Payer Name	vinral Haalth to meet	avioral Columbus alwa heir individual financ r plan benefits and de Billing Codes	ial situation, and m	ost patie	ents don't owe	e anything	g. Please	Low Comm'l
Aetna (Commercial and Medicare) Aetna (Commercial and Medicare) Aetna	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$951.66 \$887.40	\$800 \$800	Per Day \$1,343.37 \$1,343.37	9er Day \$783 \$723
Aetna (Commercial and Medicare) Aetna (Commercial and Medicare)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$1,100	\$887.40 - \$440.64	\$800 	\$1,343.37 	\$783 \$311
Aetna (Commercial and Medicare) Aetna Better Health- Medicaid Aetna Better	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	915, 90847, G0410, 905, 906, S9480, H0015, H2020 124	Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200	\$228.48 \$877.68	\$175 \$800	\$425 \$1,343.37 \$1 343 37	\$165 \$783 \$723
Aetna Better Health- Medicaid Aetna Better Health- Medicaid Aetna Better Health- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100	\$877.68 \$877.68 \$333.58	\$800 \$800 \$250	\$1,343.37 \$1,343.37 \$550	\$723 \$783 \$311
Health- Medicaid Aetna Better Health- Medicaid Aetna Better Health- Medicare MMP/D-SNP	(all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200	\$287.88 \$895.58	\$175	\$425 \$1,343.37	\$1165 \$783
MMP/D-SNP Aetna Better Health- Medicare MMP/D-SNP Aetna Better Health- Medicare MMP/D-SNP	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126 912 913 90853	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200	\$895.58 \$895.58	\$800 \$800	\$1,343.37  \$1,343.37	\$723 \$783
Aetna Better Health- Medicare MMP/D-SNP Aetna Better Health- Medicare MMP/D-SNP	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$358.21 \$259.40	\$250  \$175	\$550  \$425	\$311 \$165
Aetna Better Health and OhioRise- Medicaid Aetna Better Health and OhioRise-	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$877.68 \$877.68		\$1,343.37 \$1,343.37	\$783 \$723
OhioRise- Medicaid Aetna Better Health and OhioRise- Medicaid Aetna Better Health and	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	126 912, 913, 90853, H2020, H0015, 90852,	(billed separately) Not Included (billed separately) Not Included	\$2,200	\$877.68	\$800	\$1,343.37	\$783
Health and OhioRise- Medicaid Aetna Better Health and OhioRise- Medicaid	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)		Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$333.58 \$287.88	\$250  \$175	\$550 \$425	\$311 \$165
Aetna Better Health and OhioRise- Medicare- Medicaid Aetna Better Health and OhioRise-	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$895.58 	\$800  \$800	\$1,343.37  \$1,343.37	\$783 
Medicare- Medicaid Aetna Better Health and OhioRise- Medicare- Medicaid	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	126	(billed separately) Not Included (billed separately)	\$2,200	\$895.58	\$800	\$1,343.37	\$783
Aetna Better Health and OhioRise- Medicare- Medicaid Aetna Better Health and	Partial Hospitalization Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately)	\$1,100	\$358.21	\$250	\$550	\$311
OhioRise- Medicare- Medicaid Aetna Better Health West Virginia- Medicaid Aetna Better	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	905, 906, S9480, H0015, H2020 124	Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200	\$259.40 \$1,000.00	\$175 \$800	\$425 \$1,343.37	\$165 \$783
Health West Virginia- Medicaid Aetna Better Health West Virginia- Medicaid Aetna Better	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	128 126 912, 913, 90853, H2020, H0015, 90852,	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200  \$2,200 	\$1,000.00  \$1,000.00 		\$1,343.37  \$1,343.37 	\$723  \$783 
Health West Virginia- Medicaid Aetna Better Health West Virginia- Medicaid AmeriHealth	(all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included	\$1,100 \$825	\$358.21 \$259.40	\$250 \$175	\$550 \$425	\$311 \$165
Caritas Ohio- Medicaid AmeriHealth Caritas Ohio- Medicaid AmeriHealth Caritas Ohio-	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200  \$2,200  \$2,200	\$895.58 \$895.58 \$895.58		\$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723  \$783
