

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.

Table of Contents is on the next page.

Table of Contents

vailable Services	4
ayer Specific Negotiated Rates:	
MEDICARE ID	5
MCR BC IDAHO	6
MCR REGENCY BS	7
MCR MOLINA	8
MCR PACIFIC SOURCE	9
MCR MA UBH	10
MCR SELECT HEALTH	11
MCR AETNA	12
MCR MEDIGOLD	13
MCR BEACON HEALTH PPO	14
MEDICAID ID	15
MCD UBH/OPTUM	16
REGION 1 H&W	17
REGION 3 H&W	18
REGION 4 H&W	19
REGION 5 H&W	20
REGION 6 H&W	21
MCD BC ID PLUS	22
MCD MOLINA PLUS	23
MCD BEACON HEALTH OPTIONS	24
TRICARE FOR LIFE	. 25
TRICARE WEST-HEALTHNET	
VETERANS ADMINISTRATION	. 27
TRIWEST CCN	. 28
BLUF CHOICE	. 29

Table of Contents (continued)

Payer Specific Negotiated Rates (continued):

BLUE CROSS OF IDAHO	30
BLUE CROSS PPO	31
BLUE CROSS HMO	32
REGENCE BLUE SHIELD PPO	33
BLUE CROSS BLUE SHIELD OF ID MARKETPLACE	34
AETNA	35
CIGNA	36
GEHA	37
PACIFIC SOURCE	38
PRINCIPAL	39
SELECT HEALTH	40
	41
	42
	43
MOUNTAIN HEALTH COOP	44
COMPSYCH	45

Available Services

INTERNAL				PRIMARY		
REFERENCE				BILLING		
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	Max	Min
INPATIENT S	ERVICES					
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
	ELECTROSHOCK TREATMENT			901/	\$1000 per	\$151.03 per
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	procedure	procedure
INTENSIVE O	UTPATIENT PROGRAM					
		Bundled service IOP Mental	Based on			
		Health is billed as quantity 3	quantity	90853/90832		
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/		
n/a	(IOP) - Mental Health	and/or 4590853 per date of	received per	906/914/915	\$300 per diem	\$151.34 per diem
		Bundled service IOP	Based on			
		Substance Abuse is billed as	quantity	90853/90832		
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/		
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$300 per diem	\$120.04 per diem
	INDIVIDUAL PSYCHOTHERAPY 30	Individual components of			No negotiated	No negotiated
4590832	MINUTES	'	\$ 170.00	914/ 90832	rate, part of the	rate, part of the
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	bundled IOP	bundled IOP
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT			320/901/	\$1000 per	\$498.53 per
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	procedure	procedure

Payer Specific Negotiated Rates

MEDICARE IDAHO

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROS	S CHARGE	CODE	MEDICARE ID
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714	per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714	per diem	126	DRG
ı	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$434.97 per procedure
INTENSIVE O	UTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quanti	ity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	servic	es	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of		ed per	906/914/915	\$221.01 per diem
		Bundled service IOP	Based			
		Substance Abuse is billed as	quanti	ity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	servic	es	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receiv	ed per	906/914/915	\$221.01 per diem
	INDIVIDUAL PSYCHOTHERAPY 30	Individual components of				
4590832	MINUTES	the IOP program	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	life for program	\$	150.00	90853/\$9480	
OTHER OUTP	ATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$498.53 per procedure

MCR BC IDAHO

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCR BC IDAHO
INPATIENT S	ERVICES				
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per diem	126	DRG
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$434.97 per procedure
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health	•	received per	906/914/915	\$221.01 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUTF	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
4050000	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	\$498.53 per procedure

MCR REGENCY BS

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	MCR REGENCY BS
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714	per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714	per diem	126	DRG
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$434.97 per procedure
NTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quanti [.]	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	es	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	\$221.01 per diem
		Bundled service IOP	Based			
		Substance Abuse is billed as	quanti [.]	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	es	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$498.53 per procedure

