SHOPPABLE SERVICES LIST

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
Aetna	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Aetna	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Aetna	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 133.09	$ 200.00	$ 31.56	$ 133.09
Aetna	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Aetna	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 120.00	$ 120.00	$ 32.10	$ 120.00
Aetna	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Aetna	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 785.00	$ 1,900.00	$ 785.00	$ 1,074.02
Aetna	Inpatient or Observation Consultation with Low Level of medical Decision Making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Aetna	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 853.00	$ 1,900.00	$ 822.90	$ 1,124.27
Aetna	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 785.00	$ 1,900.00	$ 785.00	$ 1,074.02
Aetna	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 195.50	$ 895.00	$ 129.75	$ 287.88
Aetna	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 195.50	$ 895.00	$ 129.75	$ 287.88
Aetna	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 343.00	$ 1,195.00	$ 203.03	$ 430.00
Aetna	Subsequent Hospital Care Per Day for Evaluation and Management with a High Level of Medical Decision Making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Aetna	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Aetna	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 73.47	$ 100.00	$ 15.84	$ 100.00
Aetna Better Health	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Aetna Better Health	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Aetna Better Health	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Aetna Better Health	Initial Hospital Care Per Day for Evaluation and Management with a High Level of Medical Decision Making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Aetna Better Health	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 46.49	$ 100.00	$ 33.58	$ 100.00
Aetna Better Health	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 77.04	$ 120.00	$ 32.10	$ 120.00
Aetna Better Health	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,053.50	$ 1,900.00	$ 785.00	$ 1,074.02
Aetna Better Health	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 67.28	$ 120.00	$ 56.06	$ 74.75
Aetna Better Health	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 822.90	$ 1,124.27
Aetna Better Health	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
Aetna Better Health	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 129.75	$ 895.00	$ 129.75	$ 287.88
Aetna Better Health	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 129.75	$ 895.00	$ 129.75	$ 287.88
Aetna Better Health	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 300.00	$ 1,195.00	$ 203.03	$ 430.00
Aetna Better Health	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Aetna Better Health	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Aetna Better Health	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Aetna Managed Medicare	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Aetna Managed Medicare	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
Aetna Managed Medicare	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Aetna Managed Medicare	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Aetna Managed Medicare	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Aetna Managed Medicare	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Aetna Managed Medicare	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 785.00	$ 1,900.00	$ 785.00	$ 1,074.02
Aetna Managed Medicare	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Aetna Managed Medicare	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 853.00	$ 1,900.00	$ 822.90	$ 1,124.27
Aetna Managed Medicare	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 785.00	$ 1,900.00	$ 785.00	$ 1,074.02
Aetna Managed Medicare	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 195.50	$ 895.00	$ 129.75	$ 287.88
Aetna Managed Medicare	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 195.50	$ 895.00	$ 129.75	$ 287.88
Aetna Managed Medicare	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 343.00	$ 1,195.00	$ 203.03	$ 430.00
Aetna Managed Medicare	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Aetna Managed Medicare	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Aetna Managed Medicare	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Anthem Medicaid	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 6.43	$ 300.00	$ 0.01	$ 12.60
Anthem Medicaid	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 33.29	$ 150.00	$ 21.59	$ 1,021.09
Anthem Medicaid	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 52.60	$ 200.00	$ 31.56	$ 133.09
Anthem Medicaid	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 99.15	$ 150.00	$ 55.64	$ 150.00
Anthem Medicaid	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 79.65	$ 100.00	$ 33.58	$ 100.00
Anthem Medicaid	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 100.64	$ 120.00	$ 32.10	$ 120.00
Anthem Medicaid	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,073.16	$ 1,900.00	$ 785.00	$ 1,074.02
Anthem Medicaid	Inpatient or Observation Consultation with Low Level of Medical Decision Making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Anthem Medicaid	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 1,073.16	$ 1,900.00	$ 822.90	$ 1,124.27
Anthem Medicaid	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,073.16	$ 1,900.00	$ 785.00	$ 1,074.02
Anthem Medicaid	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 150.00	$ 895.00	$ 129.75	$ 287.88
Anthem Medicaid	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 150.00	$ 895.00	$ 129.75	$ 287.88
Anthem Medicaid	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 225.00	$ 1,195.00	$ 203.03	$ 430.00
Anthem Medicaid	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 63.57	$ 125.00	$ 27.46	$ 125.00
Anthem Medicaid	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 29.36	$ 75.00	$ 15.54	$ 65.97
Anthem Medicaid	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 30.30	$ 100.00	$ 15.84	$ 100.00
Blue Cross Federal	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Blue Cross Federal	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Blue Cross Federal	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Blue Cross Federal	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Blue Cross Federal	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Blue Cross Federal	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
Blue Cross Federal	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 785.00	$ 1,074.02
