



d/b/a Cottonwood Creek Behavioral Hospital
2131 South Bonito Way
Meridian ID 83642
208.202.4700

SHOPPABLE SERVICES

Effective Date: 12/01/2021

All current services provided by this hospital are listed within this document.

Other services may be provided by independent healthcare providers. Such services may include but are not limited to pathology services and/or radiology services and/or physician visits and therapies. These outside services will be billed directly by the provider. Cottonwood Creek Behavioral Hospital does not negotiate or control those charges or reimbursement rates.

Table of Contents is on next page.

TABLE OF CONTENTS

	PAGE
Available Services	4
Payor Negotiated Rates:	
MEDICARE	5
MEDICARE BC IDAHO	6
MEDICARE REGENCY BS	7
MEDICARE MOLINA	8
MEDICARE PACIFIC SOURCE	9
MEDICARE MA UBH	10
MEDICARE SELECT HEALTH	11
MEDICARE AETNA	12
MEDICARE MEDIGOLD	13
MEDICAID ID	14
MEDICAID UBH/OPTUM	15
ADA COUNTY INVOLUNTARY	16
BINGHAM COUNTY INVOLUNTARY	17
BLAINE COUNTY INVOLUNTARY	18
BOISE COUNTY INVOLUNTARY	19
CANYON COUNTY INVOLUNTARY	20
ELMORE COUNTY INVOLUNTARY	21
GOODING COUNTY INVOLUNTARY	22
GEM COUNTY INVOLUNTARY	23
JEROME COUNTY INVOLUNTARY	24
PAYETTE COUNTY INVOLUNTARY	25
VALLEY COUNTY INVOLUNTARY	26
REGION 1 H&W	27
REGION 3 H&W	28

TABLE OF CONTENTS (continued)

Payor Negotiated Rates (continued)

PAGE

REGION 4 H&W	29
REGION 5 H&W	30
REGION 6 H&W	31
MEDICAID BC ID PLUS	32
MEDICAID MOLINA PLUS	33
TRICARE FOR LIFE	34
TRICARE WEST-HEALTHNET FEDERAL SERV	35
TRIWEST CCN	36
BLUE CHOICE	37
BLUE CROSS OF IDAHO	38
BLUE CROSS PPO	39
BLUE CROSS HMO	40
REGENCE BLUE SHIELD PPO	41
AETNA	42
CIGNA	43
GEHA	44
PACIFIC SOURCE	45
PRINCIPAL	46
SELECT HEALTH	47
UMR	48
UNITED BH/OPTUM	49
UNITED HEALTHCARE	50
MOUNTAIN HEALTH COOP	51

AVAILABLE SERVICES

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	Max	Min	Self pay rate
INPATIENT SERVICES							
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1236 per diem	\$680.04 per diem	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1236 per diem	\$950 per diem	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$1000 per procedure	\$331.68 per procedure	
INTENSIVE OUTPATIENT PROGRAM							
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$225 per diem	\$175 per diem	\$190 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$225 per diem	\$175 per diem	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	rate, part of the bundled IOP services	rate, part of the bundled IOP services	rate, part of the bundled IOP services
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853			
OTHER OUTPATIENT SERVICES							
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$1000 per procedure	\$478.47 per procedure	\$500 per procedure

Click here to return to Table of Contents

Payor Negotiated Rates

MEDICARE IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE ID
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$331.68 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$220.32 per diem
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$220.32 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$478.47 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR BC IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR BC IDAHO
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Medicare APC Fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Medicare APC Fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$478.47 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR REGENCY BS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR REGENCY BS
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Medicare APC Fee schedule
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Medicare APC Fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR MOLINA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MOLINA
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$331.68 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Medicare APC Fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Medicare APC Fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$478.47 per procedure

