SUN Behavioral Health

SUN Behavioral Kentucky 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	Shoppable 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)	$2,200.00	$949.00	$800.00	$1,558.13	$797.00
Aetna Commercial and Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$910.00	$800.00	$1,558.13	$744.00
Aetna Commercial and Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$910.00	$800.00	$1,558.13	$744.00
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)	$1,100.00	$431.00	$350.00	$569.93	$318.00
Aetna Commercial and Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$208.00	$200.00	$506.66	$185.00
Aetna Better Health- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$797.00
Aetna Better Health- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
Aetna Better Health- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
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)	$1,100.00	$201.48	$350.00	$569.93	$318.00
Aetna Better Health- Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$129.75	$200.00	$506.66	$185.00
Aetna Better Health- Exchange	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$949.00	$800.00	$1,558.13	$797.00
Aetna Better Health- Exchange	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$910.00	$800.00	$1,558.13	$744.00
Aetna Better Health- Exchange	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$910.00	$800.00	$1,558.13	$744.00
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)	$1,100.00	$431.00	$350.00	$569.93	$318.00
Aetna Better Health- Exchange	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$208	$200.00	$506.66	$185.00
Aetna Better Health OhioRise	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$797.00
Aetna Better Health OhioRise	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$744.00
Aetna Better Health OhioRise	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$744.00
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)	$1,100.00	$333.58	$350.00	$569.93	$318.00
Aetna Better Health OhioRise	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$287.88	$200.00	$506.66	$185.00
Anthem BCBS Commercial	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$829.00	$800.00	$1,558.13	$797.00
Anthem BCBS Commercial	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$774.00	$800.00	$1,558.13	$744.00
Anthem BCBS Commercial	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$774.00	$800.00	$1,558.13	$744.00
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)	$1,100.00	$375/$401	$350.00	$569.93	$318.00
Anthem BCBS Commercial	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$193 MH/ $260 SUD	$200.00	$506.66	$185.00

Anthem Indiana Commercial	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$797.00	$800.00	$1,558.13	$797.00
Anthem Indiana Commercial	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$744.00	$800.00	$1,558.13	$744.00
Anthem Indiana Commercial	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$744.00	$800.00	$1,558.13	$744.00
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)	$1,100.00	$361.00	$350.00	$569.93	$318.00
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)	$1,100.00	$385.00	$350.00	$506.66	$318.00
Anthem Indiana Commercial	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$185.00	$200.00	$425	$185.00
Anthem Indiana Commercial	Intensive Outpatient Program (all inclusive hospital services) intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$250.00	$200.00	$425	$185.00
Anthem Indiana-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	100% Medicaid	$800.00	$1,558.13	$797.00
Anthem Indiana-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	100% Medicaid	$800.00	$1,558.13	$744.00
Anthem Indiana-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	100% Medicaid	$800.00	$1,558.13	$744.00
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)	$1,100.00	$219.22	$350.00	$569.93	$318.00
Anthem Indiana-Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$130.59 Child /$299.22 Adult	$200.00	$506.66	$185.00
Anthem Kentucky and Indiana-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$797.00
Anthem Kentucky and Indiana-Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
Anthem Kentucky and Indiana-Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
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)	$1,100.00	$358.21	$350.00	$569.93	$318.00
Anthem Kentucky and indiana-Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$259.40	$200.00	$506.66	$185.00
Anthem Kentucky-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$797.00
Anthem Kentucky-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
Anthem Kentucky-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
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)	$1,100.00	$201.48	$350.00	$569.93	$318.00
Anthem Kentucky-Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$129.75	$200.00	506.66	$185.00
Beacon Commercial	Inpatient Mental Health (all-inclusive hospital servicess)	124	Not Included (billed separately)	$2,200.00	$962.00	$800.00	$1,558.13	$797.00
Beacon Commercial	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$962.00	$800.00	$1,558.13	$744.00
Beacon Commercial	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$962.00	$800.00	$1,558.13	$744.00
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)	$1,100.00	$420.00	$350.00	$569.93	$318.00
Beacon Commercial	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$290.00	$200.00	506.66	$185.00