Blue Cross Federal	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Blue Cross Federal	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 822.90	$ 1,124.27
Blue Cross Federal	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 785.00	$ 1,074.02
Blue Cross Federal	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 213.00	$ 895.00	$ 129.75	$ 287.88
Blue Cross Federal	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 213.00	$ 895.00	$ 129.75	$ 287.88
Blue Cross Federal	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 355.00	$ 1,195.00	$ 203.03	$ 430.00
Blue Cross Federal	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Blue Cross Federal	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Blue Cross Federal	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Blue Cross Kentucky	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Blue Cross Kentucky	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Blue Cross Kentucky	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Blue Cross Kentucky	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Blue Cross Kentucky	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Blue Cross Kentucky	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Blue Cross Kentucky	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 785.00	$ 1,074.02
Blue Cross Kentucky	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Blue Cross Kentucky	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 822.90	$ 1,124.27
Blue Cross Kentucky	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 785.00	$ 1,074.02
Blue Cross Kentucky	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 213.00	$ 895.00	$ 129.75	$ 287.88
Blue Cross Kentucky	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 213.00	$ 895.00	$ 129.75	$ 287.88
Blue Cross Kentucky	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 355.00	$ 1,195.00	$ 203.03	$ 430.00
Blue Cross Kentucky	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Blue Cross Kentucky	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Blue Cross Kentucky	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Blue Cross Out of State	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Blue Cross Out of State	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Blue Cross Out of State	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Blue Cross Out of State	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Blue Cross Out of State	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Blue Cross Out of State	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Blue Cross Out of State	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 785.00	$ 1,074.02
Blue Cross Out of State	Inpatient or Observation Consultation with Low Level of Medical Decision Making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Blue Cross Out of State	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 822.90	$ 1,124.27
Blue Cross Out of State	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 935.00	$ 1,900.00	$ 785.00	$ 1,074.02
Blue Cross Out of State	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 213.00	$ 895.00	$ 129.75	$ 287.88
Blue Cross Out of State	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 213.00	$ 895.00	$ 129.75	$ 287.88
Blue Cross Out of State	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 355.00	$ 1,195.00	$ 203.03	$ 430.00

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
Blue Cross Out of State	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Blue Cross Out of State	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Blue Cross Out of State	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
CareSource Marketplace	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
CareSource Marketplace	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 21.59	$ 150.00	$ 21.59	$ 1,021.09
CareSource Marketplace	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 31.56	$ 200.00	$ 31.56	$ 133.09
CareSource Marketplace	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 59.49	$ 150.00	$ 55.64	$ 150.00
CareSource Marketplace	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
CareSource Marketplace	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
CareSource Marketplace	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 825.00	$ 1,900.00	$ 785.00	$ 1,074.02
CareSource Marketplace	Inpatient or Observation Consultation with Low Level of Medical Decision Making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
CareSource Marketplace	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 825.00	$ 1,900.00	$ 822.90	$ 1,124.27
CareSource Marketplace	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 825.00	$ 1,900.00	$ 785.00	$ 1,074.02
CareSource Marketplace	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 225.00	$ 895.00	$ 129.75	$ 287.88
CareSource Marketplace	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 225.00	$ 895.00	$ 129.75	$ 287.88
CareSource Marketplace	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 400.00	$ 1,195.00	$ 203.03	$ 430.00
CareSource Marketplace	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
CareSource Marketplace	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
CareSource Marketplace	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Humana	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Humana	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Humana	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 51.82	$ 200.00	$ 31.56	$ 133.09
Humana	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 147.00	$ 150.00	$ 55.64	$ 150.00
Humana	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Humana	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 117.60	$ 120.00	$ 32.10	$ 120.00
Humana	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 900.00	$ 1,900.00	$ 785.00	$ 1,074.02
Humana	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Humana	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 900.00	$ 1,900.00	$ 822.90	$ 1,124.27
Humana	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 864.00	$ 1,900.00	$ 785.00	$ 1,074.02
Humana	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 250.00	$ 895.00	$ 129.75	$ 287.88
Humana	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 250.00	$ 895.00	$ 129.75	$ 287.88
Humana	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 430.00	$ 1,195.00	$ 203.03	$ 430.00
Humana	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Humana	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 35.66	$ 75.00	$ 15.54	$ 65.97
Humana	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 30.59	$ 100.00	$ 15.84	$ 100.00
Humana BHN Medicaid	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 10.10	$ 300.00	$ 0.01	$ 12.60
