



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

Shoppable Services

Effective Date: 12/01/2022

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.

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Available Services

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | Max | Min |
|-------------------------------------|--|---|---|---|---|---|
| INPATIENT SERVICES | | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1236 per diem | \$729 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1236 per diem | \$729 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$1000 per procedure | \$151.03 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$300 per diem | \$151.34 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$300 per diem | \$120.04 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | No negotiated rate, part of the bundled IOP | No negotiated rate, part of the bundled IOP |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | | |
| OTHER OUTPATIENT SERVICES | | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$1000 per procedure | \$498.53 per procedure |

Payer Specific Negotiated Rates

MEDICARE IDAHO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MEDICARE ID |
|-------------------------------------|--|---|---|---|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCR BC IDAHO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR BC IDAHO |
|-------------------------------------|--|---|---|---|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCR REGENCY BS

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR REGENCY BS |
|-------------------------------------|--|---|---|------------------------------------|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCR MOLINA

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR MOLINA |
|-------------------------------------|--|---|---|------------------------------------|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCR PACIFIC SOURCE

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR PACIFIC SOURCE |
|---|--|---|---|---|---------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | 103% DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | 103% DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |
| Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor. | | | | | |

MCR MA UBH

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR MA UBH |
|---|--|---|---|---|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$217 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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. | | | | | |

MCR SELECT HEALTH

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR SELECT HEALTH |
|-------------------------------------|--|---|---|---|--------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCR AETNA

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR AETNA |
|-------------------------------------|--|---|---|-------------------------------------|----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1200 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1030 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$1000 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$225 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$225 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

MCR MEDIGOLD

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR MEDIGOLD |
|-------------------------------------|--|---|---|---|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | DRG |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$434.97 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCR BEACON HEALTH PPO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCR BEACON HEALTH PPO |
|-------------------------------------|--|---|---|------------------------------------|------------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1100 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1100 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$900 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$250 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$250 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$900 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MEDICAID IDAHO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MEDICAID ID |
|-------------------------------------|--|---|---|---|---------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$800 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCD UBH/OPTUM

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCD UBH/OPTUM |
|-------------------------------------|--|---|---|---|----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$151.34 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$120.04 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

REGION 1 H&W

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | REGION 1 H&W |
|-------------------------------------|--|---|---|------------------------------------|-------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

REGION 3 H&W

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | REGION 3 H&W |
|-------------------------------------|--|---|---|------------------------------------|-------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

REGION 4 H&W

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | REGION 4 H&W |
|-------------------------------------|--|---|---|------------------------------------|-------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

REGION 5 H&W

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | REGION 5 H&W |
|-------------------------------------|--|---|---|------------------------------------|-------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

REGION 6 H&W

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | REGION 6 H&W |
|-------------------------------------|--|---|---|------------------------------------|-------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCD BC ID PLUS

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCD BC ID PLUS |
|-------------------------------------|--|---|---|---|-----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCD MOLINA PLUS

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCD MOLINA PLUS |
|-------------------------------------|--|---|---|---|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MCD BEACON HEALTH OPTIONS

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MCD BEACON HEALTH OPTIONS |
|-------------------------------------|--|---|---|------------------------------------|----------------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$739.17 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$739.17 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$151.03 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$151.34 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$120.04 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$760 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

TRICARE FOR LIFE

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | TRICARE FOR LIFE |
|---|--|---|---|---|-------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$729 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$729 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$220.32 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |
| Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor. | | | | | |

TRICARE WEST-HEALTHNET

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | TRICARE WEST-HEALTHNET |
|-------------------------------------|--|---|---|---|-------------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$729 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$729 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$498.53 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

VETERANS ADMINISTRATION

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | VETERANS ADMINISTRATION |
|-------------------------------------|--|---|---|------------------------------------|--------------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | 48% charges |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

TRIWEST CCN

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | TRIWEST CCN |
|-------------------------------------|--|---|---|---|--------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | DRG |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$221.01 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$221.01 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

BLUE CHOICE

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | BLUE CHOICE |
|---|--|---|---|------------------------------------|---------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1000 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$600 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$175 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$175 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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. | | | | | |