Medicaid AmeriHealth Caritas Ohio- Medicaid AmeriHealth Caritas Ohio-	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$358.21 \$259.40	\$250 \$175	\$550 \$425	\$311 \$165
Medicaid Anthem BCBS Anthem BCBS Anthem BCBS	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200 \$2,200	\$783.00 \$783.00 \$783.00	\$800 \$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
Anthem BCBS	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480,	(billed separately) Not Included (billed separately) Not Included	\$1,100	\$322.00	\$250 \$175	\$550 \$425	\$311
Anthem BCBS- Medicare Anthem BCBS- Medicare Anthem BCBS-	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	H0015, H2020 124 128	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$895.58 \$895.58	\$800 \$800	\$1,343.37 - \$1,343.37	\$783 \$723
Medicare Anthem BCBS- Medicare Anthem BCBS-	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480,	(billed separately) Not Included (billed separately) Not Included	\$2,200  \$1,100  \$825	\$895.58 	\$800  \$250  \$175	\$1,343.37 \$550 \$425	\$783 \$311 \$165
Medicare Anthem BCBS- Medicaid Anthem BCBS- Medicaid Anthem BCBS-	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	H0015, H2020 124 128	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$239.40 \$877.68 \$877.68	\$800 \$800	\$1,343.37  \$1,343.37 	\$783 \$723
Medicaid Anthem BCBS- Medicaid Anthem BCBS-	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480,	(billed separately) Not Included (billed separately) Not Included	\$2,200  \$1,100  \$825	\$877.68 \$333.58 \$287.88	\$800  \$250  \$175	\$1,343.37  \$550  \$425	\$783 \$311 \$165
Medicaid Beacon Health Beacon Health	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification	H0015, H2020 124 128	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$857.00 \$723.00	\$800 \$800	\$1,343.37  \$1,343.37 	\$783 \$723
Beacon Health Beacon Health Beacon Health	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$1,100 \$825	\$857.00 \$311.00 \$204.00	\$800 \$250 \$175	\$1,343.37 \$550 \$425	\$783 \$311 \$165
Buckeye- Medicare Buckeye- Medicare Buckeye-	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification		(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$204.00 \$895.58 \$895.58 \$895.58	\$800 \$800	\$1,343.37  \$1,343.37	\$165 \$783 \$723 \$783
Buckeye- Medicare Buckeye- Medicare Buckeye- Medicare	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$1,100 \$825	\$895.58 \$358.21 \$259.40	\$800 	\$1,343.37 \$550 \$425	\$783 \$311 \$165
Medicare Buckeye- Medicaid Buckeye- Medicaid Buckeye-	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification		(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200 \$2,200 \$2,200	\$259.40 \$877.68 \$877.68 \$877.68	\$800 \$800	\$425 \$1,343.37 \$1,343.37 \$1,343.37	\$165 \$783 \$723 \$783
Buckeye- Medicaid Buckeye- Medicaid Buckeye- Medicaid	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$1,100 \$825	\$877.68 \$333.58 \$287.88	\$800 \$250  \$175	\$1,343.37 \$550  \$425	\$783 \$311 \$165
Medicaid CareSource- Medicare CareSource- Medicare CareSource- Medicare			(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200 \$2,200	\$287.88 \$1,125.00 \$1,125.00 \$1,125.00	\$800	\$425 \$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
		126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020		\$2,200 \$1,100 \$825	\$1,125.00 \$466.00 \$337.00	\$800 	\$1,343.37 \$550 \$425	\$783 \$311 \$165
Medicare CareSource- Medicaid CareSource- Medicaid CareSource- Medicaid	(all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	H0015, H2020 124 128 126	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$877.68 \$877.68 \$877.68 \$877.68	\$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
CareSource- Medicaid CareSource- Medicaid	(all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$2,200  \$1,100 \$825	\$877.68 \$333.58 \$287.88	\$800 \$250 \$175	\$1,343.37 \$550 \$425	\$783 \$311 \$165
CareSource- Exchange CareSource- Exchange CareSource- Exchange	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$1,083.00 \$1,083.00 \$1,083.00	\$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
CareSource- Exchange CareSource- Exchange	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$465.67 \$337.22	\$250 \$175	\$550 \$425	\$311 \$165