Click here to return to Table of Contents

MCR PACIFIC SOURCE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR PACIFIC SOURCE
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	103% DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	103% DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	103% of Medicare fee sche
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	103% of Medicare fee sche
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR MA UBH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MA UBH
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$331.68 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$217 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$780 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR SELECT HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR SELECT HEALTH
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$800 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Paid per Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Paid per Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$700 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR AETNA
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1200 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1030 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$1000 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$225 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$225 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$1000 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCR MEDIGOLD

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MEDIGOLD
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$227.24 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$227.24 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MEDICAID ID

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID ID
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$680.04 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$151.03 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCD UBH/OPTUM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD UBH/OPTUM
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$151.34 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$120.04 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	

Click here to return to Table of Contents

ADA COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	ADA COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$975 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$975 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BINGHAM COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BINGHAM COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BLAINE COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLAINE COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BOISE COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BOISE COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1065 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1065 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

CANYON COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CANYON COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$975 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$975 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

ELMORE COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	ELMORE COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

GEM COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	GEM COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

GOODING COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	GOODING COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

JEROME COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	JEROME COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1065 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1065 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

PAYETTE COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	PAYETTE COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

VALLEY COUNTY INVOLUNTARY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	VALLEY COUNTY INVOLUNTARY
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1034 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1034 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

REGION 1 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 1 H&W
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1050 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1050 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

REGION 3 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 3 H&W
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1050 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1050 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

REGION 4 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 4 H&W
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1050 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1050 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

REGION 5 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 5 H&W
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1050 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1050 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

REGION 6 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 6 H&W
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1050 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1050 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCD BC ID PLUS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD BC ID PLUS
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MCD MOLINA PLUS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD MOLINA PLUS
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

TRICARE FOR LIFE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRICARE FOR LIFE
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Paid per Medicare fee sche
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Paid per Medicare fee sche
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

TRICARE WEST-HEALTHNET FEDERAL SERV

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRICARE WEST-HEALTHNET FEDERAL SERV
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$729 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$729 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Paid per Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Paid per Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$478.47 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

TRIWEST CCN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRIWEST CCN
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	Paid per Medicare fee sche
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	Paid per Medicare fee sche
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BLUE CHOICE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CHOICE
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$600 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$175 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$175 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$550 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BLUE CROSS OF IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS OF IDAHO
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$600 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$175 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$175 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$550 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BLUE CROSS PPO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS PPO
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$600 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$175 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$175 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$550 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

BLUE CROSS HMO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS HMO
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$600 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$175 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$175 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$550 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

REGENCE BLUE SHIELD PPO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGENCE BLUE SHIELD PPO
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1100 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$200 per diem
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$200 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	AETNA
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1200 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$1000 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$225 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$225 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$1000 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

CIGNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CIGNA
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1236 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1236 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$850 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$283 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$283 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$700 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

GEHA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	GEHA
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$950 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$780 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$217 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$780 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

PACIFIC SOURCE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	PACIFIC SOURCE
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1158 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1158 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$210 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$210 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

PRINCIPAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	PRINCIPAL
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$950 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$780 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$217 per diem
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$780 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

SELECT HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SELECT HEALTH
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1193 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1193 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$800 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$275 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$275 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$700 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

UMR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UMR
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$950 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$780 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$217 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$780 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

[Click here to return to Table of Contents](#)

UNITED BH/OPTUM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UNITED BH/OPTUM
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$950 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$780 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$217 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$780 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

UNITED HEALTHCARE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UNITED HEALTHCARE
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$950 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	\$780 per procedure
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$217 per diem
n/a	INTENSTIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	\$780 per procedure
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents

MOUNTAIN HEALTH COOP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MOUNTAIN HEALTH COOP
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1300 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1300 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,100.00	901/ GZB0ZZZ	
INTENSIVE OUTPATIENT PROGRAM					
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /S9480/905/ 906/914/915	\$300 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per day	90853/90832 /H0015/905/ 906/914/915	\$300 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of the IOP program	\$ 120.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$ 100.00	90853	
OTHER OUTPATIENT SERVICES					
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	320/ 90870	
Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.					

Click here to return to Table of Contents