Beacon Health Strategies-Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$797.00**
Beacon Health Strategies-Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$744.00**
Beacon Health Strategies-Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$744.00**
Beacon Health Strategies-Medicaid	**Partial Hospitalization Program (all inclusive hospital services)**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$201.48**	**$350.00**	**$569.93**	**$318.00**
Beacon Health Strategies-Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$129.75**	**$200.00**	**506.66**	**$185.00**
Buckeye-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
Buckeye-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
Buckeye-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
Buckeye-Medicare	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**
Buckeye Ohio-Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$877.68**	**$800.00**	**$1,558.13**	**$797.00**
Buckeye Ohio-Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$877.68**	**$800.00**	**$1,558.13**	**$744.00**
Buckeye Ohio-Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$877.68**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$333.58**	**$350.00**	**$569.93**	**$318.00**
Buckeye Ohio-Medicaid	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$287.88**	**$200.00**	**$506.66**	**$185.00**
CareSource Healthy Exchange Marketplace	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,038.76**	**$800.00**	**$1,558.13**	**$797.00**
CareSource Healthy Exchange Marketplace	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,038.76**	**$800.00**	**$1,558.13**	**$744.00**
CareSource Healthy Exchange Marketplace	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,038.76**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$379.95**	**$350.00**	**$569.93**	**$318.00**
CareSource Healthy Exchange Marketplace	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$337.78**	**$200.00**	**$506.66**	**$185.00**
CareSource-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
CareSource-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
CareSource-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
CareSource-Medicare	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**

CareSource Indiana- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	100% Medicaid	$800.00	$1,558.13	$797.00
CareSource Indiana-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	100% Medicaid	$800.00	$1,558.13	$744.00
CareSource Indiana- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	100% Medicaid	$800.00	$1,558.13	$744.00
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)	$1,100.00	$219.22	$350.00	$569.93	$318.00
CareSource Indiana- Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$130.59 Adult/ $299.22 Child	$200.00	506.66	$185.00
CareSource Kentucky-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$797.00
CareSource Kentucky-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
CareSource Kentucky-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
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)	$1,100.00	$201.48	$350.00	$569.93	$318.00
CareSource Kentucky-Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$129.75	$200.00	506.66	$185.00
CareSource Ohio-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$797.00
CareSource Ohio-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$744.00
CareSource Ohio-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$744.00
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)	$1,100.00	$333.58	$350.00	$569.93	$318.00
CareSource Ohio-Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$287.88	$200.00	$506.66	$185.00
Cigna/Evernorth	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,055	$800.00	$1,558.13	$797.00
Cigna/Evernorth	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,055	$800.00	$1,558.13	$744.00
Cigna/Evernorth	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,055	$800.00	$1,558.13	$744.00
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)	$1,100.00	$410.00	$350.00	$569.93	$318.00
Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$274.00	$200.00	$506.66	$185.00
Communicare Advantage	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$797.00
Communicare Advantage	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
Communicare Advantage	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
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)	$1,100.00	$358.21	$350.00	$569.93	$318.00
Communicare Advantage	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$259.40	$200.00	$506.66	$185.00

Custom Design Benefits	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,211.88**	**$800.00**	**$1,558.13**	**$797.00**
Custom Design Benefits	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,211.88**	**$800.00**	**$1,558.13**	**$744.00**
Custom Design Benefits	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,211.88**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$443.28**	**$350.00**	**$569.93**	**$318.00**
Custom Design Benefits	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$394.07**	**$200.00**	**$506.66**	**$185.00**
Elite Health-Health Ohio Network	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,125.32**	**$800.00**	**$1,558.13**	**$797.00**
Elite Health-Health Ohio Network	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,125.32**	**$800.00**	**$1,558.13**	**$744.00**
Elite Health-Health Ohio Network	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,125.32**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$411.62**	**$350.00**	**$569.93**	**$318.00**
Elite Health-Health Ohio Network	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$365.42**	**$200.00**	**$506.66**	**$185.00**
Essence Healthcare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
Essence Healthcare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
Essence Healthcare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
Essence Healthcare	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**
First Health	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$949.00**	**$800.00**	**$1,558.13**	**$797.00**
First Health	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$910.00**	**$800.00**	**$1,558.13**	**$744.00**
First Health	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$910.00**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$431.00**	**$350.00**	**$569.93**	**$318.00**
First Health	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$208.00**	**$200.00**	**$506.66**	**$185.00**
Humana	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,038.00**	**$800.00**	**$1,558.13**	**$797.00**
Humana	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,038.00**	**$800.00**	**$1,558.13**	**$744.00**
Humana	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,038.00**	**$800.00**	**$1,558.13**	**$744.00**
Humana	**Partial Hospitalization Program (all inclusive hospital services)**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$491.00**	**$350.00**	**$569.93**	**$318.00**
Humana	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$328.00**	**$200.00**	**$506.66**	**$185.00**

