



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

Shoppable Services

Effective Date: 1/1/2024

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 DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	Max	Min
INPATIENT SERVICES						
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1280 per diem	\$729 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1280 per diem	\$729 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$1164.10 per procedure	\$151.03 per procedure
INTENSIVE OUTPATIENT PROGRAM						
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$300 per diem	\$151.34 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$300 per diem	\$120.04 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	No negotiated rate, part of bundled IOP	No negotiated rate, part of bundled IOP
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	No negotiated rate, part of bundled IOP	No negotiated rate, part of bundled IOP
OTHER OUTPATIENT SERVICES						
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$1000 per procedure	\$472.89 per procedure

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Payer Specific Negotiated Rates

MEDICARE IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICARE ID
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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

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MCR BC IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR BC IDAHO
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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MCR REGENCY BS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR REGENCY BS
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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MCR MOLINA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MOLINA
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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MCR PACIFIC SOURCE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR PACIFIC SOURCE
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	103% DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	103% DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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MCR MA UBH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MA UBH
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$217 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$217 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$780 per procedure

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MCR SELECT HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR SELECT HEALTH
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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MCR AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR AETNA
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1200 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1030 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$1000 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$225 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$225 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$1000 per procedure

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MCR MEDIGOLD

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR MEDIGOLD
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	DRG
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$472.89 per procedure

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MCR BEACON HEALTH PPO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCR BEACON HEALTH PPO
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1100 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$900 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$250 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$250 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$900 per procedure

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

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MEDICAID IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MEDICAID ID
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$948 per procedure

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

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MCD UBH/OPTUM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD UBH/OPTUM
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicaid fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicaid fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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REGION 1 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 1 H&W
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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REGION 3 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 3 H&W
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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REGION 4 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 4 H&W
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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

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REGION 5 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 5 H&W
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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

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REGION 6 H&W

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGION 6 H&W
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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

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MCD BC ID PLUS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD BC ID PLUS
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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

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MCD MOLINA PLUS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD MOLINA PLUS
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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

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MCD BEACON HEALTH OPTIONS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MCD BEACON HEALTH OPTIONS
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$739.17 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$739.17 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$151.03 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicaid fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicaid fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$948 per procedure

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

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TRICARE FOR LIFE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRICARE FOR LIFE
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$729 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$729 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$220.94 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$220.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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

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TRICARE WEST-HEALTHNET FEDERAL SERV

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRICAREWEST-HEALTHNET FEDERAL SERV
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$759 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$759 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$498.53 per procedure

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

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VETERANS ADMINISTRATION

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	VETERANS ADMINISTRATION
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	48% charges
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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TRIWEST CCN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	TRIWEST CCN
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	Medicare fee schedule
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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BLUE CHOICE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CHOICE
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$600 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$550 per procedure

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

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BLUE CROSS OF IDAHO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS OF IDAHO
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1081 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1081 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$600 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$185 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$185 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$550 per procedure

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

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BLUE CROSS PPO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS PPO
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$600 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$550 per procedure

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

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BLUE CROSS HMO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS HMO
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$600 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$550 per procedure

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

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REGENCE BLUE SHIELD PPO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	REGENCE BLUE SHEILD PPO
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1133 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1133 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$206 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$206 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$500 per procedure

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

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BLUE CROSS BLUE SHIELD OF ID MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	BLUE CROSS BLUE SHEILD OF ID MARKETPLACE
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1026.95 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1026.95 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$570 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$175.75 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$175.75 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$523 per procedure

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

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AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	AETNA
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1200 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1030 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$1000 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$225 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$225 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$1000 per procedure

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

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CIGNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CIGNA
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1280 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1280 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$880 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$293 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$293 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$725 per procedure

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

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GEHA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	GEHA
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1025 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$974 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$800 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$222 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$222 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$800 per procedure

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PACIFIC SOURCE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	PACIFIC SOURCE
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1192.74 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1192.74 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	70% of charges
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$169.95 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$169.95 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	70% of charges

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PRINCIPAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	PRINCIPAL
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1025 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$974 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$800 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$222 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$222 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$800 per procedure

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SELECT HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	SELECT HEALTH
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1228.80 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1228.80 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$824 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$283 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$283 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$721 per procedure

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UMR

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UMR
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1025 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$974 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$800 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$222 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$222 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$800 per procedure

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UNITED BH/OPTUM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	UNITED BH/OPTUM
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1025 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$974 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$800 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$222 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$222 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$800 per procedure

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CARELON BEHAVIORAL HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	CARELON BEHAVIORAL HEALTH
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1100 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$900 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$250 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$250 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	\$900 per procedure

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MOUNTAIN HEALTH COOP

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MOUNTAIN HEALTH COOP
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1000 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	\$1000 per diem
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$300 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$300 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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COMPSYCH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	COMPSYCH
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	\$1100 per diem
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$1000 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$275 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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MOLINA MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	PRIMARY BILLING CODE	MOLINA MARKETPLACE
100000	SEMI PRIVATE R&B	INPATIENT	\$1790 per diem	124	DRG
100001	DETOX SEMI PRIVATE ROOM AND BED	INPATIENT	\$1790 per diem	126	
1050010	ELECTROSHOCK TREATMENT INPATIENT Technical Component	INPATIENT ANCILLARY	\$1663	901/GZB0ZZZ	\$434.97 per procedure
n/a	INTENSIVE OUTPATIENT PROGRAM – Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 S9480/905/906 914/915	\$220.94 per diem
n/a	INTENSIVE OUTPATIENT PROGRAM – Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Based on quantity services received per dates of service	90853/90832 H0015/905 906/914/915	\$220.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	Individual components of IOP the program	\$170	914/90832	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES		\$150	905/915/90853 S9480	
1050020	ELECTROSHOCK TREATMENT OUTPATIENT Technical Component	OUTPATIENT	\$1366.88	320/901/90870	

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