BLUE CROSS OF IDAHO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | BLUE CROSS OF IDAHO |
|-------------------------------------|--|---|---|---|----------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1000 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$600 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$175 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$175 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

BLUE CROSS PPO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | BLUE CROSS PPO |
|-------------------------------------|--|---|---|-------------------------------------|-----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1000 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$600 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$175 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$175 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

BLUE CROSS HMO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | BLUE CROSS HMO |
|-------------------------------------|--|---|---|---|-----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1000 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$600 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$175 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$175 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

REGENCE BLUE SHIELD PPO

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | REGENCE BLUE SHIELD PPO |
|-------------------------------------|--|---|---|------------------------------------|--------------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1100 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1100 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$200 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

BLUE CROSS BLUE SHIELD OF ID MARKETPLACE

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | BLUE CROSS BLUE SHIELD OF ID MARKETPLACE |
|-------------------------------------|--|---|---|------------------------------------|---|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$950 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$950 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$570 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$166 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$166 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$523 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

AETNA

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | AETNA |
|-------------------------------------|--|---|---|---|----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1200 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1000 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$1000 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$225 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$225 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

CIGNA

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | CIGNA |
|-------------------------------------|--|---|---|------------------------------------|---------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1236 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1236 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$850 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$283 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$283 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

GEHA

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | GEHA |
|-------------------------------------|--|---|---|---|---------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$950 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$217 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

PACIFIC SOURCE

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | PACIFIC SOURCE |
|-------------------------------------|--|---|---|-------------------------------------|-----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1158 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1158 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$210 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$210 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

PRINCIPAL

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | PRINCIPAL |
|-------------------------------------|--|---|---|---|---------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$950 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$217 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

SELECT HEALTH

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | SELECT HEALTH |
|-------------------------------------|--|---|---|---|----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1193 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1193 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$800 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$275 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$275 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

UMR

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | UMR |
|---|--|---|---|------------------------------------|---------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$950 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$217 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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. | | | | | |

UNITED BH/OPTUM

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | UNITED BH/OPTUM |
|-------------------------------------|--|---|---|---|------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$950 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | \$217 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.

BEACON HEALTH OPTIONS

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | BEACON HEALTH OPTIONS |
|-------------------------------------|--|---|---|------------------------------------|-----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1100 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1100 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$900 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$250 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$250 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | \$900 per procedure |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

MOUNTAIN HEALTH COOP

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | MOUNTAIN HEALTH COOP |
|-------------------------------------|--|---|---|------------------------------------|-----------------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1000 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | \$1000 per diem |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 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 | Based on quantity services received per | 90853/90832 /S9480/905/906/914/915 | \$300 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 | Based on quantity services received per | 90853/90832 /H0015/905/906/914/915 | \$300 per diem |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 90870 | |

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.

COMPSYCH

| INTERNAL REFERENCE NUMBER | SERVICE DESCRPTION | TYPE OF SERVICE | GROSS CHARGE | PRIMARY BILLING CODE | COMPSYCH |
|-------------------------------------|--|---|---|---|----------------------|
| INPATIENT SERVICES | | | | | |
| 100000 | SEMI PRIVATE R&B | INPATIENT | \$1714 per diem | 124 | \$1100 per diem |
| 100001 | DETOX SEMI PRIVATE ROOM AND BED | INPATIENT | \$1714 per diem | 126 | |
| 1050010 | ELECTROSHOCK TREATMENT INPATIENT Technical Component | INPATIENT ANCILLARY | \$ 1,663.00 | 901/ GZB0ZZZ | \$1000 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 | Based on quantity services received per | 90853/90832 /S9480/905/ 906/914/915 | \$275 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 | Based on quantity services received per | 90853/90832 /H0015/905/ 906/914/915 | |
| 4590832 | INDIVIDUAL PSYCHOTHERAPY 30 MINUTES | Individual components of the IOP program | \$ 170.00 | 914/ 90832 | |
| 4590853 | GROUP PSYCHOTHERAPY 45 MINUTES | | \$ 150.00 | 90853/S9480 | |
| OTHER OUTPATIENT SERVICES | | | | | |
| 1050020 | ELECTROSHOCK TREATMENT OUTPATIENT Technical Component | Outpatient | \$ 1,000.00 | 320/901/ 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.