MCR MOLINA

RVICES EMI PRIVATE R&B ETOX SEMI PRIVATE ROOM AND BED LECTROSHOCK TREATMENT	INPATIENT INPATIENT ANCILLARY Bundled service IOP Mental	\$1714 p \$1714 p \$	oer diem ber diem 1,663.00	124 126 901/	DRG DRG \$434.97 per procedure
EMI PRIVATE R&B ETOX SEMI PRIVATE ROOM AND BED LECTROSHOCK TREATMENT NPATIENT Technical Component	INPATIENT ANCILLARY Bundled service IOP Mental	\$1714 p	oer diem	126 901/	DRG
ETOX SEMI PRIVATE ROOM AND BED LECTROSHOCK TREATMENT NPATIENT Technical Component	INPATIENT ANCILLARY Bundled service IOP Mental	\$1714 p	oer diem	126 901/	DRG
LECTROSHOCK TREATMENT NPATIENT Technical Component	INPATIENT ANCILLARY Bundled service IOP Mental	\$		901/	
NPATIENT Technical Component	Bundled service IOP Mental		1,663.00	1	\$434.97 per procedure
'	Bundled service IOP Mental		1,663.00	GZB0ZZZ	\$434.97 per procedure
TPATIENT PROGRAM		Based			
		Based			
			on		
	Health is billed as quantity 3	quantit	ty	90853/90832	
NTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
OP) - Mental Health				906/914/915	\$221.01 per diem
	Bundled service IOP	Based	on		
	Substance Abuse is billed as	quantit	ty	90853/90832	
NTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
OP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$221.01 per diem
NDIVIDUAL PSYCHOTHERAPY 30 NINUTES	Individual components of	\$	170.00	914/ 90832	
ROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
TIENT SERVICES					
LECTROSHOCK TREATMENT				320/901/	
UTPATIENT Technical Component	Outpatient	\$	1,000.00	1	\$498.53 per procedure
	TENSTIVE OUTPATIENT PROGRAM OP) - Substance Abuse DIVIDUAL PSYCHOTHERAPY 30 INUTES ROUP PSYCHOTHERAPY 45 MINUTES FIENT SERVICES ECTROSHOCK TREATMENT JTPATIENT Technical Component	DP) - Mental Health Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per DIVIDUAL PSYCHOTHERAPY 30 INUTES ROUP PSYCHOTHERAPY 45 MINUTES TIENT SERVICES ECTROSHOCK TREATMENT JTPATIENT Technical Component Outpatient	DP) - Mental Health Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590853 per detection process of the IOP program Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per detection process of the IOP program Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per detection process of the IOP program Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per detection process of 4590853 per detection pro	DP) - Mental Health and/or 4590853 per date of Bundled service IOP Substance Abuse is billed as quantity quantity 3 or more units of 4590832 and/or 4590853 per DIVIDUAL PSYCHOTHERAPY 30 INUTES ROUP PSYCHOTHERAPY 45 MINUTES TIENT SERVICES ECTROSHOCK TREATMENT JTPATIENT Technical Component and/or 4590853 per date of Bundled service IOP Substance Abuse is billed as quantity services received per Individual components of the IOP program \$ 170.00 \$ 150.00 \$ 150.00 \$ 1,000.00	DP) - Mental Health and/or 4590853 per date of Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590853 per date of P0P) - Substance Abuse DIVIDUAL PSYCHOTHERAPY 30 INUTES ROUP PSYCHOTHERAPY 45 MINUTES TIENT SERVICES ECTROSHOCK TREATMENT Bundled service IOP Substance Abuse is billed as quantity 90853/90832 490853/90832 7 received per 906/914/915 7 possible as quantity 90853/90832 7 possible as quantity 908/914/915

MCR PACIFIC SOURCE

REFERENCE				BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCR PACIFIC SOURCE
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$434.97 per procedure
NTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/\$9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$221.01 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		\$498.53 per procedure

