
Optum Indiana Medicaid Optum Indiana Medicaid Veterans Administration	Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00 \$2,200.00	\$219.22 \$130.59 Adult/ \$299.22 Child \$895.63	\$350.00 \$200.00 \$800.00	\$569.93 506.66 \$1,558.13	\$318.00 \$185.00 \$797.00
Administration VACCN Veterans Administration VACCN Veterans Administration VACCN	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035,		\$2,200.00 \$2,200.00 \$2,200.00 \$1,100.00	\$895.63 \$895.63 \$895.63 \$358.21	\$800.00 \$800.00 \$800.00 \$350.00	\$1,558.13	\$797.00 \$744.00 \$744.00 \$318.00
Veterans Administration	(all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services) less intensive Inpatient Mental Health (all-inclusive hospital services)		(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100.00 \$825.00 \$2,200.00 \$2,200.00	\$358.21 \$259.40 \$895.63 \$895.63	\$200.00 \$800.00		\$318.00 \$185.00 \$797.00 \$744.00
	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128 	Not Included (billed separately) Not Included (billed separately)	\$2,200.00 \$2,200.00	\$895.63 \$895.63	\$800.00 \$800.00	\$1,558.13 \$1,558.13	\$744.00 \$744.00
Administration VACCN Veterans Administration VACCN WellCare Medicare	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately)	\$1,100.00 \$825.00	\$358.21 \$259.40	\$350.00 \$200.00	\$569.93 \$506.66	\$318.00 \$185.00
Administration VACCN Veterans Administration VACCN WellCare Medicare WellCare Medicare WellCare Medicare WellCare Medicare	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) intensive Intensive Outpatient Program	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	(billed separately)				\$506.66 \$1,558.13 \$1,558.13	