Cigna/Evernorth Cigna/Evernorth Cigna/Evernorth	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$964.52 \$964.52 \$964.52	\$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
Cigna/Evernorth Cigna/Evernorth	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$348.50 \$241.90	\$250 \$175	\$550 \$425	\$311 \$165
Humana Humana Humana	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$1,038.00 \$1,038.00 \$1,038.00		\$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
Humana Humana Humana-	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included	\$1,100 \$825 \$2 200	\$491.00 \$328.00	\$250 \$175	\$550 \$425 \$1 343 37	\$311 \$165 \$783
Humana- Medicare Humana- Medicare Humana- Medicare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126 912, 913, 90853,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$895.58 \$895.58 \$895.58		\$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
Humana- Medicare Humana- Medicare Humana- Medicaid	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825 \$2,200	\$358.21 \$259.40 \$877.68	\$250 \$175 \$800	\$550 \$425 \$1,343.37	\$311 \$165 \$783
Medicaid Humana- Medicaid Humana- Medicaid	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126 912, 913, 90853,	(billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$877.68 \$877.68 \$877.68	\$800	\$1,343.37 \$1,343.37 \$1,343.37	\$783 \$723 \$783
Humana- Medicaid Humana- Medicaid Humana Military (TriCare)	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825 \$2,200	\$333.58 \$287.88 \$888.00	\$250 \$175 \$800	\$550 \$425 \$1,343.37	\$311 \$165 \$783
(TriCare) Humana Military (TriCare) Humana Military (TriCare)	(all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126 912, 913, 90853,		\$2,200 \$2,200	\$888.00 \$888.00	\$800 \$800	\$1,343.37 - \$1,343.37 	\$723 \$783
Humana Military (TriCare) Humana Military (TriCare) Magellan	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825 \$2,200	\$422.00 \$317.00 \$865.00	\$250 \$175 \$800	\$550 \$425 \$1,343.37	\$311 \$165 \$783
Magellan Magellan Magellan	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program	128 126 912, 913, 90853, H2020, H0015, 90852,	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$865.00 \$865.00 \$352.00	\$800 \$800 \$250	\$1,343.37 \$1,343.37 \$550	\$723 \$783 \$311
Magellan Magellan MCCP Medical Cost Containment Professionals	(all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	(billed separately) Included Not Included (billed separately)	\$1,100 \$825 \$2,200	\$352.00 \$243.00 \$1,074.70	\$250 \$175 \$800	\$550 \$425 \$1,343.37	\$311 \$165 \$783
MCCP Medical Cost Containment Professionals MCCP Medical Cost Containment Professionals	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	128 126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200	\$1,074.70 \$1,074.70	\$800 \$800	\$1,343.37 \$1,343.37	\$723 \$783
MCCP Medical Cost Containment Professionals MCCP Medical Cost Containment Professionals	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$429.85  \$311.05	\$250  \$175	\$550  \$425	\$311  \$165
Medical Mutual Medical Mutual Medical Mutual	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$1,061.00 \$1,061.00 \$1,061.00	\$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37	\$731 \$675 \$731
Medical Mutual Medical Mutual	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$530.00 \$255.00	\$250 \$175	\$550 \$425	\$311 \$165
Medical Mutual- Medicare Medical Mutual- Medicare Medical Mutual- Medicare	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services)	124 128 126	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$895.58 \$895.58 \$895.58	\$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37	\$731 \$675 \$731
Medical Mutual- Medicare Medical Mutual- Medicare Meridian	Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services)	912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020	Not Included (billed separately) Not Included (billed separately)	\$1,100 \$825	\$358.21 \$259.40	\$250 - \$175	\$550 - \$425	\$311 \$165
(Centene)- Medicare Meridian (Centene)- Medicare Meridian	Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	124 128	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200 \$2,200	\$895.58 \$895.58		\$1,343.37  \$1,343.37	\$783 \$723