MCR MA UBH

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROS	S CHARGE	CODE	MCR MA UBH
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714	per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714	per diem	126	DRG
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$434.97 per procedure
INTENSIVE O	UTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quant	ity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	servic	es	/S9480/905/	
n/a	(IOP) - Mental Health			ved per	906/914/915	\$217 per diem
		Bundled service IOP	Based			
		Substance Abuse is billed as	quant	ity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	servic	es	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receiv	ed per	906/914/915	\$217 per diem
	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/S9480	
OTHER OUTP	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$780 per procedure
	OUTPATIENT Technical Component isted without a payor rate indicates the			•		

MCR SELECT HEALTH

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHAR	GE CODE	MCR SELECT HEALTH
NPATIENT S	ERVICES				
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per die	m 124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per die	m 126	DRG
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.	00 GZB0ZZZ	\$434.97 per procedure
NTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$221.01 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.	00 914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.	00 90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050000	OUTPATIENT Technical Component	Outpatient	\$ 1,000.		\$498.53 per procedure

MCR AETNA

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCR AETNA
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$1000 per procedure
INTENSIVE O	UTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		•	906/914/915	\$225 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$225 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		\$1000 per procedure
Any service	isted without a payor rate indicates the	ere is no contract or negotiate	d rate for that ser	vices for that	navor

MCR MEDIGOLD

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	MCR MEDIGOLD
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714	per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714	per diem	126	DRG
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$434.97 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quanti	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	es	/S9480/905/	
n/a	(IOP) - Mental Health		receiv		906/914/915	\$221.01 per diem
		Bundled service IOP	Based	-		
		Substance Abuse is billed as	quanti	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	es	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receiv	ed per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$498.53 per procedure
	OUTPATIENT Technical Component listed without a payor rate indicates the	·				

MCR BEACON HEALTH PPO

INTERNAL REFERENCE				PRIMARY BILLING	MCR BEACON HEALTH
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	PPO
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$900 per procedure
INTENSIVE C	UTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$250 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$250 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	\$900 per procedure

MEDICAID IDAHO

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	MEDICAID ID
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	per diem	126	\$739.17 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quanti	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	es	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	
		Bundled service IOP	Based			
		Substance Abuse is billed as	quanti	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	es	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$800 per procedure

MCD UBH/OPTUM

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCD UBH/OPTUM
INPATIENT S	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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$151.34 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$120.04 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	

REGION 1 H&W

100000 Si 100001 D	RVICE DESCIRPTION RVICES EMI PRIVATE R&B	TYPE OF SERVICE	GROSS CHARGE	CODE	DECION 4 HOVA
100000 S 100001 D					REGION 1 H&W
100001 D	EMI PRIVATE R&B				
		INPATIENT	\$1714 per diem	124	\$739.17 per diem
E	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per diem	126	\$739.17 per diem
-	LECTROSHOCK TREATMENT			901/	
1050010 IN	NPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE OU	JTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
II	NTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a (I	IOP) - Mental Health		•	906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
II	NTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a (I	IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832 M	NDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853 G	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUTPA	ATIENT SERVICES				
E	LECTROSHOCK TREATMENT			320/901/	
1050020 O	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	

REGION 3 H&W

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	REGION 3 H&W
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	received per	906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		

18

REGION 4 H&W

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	REGION 4 H&W
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	

REGION 5 H&W

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	REGION 5 H&W
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	

REGION 6 H&W

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	REGION 6 H&W
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	

MCD BC ID PLUS

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCD BC ID PLUS
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of		906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		

MCD MOLINA PLUS

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	MCD MOLINA PLUS
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/\$9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUTF	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
4050000	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	

MCD BEACON HEALTH OPTIONS

INTERNAL REFERENCE					PRIMARY BILLING	MCD BEACON HEALTH
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	OPTIONS
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714	oer diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714	oer diem	126	\$739.17 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$151.03 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quanti [.]	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	es .	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	receive		906/914/915	\$151.34 per diem
		Bundled service IOP	Based	on		
		Substance Abuse is billed as	quanti [.]	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	es .	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$120.04 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170 00	914/ 90832	
	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$		90853/S9480	
	PATIENT SERVICES		٧	130.00	30033/33400	
O ITILK OO IF	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$760 per procedure