Humana-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$797.00
Humana-Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
Humana-Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
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)	$1,100.00	$358.21	$350.00	$569.93	$318.00
Humana-Medicare	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$259.40	$200.00	506.66	$185.00
Humana-Kentucky Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$797.00
Humana-Kentucky Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
Humana-Kentucky Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
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)	$1,100.00	$201.48	$350.00	$569.93	$318.00
Humana-Kentucky Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$129.75	$200.00	506.66	$185.00
Humana- Ohio Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$797.00
Humana- Ohio Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$744.00
Humana- Ohio Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$877.68	$800.00	$1,558.13	$744.00
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)	$1,100.00	$333.58	$350.00	$569.93	$318.00
Humana- Ohio Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$287.88	$200.00	$506.66	$185.00
Humana Military (TriCare)	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$958.58	$800.00	$1,558.13	$797.00
Humana Military (TriCare)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$958.58	$800.00	$1,558.13	$744.00
Humana Military (TriCare)	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$958.58	$800.00	$1,558.13	$744.00
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)	$1,100.00	$331.20	$350.00	$569.93	$318.00
Humana Military (TriCare)	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$301.76	$200.00	$506.66	$185.00
Med Ben	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,558.13	$800.00	$1,558.13	$797.00
Med Ben	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,558.13	$800.00	$1,558.13	$744.00
Med Ben	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,558.13	$800.00	$1,558.13	$744.00
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)	$1,100.00	$569.93	$350.00	$569.93	$318.00
Med Ben	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$506.66	$200.00	$506.66	$185.00

Medical Mutual of Ohio and Kentucky	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,061.00**	**$800.00**	**$1,558.13**	**$797.00**
Medical Mutual of Ohio and Kentucky	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,061.00**	**$800.00**	**$1,558.13**	**$744.00**
Medical Mutual of Ohio and Kentucky	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,061.00**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$530.00**	**$350.00**	**$569.93**	**$318.00**
Medical Mutual of Ohio and Kentucky	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$255.00**	**$200.00**	**$506.66**	**$185.00**
Medical Mutual of Ohio and Kentucky Medicare Advantage	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
Medical Mutual of Ohio and Kentucky Medicare Advantage	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
Medical Mutual of Ohio and Kentucky Medicare Advantage	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
Medical Mutual of Ohio and Kentucky Medicare Advantage	**Partial Hospitalization Program (all inclusive hospital services)**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
Medical Mutual of Ohio and Kentucky Medicare Advantage	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**
MHS of Indiana-Medicaid (HHW, HCC)	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**100% Medicaid**	**$800.00**	**$1,558.13**	**$797.00**
MHS of Indiana-Medicaid (HHW, HCC)	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**100% Medicaid**	**$800.00**	**$1,558.13**	**$744.00**
MHS of Indiana-Medicaid (HHW, HCC)	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**100% Medicaid**	**$800.00**	**$1,558.13**	**$744.00**
MHS of Indiana-Medicaid (HHW, HCC)	**Partial Hospitalization Program (all inclusive hospital services) intensive**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$219.22**	**$350.00**	**$569.93**	**$318.00**
MHS of Indiana-Medicaid (HHW, HCC)	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$130.59 Adult/ $299.22 Child**	**$200.00**	**$506.66**	**$185.00**
MHS of Indiana-Medicaid (HIP)	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
MHS of Indiana-Medicaid (HIP)	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
MHS of Indiana-Medicaid (HIP)	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
MHS of Indiana-Medicaid (HIP)	**Partial Hospitalization Program (all inclusive hospital services) intensive**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
MHS of Indiana-Medicaid (HIP)	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**