(Centene)- Medicare Meridian (Centene)- Medicare Meridian	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program	126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480,	Not Included (billed separately) Not Included (billed separately) Not Included	\$2,200  \$1,100 	\$895.58 \$358.21 \$259.40	\$800  \$250 \$175	\$1,343.37 \$550 \$425	\$783 \$311 \$165
(Centene)- Medicare Meridian (Centene)- Medicaid Meridian (Centene)- Medicaid	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	905, 906, S9480, H0015, H2020 124 128	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200	\$259.40 \$877.68 \$877.68	\$175 \$800 \$800	\$425 \$1,343.37 \$1,343.37	\$165 \$783 \$723
		126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916,		\$2,200 \$2,200  \$1,100	\$877.68 \$877.68 \$333.58	\$800 \$800 \$250	\$1,343.37 \$1,343.37  \$550	\$723 \$783 \$311
	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services)	H0035, H2036, 916, 915, 90847, G0410, 905, 906, S9480, H0015, H2020 124	Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200	\$287.88 \$895.58	\$175 \$800	\$425 \$1,343.37	\$165 \$783
Molina- Medicare Molina- Medicare Molina- Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100	\$895.58 \$895.58 \$358.21	\$800 \$800 \$250	\$1,343.37 \$1,343.37 \$550	\$723 \$783 \$311
Molina- Medicare Molina- Medicaid	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	915, 90847, G0410, 905, 906, S9480, H0015, H2020 124	Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200	\$259.40 \$877.68	\$175 \$800	\$425 \$1,343.37	\$165 \$783
Molina- Medicaid Molina- Medicaid Molina- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100	\$877.68 \$877.68 \$333.58	\$800 \$800 \$250	\$1,343.37 \$1,343.37 \$550	\$723 \$783 \$311
Molina- Medicaid Molina- Exchange Molina- Exchange	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab		Not Included (billed separately) Not Included (billed separately) Not Included	\$825 \$2,200 \$2,200	\$287.88 \$1,074.70 \$1,074.70	\$175 \$800 \$800	\$425 \$1,343.37 \$1,343.37	\$165 \$783 \$723
Molina- Exchange Molina- Exchange Molina- Exchange	(all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100	\$1,074.70 \$1,074.70 \$429.85	\$800 \$800 \$250	\$1,343.37 \$1,343.37 \$550	\$723 \$783 \$311
Molina- Exchange MultiPlan MultiPlan	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	915, 90847, G0410, 905, 906, S9480, H0015, H2020 124 128	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200	\$311.05 \$1,060.00 \$1,060.00	\$175 \$800 \$800	\$425 \$1,343.37 \$1,343.37	\$165 \$783 \$723
MultiPlan MultiPlan MultiPlan	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100	\$1,060.00 \$1,060.00 \$550.00	\$800 \$800 \$250	\$1,343.37 \$1,343.37 \$550	\$783 \$781 \$311
MultiPlan Optima (Ohio Healthy) Optima	Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab	905, 906, S9480, H0015, H2020 124 128	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$850 \$2,200 \$2,200	\$425.00 \$905.00 \$905.00	\$175 \$800 \$800	\$425 \$1,343.37 \$1,343.37	\$165 \$783 \$723
(Ohio Healthy)	(all-inclusive hospital services)	126	Not Included (billed separately) Not Included (billed separately)	\$2,200 \$1,100	\$905.00	\$800 \$250	\$1,343.37 \$550	\$783 \$311
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480.	Not '		\$400.00			\$165 \$783
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H0015, 90852, H0035, H2036, 916, 915,	Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$825 \$2,200 \$2,200	\$400.00 \$183.00 \$1,081.00 \$1,060.00	\$175 \$800 \$800	\$425 \$1,343.37 \$1,343.37	\$723
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020 124 128 126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480,	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200 \$1,100	\$183.00 \$1,081.00 \$1,060.00 \$1,034.00 \$315.00	\$800 \$800 \$800 \$250	\$1,343.37 \$1,343.37 \$1,343.37 \$550	\$783 \$311
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services)	H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020 124 128 126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200	\$183.00 \$1,081.00 \$1,060.00 \$1,034.00	\$800 \$800 \$800 \$250 \$175	\$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37	\$783
