SUN Behavioral Health

SUN Behavioral Columbus always work with patients to find an affordable out-of-pocket expense to meet their individual financial situation, and most patients don't owe anything. Please check with your plan benefits and deductible/co-pays to determine your out of pocket costs.

Payer Name	Shoppable Service	Billing Codes	Physician/ Provider Services	Charge Per Day	Negotiated Rate Per Day	Self-Pay Per Day	High Comm'l Per Day	Low Comm'l Per Day
Aetna (Commercial and Medicare)	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$951.66	$800	$1,343.37	$783
Aetna (Commercial and Medicare)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$887.40	$800	$1,343.37	$723
Aetna (Commercial and Medicare)	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$887.40	$800	$1,343.37	$783
Aetna (Commercial and Medicare)	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	$440.64	$250	$550	$311
Aetna (Commercial and Medicare)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$228.48	$175	$425	$165
Aetna Better Health- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Aetna Better Health- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$723
Aetna Better Health- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Aetna Better Health- Medicaid	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	$333.58	$250	$550	$311
Aetna Better Health- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$287.88	$175	$425	$165
Aetna Better Health- Medicare MMP/D-SNP	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$783
Aetna Better Health- Medicare MMP/D-SNP	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$723
Aetna Better Health- Medicare MMP/D-SNP	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$783
Aetna Better Health- Medicare MMP/D-SNP	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
Aetna Better Health- Medicare MMP/D-SNP	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$175	$425	$165
Aetna Better Health and OhioRise- Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Aetna Better Health and OhioRise- Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$723
Aetna Better Health and OhioRise- Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Aetna Better Health and OhioRise- Medicaid	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	$333.58	$250	$550	$311
Aetna Better Health and OhioRise- Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$287.88	$175	$425	$165

Aetna Better Health and OhioRise-Medicare-Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Aetna Better Health and OhioRise-Medicare-Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**
Aetna Better Health and OhioRise-Medicare-Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Aetna Better Health and OhioRise-Medicare-Medicaid	**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**
Aetna Better Health and OhioRise-Medicare-Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**
Aetna Better Health West Virginia- Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,000.00**	**$800**	**$1,343.37**	**$783**
Aetna Better Health West Virginia- Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,000.00**	**$800**	**$1,343.37**	**$723**
Aetna Better Health West Virginia- Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,000.00**	**$800**	**$1,343.37**	**$783**
Aetna Better Health West Virginia- Medicaid	**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**
Aetna Better Health West Virginia- Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**
AmeriHealth Caritas Ohio-Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
AmeriHealth Caritas Ohio-Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**
AmeriHealth Caritas Ohio-Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
AmeriHealth Caritas Ohio-Medicaid	**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**
AmeriHealth Caritas Ohio-Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**
Anthem BCBS	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$783.00**	**$800**	**$1,343.37**	**$783**
Anthem BCBS	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$783.00**	**$800**	**$1,343.37**	**$723**
Anthem BCBS	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$783.00**	**$800**	**$1,343.37**	**$783**
Anthem BCBS	**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**	**$322.00**	**$250**	**$550**	**$311**
Anthem BCBS	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$165.00**	**$175**	**$425**	**$165**
Anthem BCBS-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Anthem BCBS-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**
Anthem BCBS-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Anthem BCBS-Medicare	**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**
Anthem BCBS-Medicare	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**

Anthem BCBS-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Anthem BCBS-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$723
Anthem BCBS-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Anthem BCBS-Medicaid	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	$333.58	$250	$550	$311
Anthem BCBS-Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$287.88	$175	$425	$165
Beacon Health	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$857.00	$800	$1,343.37	$783
Beacon Health	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$723.00	$800	$1,343.37	$723
Beacon Health	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$857.00	$800	$1,343.37	$783
Beacon Health	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	$311.00	$250	$550	$311
Beacon Health	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$204.00	$175	$425	$165
Buckeye-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$783
Buckeye-Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$723
Buckeye-Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$783
Buckeye-Medicare	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
Buckeye-Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$175	$425	$165
Buckeye-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Buckeye-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$723
Buckeye-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Buckeye-Medicaid	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	$333.58	$250	$550	$311
Buckeye-Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$287.88	$175	$425	$165
CareSource-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,125.00	$800	$1,343.37	$783
CareSource-Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,125.00	$800	$1,343.37	$723
CareSource-Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,125.00	$800	$1,343.37	$783
CareSource-Medicare	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	$466.00	$250	$550	$311
CareSource-Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$337.00	$175	$425	$165
CareSource-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
CareSource-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$723
CareSource-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
CareSource-Medicaid	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	$333.58	$250	$550	$311
CareSource-Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$287.88	$175	$425	$165