TRICARE FOR LIFE

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHAP	RGE CODE	TRICARE FOR LIFE
INPATIENT S	ERVICES				
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per di	em 124	\$729 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per die	em 126	\$729 per diem
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663	3.00 GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health			906/914/915	\$220.32 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$220.32 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170	0.00 914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150	0.00 90853/\$9480	
	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
	OUTPATIENT Technical Component	Outpatient	\$ 1,000	0.00 90870	

TRICARE WEST-HEALTHNET

INTERNAL REFERENCE				PRIMARY BILLING	TRICARE WEST-
_	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	_	HEALTHNET
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health	•	received per	906/914/915	\$221.01 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
4050000	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	\$498.53 per procedure

VETERANS ADMINISTRATION

INTERNAL REFERENCE				PRIMARY BILLING	VETERANS
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	ADMINISTRATION
INPATIENT S	ERVICES				
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per diem	124	48% charges
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per diem	126	
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE O	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health			906/914/915	
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	
	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		

TRIWEST CCN

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	TRIWEST CCN
INPATIENT S	ERVICES				
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per diem	126	
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health			906/914/915	\$221.01 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$221.01 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		

BLUE CHOICE

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	BLUE CHOICE
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	er diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	er diem	126	\$1000 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$600 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	\$175 per diem
		Bundled service IOP	Based	on		
		Substance Abuse is billed as	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$175 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
4050000	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$550 per procedure

BLUE CROSS OF IDAHO

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	BLUE CROSS OF IDAHO
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	oer diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	oer diem	126	\$1000 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$600 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	\$175 per diem
		Bundled service IOP	Based			
		Substance Abuse is billed as	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$175 per diem
4500022	INDIVIDUAL PSYCHOTHERAPY 30	Individual components of	¢	170.00	014/00022	
	MINUTES	the IOP program	\$		914/ 90832	
	GROUP PSYCHOTHERAPY 45 MINUTES		\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$550 per procedure

BLUE CROSS PPO

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	BLUE CROSS PPO
INPATIENT S	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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$600 per procedure
NTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/\$9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	received per	906/914/915	\$175 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$175 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		\$550 per procedure

BLUE CROSS HMO

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHAR	GE CODE	BLUE CROSS HMO
INPATIENT S	ERVICES				
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per die	em 124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per die	em 126	\$1000 per diem
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663	3.00 GZBOZZZ	\$600 per procedure
INTENSIVE C	UTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$175 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	2.
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	7
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$175 per diem
	INDIVIDUAL PSYCHOTHERAPY 30	Individual components of			
4590832	MINUTES	· ·	\$ 170	0.00 914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150	0.00 90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000	0.00 90870	\$550 per procedure
	isted without a payor rate indicates the				

REGENCE BLUE SHIELD PPO

INTERNAL REFERENCE					PRIMARY BILLING	REGENCE BLUE SHIELD
	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE		CODE	PPO
INPATIENT S						
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	oer diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	oer diem	126	\$1100 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	
INTENSIVE O	UTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	receive		906/914/915	\$200 per diem
		Bundled service IOP	Based	on		
		Substance Abuse is billed as	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$200 per diem
	INDIVIDUAL PSYCHOTHERAPY 30	Individual components of				
4590832	MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUTF	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		