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)	Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)	H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020 124 128 126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020	(billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$2,200 \$1,100 \$825 \$2,200	\$183.00 \$1,081.00 \$1,060.00 \$1,034.00 \$315.00 \$205.00 \$895.58	\$800 \$800 \$250 \$175 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37 \$550 \$425 \$1,343.37	\$783 \$311 \$165 \$783
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare	Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program	H0015, 90852, H0035, H2036, 916, 915, 90847, C0410 905, 906, S9480, H0015, H2020 124 128 126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, G0410 905, 906, S9480, H0015, H2020 124 128 128 128	(billed separately) Not Included (billed separately)	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200	\$183.00 \$1,081.00 \$1,060.00 \$1,034.00 \$315.00 \$205.00 \$895.58 \$895.58 \$895.58	\$800 \$800 \$250 \$175 \$800 \$800 \$800	\$1,343.37 \$1,343.37 \$1,343.37 \$550 \$425 \$1,343.37 \$1,343.37	\$783 \$311 \$165 \$783 \$723 \$783
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare	Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient Mental Health (all-inclusive hospital services)Inpatient SUD Acute Rehab (all-inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Partial Hospitalization Program (all inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Inpatient Detoxification (all inclusive hospital services)Intensive Outpatient Program (all inclusive hospital services)	H0015, 90852, H0035, H2036, 916, 915, 90847, C0410 905, 906, S9480, H0015, H2020 124 128 126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, C0410 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, C0410, 905, 906, S9480, H0015, H2020	<ul> <li>(billed separately)</li> <li>Not Included (billed separately)</li> <li>Not Included</li> </ul>	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$2,200 \$1,100 \$1,100	\$183.00 \$1,081.00 \$1,060.00 \$1,034.00 \$315.00 \$205.00 \$895.58 \$895.58 \$895.58 \$895.58 \$895.58 \$895.58 \$153.00	\$800 \$800 \$250 \$175 \$800 \$800 \$800 \$800 \$175	\$1,343.37 \$1,343.37 \$1,343.37 \$550 \$425 \$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37	\$783 \$311 \$165 \$783 \$723 \$783 \$311 \$165
(Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optima (Ohio Healthy) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC) Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare Optum Behavioral Solutions (UHC)- Medicare	Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Partial Hospitalization Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification (all inclusive hospital services) Inpatient Detoxification Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Intensive Outpatient Program (all inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services) Inpatient Mental Health (all-inclusive hospital services) Inpatient SUD Acute Rehab (all-inclusive hospital services)	H0015, 90852, H0035, H2036, 916, 915, 90847, C0410 905, 906, S9480, H0015, H2020 124 128 126 912,913,90853,H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, C0410 905, 906, S9480, H0015, H2020 124 128 126 912, 913, 90853, H2020, H0015, 90852, H0035, H2036, 916, 915, 90847, C0410, 905, 906, S9480, H0015, H2020 124 128 128	<ul> <li>(billed separately)</li> <li>Not Included (billed separately)</li> <li>Not Included</li> <li>Not Included</li> <li>(billed separately)</li> </ul>	\$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$825 \$2,200 \$2,200 \$1,100 \$2,200 \$2,200	\$183.00 \$1,081.00 \$1,060.00 \$1,034.00 \$315.00 \$205.00 \$895.58 \$895.58 \$895.58 \$895.58 \$895.58 \$895.58 \$895.58 \$897.68 \$877.68 \$877.68 \$877.68 \$877.68	\$800 \$800 \$250 \$175 \$800 \$800 \$800 \$800 \$250 \$175 \$800 \$175 \$800 \$175	\$1,343.37 \$1,343.37 \$550 \$425 \$1,343.37 \$1,343.37 \$1,343.37 \$425 \$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37 \$1,343.37	\$783 \$311 \$165 \$783 \$723 \$783 \$311 \$165 \$783 \$783 \$783 \$783 \$783
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