CareSource-Exchange	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,083.00	$800	$1,343.37	$783
CareSource-Exchange	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,083.00	$800	$1,343.37	$723
CareSource-Exchange	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,083.00	$800	$1,343.37	$783
CareSource-Exchange	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	$465.67	$250	$550	$311
CareSource-Exchange	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$337.22	$175	$425	$165
Cigna/Evernorth	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$964.52	$800	$1,343.37	$783
Cigna/Evernorth	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$964.52	$800	$1,343.37	$723
Cigna/Evernorth	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$964.52	$800	$1,343.37	$783
Cigna/Evernorth	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	$348.50	$250	$550	$311
Cigna/Evernorth	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$241.90	$175	$425	$165
Humana	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$1,038.00	$800	$1,343.37	$783
Humana	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$1,038.00	$800	$1,343.37	$723
Humana	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$1,038.00	$800	$1,343.37	$783
Humana	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	$491.00	$250	$550	$311
Humana	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$328.00	$175	$425	$165
Humana-Medicare	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$783
Humana-Medicare	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$723
Humana-Medicare	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$895.58	$800	$1,343.37	$783
Humana-Medicare	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
Humana-Medicare	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$259.40	$175	$425	$165
Humana-Medicaid	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Humana-Medicaid	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$723
Humana-Medicaid	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$877.68	$800	$1,343.37	$783
Humana-Medicaid	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	$333.58	$250	$550	$311
Humana-Medicaid	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$287.88	$175	$425	$165
Humana Military (TriCare)	Inpatient Mental Health (all-inclusive hospital services)	124	Not Included (billed separately)	$2,200	$888.00	$800	$1,343.37	$783
Humana Military (TriCare)	Inpatient SUD Acute Rehab (all-inclusive hospital services)	128	Not Included (billed separately)	$2,200	$888.00	$800	$1,343.37	$723
Humana Military (TriCare)	Inpatient Detoxification (all inclusive hospital services)	126	Not Included (billed separately)	$2,200	$888.00	$800	$1,343.37	$783
Humana Military (TriCare)	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	$422.00	$250	$550	$311
Humana Military (TriCare)	Intensive Outpatient Program (all inclusive hospital services)	905, 906, S9480, H0015, H2020	Not Included (billed separately)	$825	$317.00	$175	$425	$165

Magellan	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$865.00**	**$800**	**$1,343.37**	**$783**
Magellan	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$865.00**	**$800**	**$1,343.37**	**$723**
Magellan	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$865.00**	**$800**	**$1,343.37**	**$783**
Magellan	**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**	**$352.00**	**$250**	**$550**	**$311**
Magellan	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Included**	**$825**	**$243.00**	**$175**	**$425**	**$165**
MCCP Medical Cost Containment Professionals	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,074.70**	**$800**	**$1,343.37**	**$783**
MCCP Medical Cost Containment Professionals	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,074.70**	**$800**	**$1,343.37**	**$723**
MCCP Medical Cost Containment Professionals	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,074.70**	**$800**	**$1,343.37**	**$783**
MCCP Medical Cost Containment Professionals	**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**	**$429.85**	**$250**	**$550**	**$311**
MCCP Medical Cost Containment Professionals	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$311.05**	**$175**	**$425**	**$165**
Medical Mutual	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,061.00**	**$800**	**$1,343.37**	**$731**
Medical Mutual	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,061.00**	**$800**	**$1,343.37**	**$675**
Medical Mutual	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,061.00**	**$800**	**$1,343.37**	**$731**
Medical Mutual	**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**	**$530.00**	**$250**	**$550**	**$311**
Medical Mutual	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$255.00**	**$175**	**$425**	**$165**
Medical Mutual-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$731**
Medical Mutual-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$675**
Medical Mutual-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$731**
Medical Mutual-Medicare	**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**
Medical Mutual-Medicare	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**
Meridian (Centene)-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Meridian (Centene)-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**
Meridian (Centene)-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Meridian (Centene)-Medicare	**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**
Meridian (Centene)-Medicare	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**

Meridian (Centene)- Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$783**
Meridian (Centene)- Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$723**
Meridian (Centene)- Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$783**
Meridian (Centene)- Medicaid	**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**	**$333.58**	**$250**	**$550**	**$311**
Meridian (Centene)- Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$287.88**	**$175**	**$425**	**$165**
Molina- Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Molina- Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**
Molina- Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Molina- Medicare	**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**
Molina- Medicare	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**
Molina- Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$783**
Molina- Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$723**
Molina- Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$783**
Molina- Medicaid	**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**	**$333.58**	**$250**	**$550**	**$311**
Molina- Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$287.88**	**$175**	**$425**	**$165**
Molina- Exchange	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,074.70**	**$800**	**$1,343.37**	**$783**
Molina- Exchange	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,074.70**	**$800**	**$1,343.37**	**$723**
Molina- Exchange	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,074.70**	**$800**	**$1,343.37**	**$783**
Molina- Exchange	**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**	**$429.85**	**$250**	**$550**	**$311**
Molina- Exchange	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$311.05**	**$175**	**$425**	**$165**
MultiPlan	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,060.00**	**$800**	**$1,343.37**	**$783**
MultiPlan	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,060.00**	**$800**	**$1,343.37**	**$723**
MultiPlan	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,060.00**	**$800**	**$1,343.37**	**$783**
MultiPlan	**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**	**$550.00**	**$250**	**$550**	**$311**
MultiPlan	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$850**	**$425.00**	**$175**	**$425**	**$165**
Optima (Ohio Healthy)	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$905.00**	**$800**	**$1,343.37**	**$783**
Optima (Ohio Healthy)	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$905.00**	**$800**	**$1,343.37**	**$723**
Optima (Ohio Healthy)	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$905.00**	**$800**	**$1,343.37**	**$783**
Optima (Ohio Healthy)	**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**	**$400.00**	**$250**	**$550**	**$311**
Optima (Ohio Healthy)	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$183.00**	**$175**	**$425**	**$165**