BLUE CROSS BLUE SHIELD OF ID MARKETPLACE

CE DESCIRPTION					1
CE DESCIRPTION				BILLING	BLUE CROSS BLUE SHIEL
	TYPE OF SERVICE	GROSS CH	ARGE	CODE	OF ID MARKETPLACE
S					
RIVATE R&B	INPATIENT	\$1714 per	diem	124	\$950 per diem
SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per	diem	126	\$950 per diem
ROSHOCK TREATMENT				901/	
ENT Technical Component	INPATIENT ANCILLARY	\$ 1,6	63.00	GZB0ZZZ	\$570 per procedure
TENT PROGRAM					
	Bundled service IOP Mental	Based on			
	Health is billed as quantity 3	quantity		90853/90832	
STIVE OUTPATIENT PROGRAM	or more units of 4590832	services		/S9480/905/	
Mental Health	•	received p	er	906/914/915	\$166 per diem
	Bundled service IOP	Based on			
	Substance Abuse is billed as	quantity		90853/90832	
STIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services		/H0015/905/	
Substance Abuse	4590832 and/or 4590853 per	received p	er	906/914/915	\$166 per diem
DUAL PSYCHOTHERAPY 30 ES	Individual components of	\$ 1	170.00	914/ 90832	
P PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 1	150.00	90853/S9480	
T SERVICES					
ROSHOCK TREATMENT				320/901/	
TIENT Technical Component	Outpatient	\$ 1,0			\$523 per procedure
T SI ROS	ERVICES SHOCK TREATMENT ENT Technical Component	ERVICES SHOCK TREATMENT ENT Technical Component Outpatient	SYCHOTHERAPY 45 MINUTES \$ 12 ERVICES SHOCK TREATMENT ENT Technical Component Outpatient \$ 1,0	SYCHOTHERAPY 45 MINUTES \$ 150.00 ERVICES SHOCK TREATMENT ENT Technical Component Outpatient \$ 1,000.00	\$ 150.00 90853/\$9480 SERVICES \$ 150.00 90853/\$9480 SERVICES \$ 320/901/

AETNA

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	AETNA
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$1000 per procedure
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/S9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$225 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$225 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	\$1000 per procedure

CIGNA

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	CIGNA
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	oer diem	124	\$1236 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	oer diem	126	\$1236 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$850 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
_		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quanti	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	!S	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	receive		906/914/915	\$283 per diem
		Bundled service IOP	Based			
		Substance Abuse is billed as	quanti	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	!S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$283 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$700 per procedure

They between the four a payor rate maisaces there is no contract or negotiated rate for that services for that payor

GEHA

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	GEHA
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	er diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	er diem	126	\$950 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$780 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based o	on		
		Health is billed as quantity 3	quantit	:у	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	\$217 per diem
		Bundled service IOP	Based o			
		Substance Abuse is billed as	quantit	У	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	d per	906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$780 per procedure

PACIFIC SOURCE

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	PACIFIC SOURCE
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	er diem	124	\$1158 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	er diem	126	\$1158 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM			·		
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	\$210 per diem
		Bundled service IOP	Based			
		Substance Abuse is billed as	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$210 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$700 per procedure

38

PRINCIPAL

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	PRINCIPAL
INPATIENT S	ERVICES				
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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$780 per procedure
INTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/\$9480/905/	
n/a	(IOP) - Mental Health		received per	906/914/915	\$217 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES				
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00	90870	\$780 per procedure

SELECT HEALTH

INTERNAL REFERENCE				PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CHARGE	CODE	SELECT HEALTH
INPATIENT S	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
	ELECTROSHOCK TREATMENT			901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,663.00	GZB0ZZZ	\$800 per procedure
NTENSIVE C	OUTPATIENT PROGRAM				
		Bundled service IOP Mental	Based on		
		Health is billed as quantity 3	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	/\$9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	received per	906/914/915	\$275 per diem
		Bundled service IOP	Based on		
		Substance Abuse is billed as	quantity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received per	906/914/915	\$275 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$ 150.00	90853/S9480	
	PATIENT SERVICES		-	,	
	ELECTROSHOCK TREATMENT			320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$ 1,000.00		\$700 per procedure

UMR

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROS	S CHARGE	CODE	UMR
INPATIENT S	ERVICES					
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
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$780 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quant	ity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	servic	es	/S9480/905/	
n/a	(IOP) - Mental Health	•		ed per	906/914/915	\$217 per diem
		Bundled service IOP	Based	-		
		Substance Abuse is billed as	quant	ity	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	servic	es	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receiv	ed per	906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$780 per procedure