MHS of Indiana- Exchange	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$813.00**	**$800.00**	**$1,558.13**	**$797.00**
MHS of Indiana- Exchange	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$813.00**	**$800.00**	**$1,558.13**	**$744.00**
MHS of Indiana- Exchange	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$813.00**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$350.00**	**$350.00**	**$569.93**	**$318.00**
MHS of Indiana- Exchange	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$250.00**	**$200.00**	**506.66**	**$185.00**
MultiPlan	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,060.00**	**$800.00**	**$1,558.13**	**$797.00**
MultiPlan	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,060.00**	**$800.00**	**$1,558.13**	**$744.00**
MultiPlan	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,060.00**	**$800.00**	**$1,558.13**	**$744.00**
MultiPlan	**Partial Hospitalization Program (all inclusive hospital services)**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$583.00**	**$350.00**	**$569.93**	**$318.00**
MultiPlan	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$437.25**	**$200.00**	**$506.66**	**$185.00**
OhioRise	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$3,202.14 APR-DRG**	**$800.00**	**$1,558.13**	**$797.00**
OhioRise	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$3,202.14 APR-DRG**	**$800.00**	**$1,558.13**	**$744.00**
OhioRise	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$3,202.14 APR-DRG**	**$800.00**	**$1,558.13**	**$744.00**
OhioRise	**Partial Hospitalization Program (all inclusive hospital services) intensive**	**912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,**	**Not Included (billed separately)**	**$1,100.00**	**$182.66 MH/ $224.82 SUD**	**$350.00**	**$569.93**	**$318.00**
OhioRise	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$182.66 MH/ $149.88 SUD**	**$200.00**	**$506.66**	**$185.00**
Passport by Molina- Medicare, MMP, Exchange	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
Passport by Molina- Medicare, MMP, Exchange	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
Passport by Molina- Medicare, MMP, Exchange	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
Passport by Molina- Medicare, MMP, Exchange	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**
Passport by Molina- Kentucky Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$797.00**
Passport by Molina- Kentucky Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$744.00**
Passport by Molina- Kentucky Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$201.48**	**$350.00**	**$569.93**	**$318.00**
Passport by Molina- Kentucky Medicaid	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$129.75**	**$200.00**	**$506.66**	**$185.00**

United Healthcare Optum	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,027.00	$800.00	$1,558.13	$797.00
United Healthcare Optum	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,027.00	$800.00	$1,558.13	$744.00
United Healthcare Optum	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,027.00	$800.00	$1,558.13	$744.00
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)	$1,100.00	$318.00	$350.00	$569.93	$318.00
United Healthcare Optum	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$212.00	$200.00	$506.66	$185.00
United Healthcare Optum- Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$797.00
United Healthcare Optum- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
United Healthcare Optum- Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
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)	$1,100.00	$358.21	$350.00	$569.93	$318.00
United Healthcare Optum- Medicare	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$259.40	$200.00	$506.66	$185.00
United Healthcare Optum- Kentucky Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$797.00
United Healthcare Optum- Kentucky Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
United Healthcare Optum- Kentucky Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,130.21/ $1,243.23	$800.00	$1,558.13	$744.00
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)	$1,100.00	$201.48	$350.00	$569.93	$318.00
United Healthcare Optum- Kentucky Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$129.75	$200.00	$506.66	$185.00
Optum Indiana Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$1,255.50	$800.00	$1,558.13	$797.00
Optum Indiana Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$1,255.50	$800.00	$1,558.13	$744.00
Optum Indiana Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$1,255.50	$800.00	$1,558.13	$744.00
Optum 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)	$1,100.00	$219.22	$350.00	$569.93	$318.00
Optum Indiana Medicaid	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$130.59 Adult/ $299.22 Child	$200.00	506.66	$185.00
Veterans Administration VACCN	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$797.00
Veterans Administration VACCN	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
Veterans Administration VACCN	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200.00	$895.63	$800.00	$1,558.13	$744.00
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)	$1,100.00	$358.21	$350.00	$569.93	$318.00
Veterans Administration VACCN	Intensive Outpatient Program (all inclusive hospital services) less intensive	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825.00	$259.40	$200.00	$506.66	$185.00

WellCare Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$797.00**
WellCare Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
WellCare Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$895.63**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$358.21**	**$350.00**	**$569.93**	**$318.00**
WellCare Medicare	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$259.40**	**$200.00**	**$506.66**	**$185.00**
WellCare-Kentucky Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$797.00**
WellCare-Kentucky Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$744.00**
WellCare-Kentucky Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200.00**	**$1,130.21/ $1,243.23**	**$800.00**	**$1,558.13**	**$744.00**
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)**	**$1,100.00**	**$201.48**	**$350.00**	**$569.93**	**$318.00**
WellCare-Kentucky Medicaid	**Intensive Outpatient Program (all inclusive hospital services) less intensive**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825.00**	**$129.75**	**$200.00**	**$506.66**	**$185.00**