Optum Behavioral Solutions (UHC)	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,081.00**	**$800**	**$1,343.37**	**$783**
Optum Behavioral Solutions (UHC)	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,060.00**	**$800**	**$1,343.37**	**$723**
Optum Behavioral Solutions (UHC)	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,034.00**	**$800**	**$1,343.37**	**$783**
Optum Behavioral Solutions (UHC)	**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**	**$315.00**	**$250**	**$550**	**$311**
Optum Behavioral Solutions (UHC)	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$205.00**	**$175**	**$425**	**$165**
Optum Behavioral Solutions (UHC)-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Optum Behavioral Solutions (UHC)-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**
Optum Behavioral Solutions (UHC)-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**
Optum Behavioral Solutions (UHC)-Medicare	**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**	**$265.00**	**$250**	**$550**	**$311**
Optum Behavioral Solutions (UHC)-Medicare	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$153.00**	**$175**	**$425**	**$165**
Optum Behavioral Solutions (UHC)-Medicaid	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$783**
Optum Behavioral Solutions (UHC)-Medicaid	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$723**
Optum Behavioral Solutions (UHC)-Medicaid	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$877.68**	**$800**	**$1,343.37**	**$783**
Optum Behavioral Solutions (UHC)-Medicaid	**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**	**$230.00**	**$250**	**$550**	**$311**
Optum Behavioral Solutions (UHC)-Medicaid	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$153**	**$175**	**$425**	**$165**
Provider Network of America (PNOA)	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,343.37**	**$800**	**$1,343.37**	**$783**
Provider Network of America (PNOA)	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,343.37**	**$800**	**$1,343.37**	**$723**
Provider Network of America (PNOA)	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,343.37**	**$800**	**$1,343.37**	**$783**
Provider Network of America (PNOA)	**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**	**$537.32**	**$250**	**$550**	**$311**
Provider Network of America (PNOA)	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$389.10**	**$175**	**$425**	**$165**
The Health Plan of West Virginia-Exchange	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$1,343.37**	**$750**	**$1,343.37**	**$783**
The Health Plan of West Virginia-Exchange	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$1,343.37**	**$750**	**$1,343.37**	**$723**
The Health Plan of West Virginia-Exchange	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$1,343.37**	**$750**	**$1,343.37**	**$783**
The Health Plan of West Virginia-Exchange	**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**	**$537.32**	**$262**	**$550**	**$311**
The Health Plan of West Virginia-Exchange	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$389.10**	**$150**	**$425**	**$165**

The Health Plan of West Virginia-Medicare	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**	
The Health Plan of West Virginia-Medicare	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**	
The Health Plan of West Virginia-Medicare	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**	
The Health Plan of West Virginia-Medicare	**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**	
The Health Plan of West Virginia-Medicare	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**	
The Health Plan of West Virginia-Medicaid/CHIP	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$700.00**	**$800**	**$1,343.37**	**$783**	
The Health Plan of West Virginia-Medicaid/CHIP	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$700.00**	**$800**	**$1,343.37**	**$723**	
The Health Plan of West Virginia-Medicaid/CHIP	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$700.00**	**$800**	**$1,343.37**	**$783**	
The Health Plan of West Virginia-Medicaid/CHIP	**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**		**$250**	**$550**	**$311**	
The Health Plan of West Virginia-Medicaid/CHIP	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**		**$175**	**$425**	**$165**	
Veterans Administration (VACCN)	**Inpatient Mental Health (all-inclusive hospital services)**	**124**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**	
Veterans Administration (VACCN)	**Inpatient SUD Acute Rehab (all-inclusive hospital services)**	**128**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$723**	
Veterans Administration (VACCN)	**Inpatient Detoxification (all inclusive hospital services)**	**126**	**Not Included (billed separately)**	**$2,200**	**$895.58**	**$800**	**$1,343.37**	**$783**	
Veterans Administration (VACCN)	**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**	
Veterans Administration (VACCN)	**Intensive Outpatient Program (all inclusive hospital services)**	**905, 906, S9480, H0015, H2020**	**Not Included (billed separately)**	**$825**	**$259.40**	**$175**	**$425**	**$165**	

Prices Posted and Effective (01/01/2025)