UNITED BH/OPTUM

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	UNITED BH/OPTUM
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	er diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	er diem	126	\$950 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$780 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based o	on		
		Health is billed as quantity 3	quantit	:y	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	S	/S9480/905/	
n/a	(IOP) - Mental Health		receive		906/914/915	\$217 per diem
		Bundled service IOP	Based o			
		Substance Abuse is billed as	quantit	:y	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
4050000	OUTPATIENT Technical Component	Outpatient	\$	1,000.00		\$780 per procedure

BEACON HEALTH OPTIONS

INTERNAL REFERENCE					PRIMARY BILLING	BEACON HEALTH
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	OPTIONS
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	oer diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	oer diem	126	\$1100 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$900 per procedure
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based	on		
		Health is billed as quantity 3	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	service	!S	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	receive		906/914/915	\$250 per diem
		Bundled service IOP	Based	on		
		Substance Abuse is billed as	quantit	ty	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	service	!S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	ed per	906/914/915	\$250 per diem
4500922	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$	170.00	914/ 90832	
		the IOP program	\$		 	
	GROUP PSYCHOTHERAPY 45 MINUTES		\$	150.00	90853/S9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$900 per procedure

MOUNTAIN HEALTH COOP

INTERNAL REFERENCE					PRIMARY BILLING	MOUNTAIN HEALTH
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS CH	ARGE	CODE	СООР
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 per 0	diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 per 0	diem	126	\$1000 per diem
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$ 1,6	63.00	GZB0ZZZ	
INTENSIVE C	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based on			
		Health is billed as quantity 3	quantity		90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services		/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of		er	906/914/915	\$300 per diem
		Bundled service IOP	Based on			
		Substance Abuse is billed as	quantity		90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services		/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	received p	er	906/914/915	\$300 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of	\$ 1	.70.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	the IOP program			90853/S9480	
	PATIENT SERVICES				,	
	ELECTROSHOCK TREATMENT				320/901/	
	OUTPATIENT Technical Component	Outpatient	\$ 1,0		90870	

COMPSYCH

INTERNAL REFERENCE					PRIMARY BILLING	
NUMBER	SERVICE DESCIRPTION	TYPE OF SERVICE	GROSS	CHARGE	CODE	COMPSYCH
INPATIENT S	ERVICES					
100000	SEMI PRIVATE R&B	INPATIENT	\$1714 p	er diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1714 p	er diem	126	
	ELECTROSHOCK TREATMENT				901/	
1050010	INPATIENT Technical Component	INPATIENT ANCILLARY	\$	1,663.00	GZB0ZZZ	\$1000 per procedure
INTENSIVE O	OUTPATIENT PROGRAM					
		Bundled service IOP Mental	Based o	n		
		Health is billed as quantity 3	quantit	У	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	or more units of 4590832	services	S	/S9480/905/	
n/a	(IOP) - Mental Health	and/or 4590853 per date of	receive	d per	906/914/915	\$275 per diem
		Bundled service IOP	Based c			
		Substance Abuse is billed as	quantit	У	90853/90832	
	INTENSTIVE OUTPATIENT PROGRAM	quantity 3 or more units of	services	S	/H0015/905/	
n/a	(IOP) - Substance Abuse	4590832 and/or 4590853 per	receive	d per	906/914/915	
	INDIVIDUAL PSYCHOTHERAPY 30	Individual components of				
4590832	MINUTES	the IOP program	\$	170.00	914/ 90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	The for program	\$	150.00	90853/\$9480	
OTHER OUT	PATIENT SERVICES					
	ELECTROSHOCK TREATMENT				320/901/	
1050020	OUTPATIENT Technical Component	Outpatient	\$	1,000.00	90870	\$1000 per procedure
A	listed without a navor rate indicates the			414	.:f	