Humana BHN Medicaid	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 35.99	$ 150.00	$ 21.59	$ 1,021.09
Humana BHN Medicaid	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 52.60	$ 200.00	$ 31.56	$ 133.09

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
Humana BHN Medicaid	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 99.15	$ 150.00	$ 55.64	$ 150.00
Humana BHN Medicaid	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Humana BHN Medicaid	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Humana BHN Medicaid	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,073.16	$ 1,900.00	$ 785.00	$ 1,074.02
Humana BHN Medicaid	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 56.06	$ 120.00	$ 56.06	$ 74.75
Humana BHN Medicaid	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 1,073.16	$ 1,900.00	$ 822.90	$ 1,124.27
Humana BHN Medicaid	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,073.16	$ 1,900.00	$ 785.00	$ 1,074.02
Humana BHN Medicaid	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 142.51	$ 895.00	$ 129.75	$ 287.88
Humana BHN Medicaid	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 142.51	$ 895.00	$ 129.75	$ 287.88
Humana BHN Medicaid	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 250.00	$ 1,195.00	$ 203.03	$ 430.00
Humana BHN Medicaid	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 39.05	$ 125.00	$ 27.46	$ 125.00
Humana BHN Medicaid	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 16.83	$ 75.00	$ 15.54	$ 65.97
Humana BHN Medicaid	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 35.65	$ 100.00	$ 15.84	$ 100.00
Humana- Ohio Medicaid	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Humana- Ohio Medicaid	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Humana- Ohio Medicaid	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Humana- Ohio Medicaid	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Humana- Ohio Medicaid	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Humana- Ohio Medicaid	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Humana- Ohio Medicaid	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 877.68	$ 1,900.00	$ 785.00	$ 1,074.02
Humana- Ohio Medicaid	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
Humana- Ohio Medicaid	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 877.68	$ 1,900.00	$ 822.90	$ 1,124.27
Humana- Ohio Medicaid	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 877.68	$ 1,900.00	$ 785.00	$ 1,074.02
Humana- Ohio Medicaid	Intensive Outpatient Psychiatric	905	Per Day	$ 895.00	$ 287.88	$ 895.00	$ 129.75	$ 287.88
Humana- Ohio Medicaid	Intensive Outpatient Sud	906	Per Day	$ 895.00	$ 287.88	$ 895.00	$ 129.75	$ 287.88
Humana- Ohio Medicaid	Partial Hospitalization Psych/Sud	912	Per Day	$ 1,195.00	$ 333.58	$ 1,195.00	$ 203.03	$ 430.00
Humana- Ohio Medicaid	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Humana- Ohio Medicaid	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Humana- Ohio Medicaid	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Molina Healthcare of Ohio	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
Molina Healthcare of Ohio	Hospital Discharge Day Management 30 Minutes Or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
Molina Healthcare of Ohio	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
Molina Healthcare of Ohio	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
Molina Healthcare of Ohio	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
Molina Healthcare of Ohio	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Molina Healthcare of Ohio	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 877.68	$ 1,900.00	$ 785.00	$ 1,074.02
Molina Healthcare of Ohio	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
Molina Healthcare of Ohio	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 877.68	$ 1,900.00	$ 822.90	$ 1,124.27
Molina Healthcare of Ohio	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 877.68	$ 1,900.00	$ 785.00	$ 1,074.02
Molina Healthcare of Ohio	Intensive Outpatient Psychiatric	905	Per Day	$ 895.00	$ 287.88	$ 895.00	$ 129.75	$ 287.88
Molina Healthcare of Ohio	Intensive Outpatient Sud	906	Per Day	$ 895.00	$ 287.88	$ 895.00	$ 129.75	$ 287.88
Molina Healthcare of Ohio	Partial Hospitalization Psych/Sud	912	Per Day	$ 1,195.00	$ 333.58	$ 1,195.00	$ 203.03	$ 430.00
Molina Healthcare of Ohio	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Molina Healthcare of Ohio	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
Molina Healthcare of Ohio	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
Passport/Beacon	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 7.56	$ 300.00	$ 0.01	$ 12.60
Passport/Beacon	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 63.28	$ 150.00	$ 21.59	$ 1,021.09
Passport/Beacon	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 89.34	$ 200.00	$ 31.56	$ 133.09
Passport/Beacon	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 112.50	$ 150.00	$ 55.64	$ 150.00
Passport/Beacon	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 65.06	$ 100.00	$ 33.58	$ 100.00
Passport/Beacon	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
Passport/Beacon	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
Passport/Beacon	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 74.75	$ 120.00	$ 56.06	$ 74.75
Passport/Beacon	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 822.90	$ 1,124.27
Passport/Beacon	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
Passport/Beacon	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 135.72	$ 895.00	$ 129.75	$ 287.88
Passport/Beacon	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 135.72	$ 895.00	$ 129.75	$ 287.88
Passport/Beacon	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 203.03	$ 1,195.00	$ 203.03	$ 430.00
Passport/Beacon	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
Passport/Beacon	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.38	$ 75.00	$ 15.54	$ 65.97
Passport/Beacon	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 52.15	$ 100.00	$ 15.84	$ 100.00
UHC Community Plan of Ky	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
UHC Community Plan of Ky	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
UHC Community Plan of Ky	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
UHC Community Plan of Ky	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
UHC Community Plan of Ky	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 38.75	$ 100.00	$ 33.58	$ 100.00
UHC Community Plan of Ky	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
UHC Community Plan of Ky	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
UHC Community Plan of Ky	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 74.75	$ 120.00	$ 56.06	$ 74.75
UHC Community Plan of Ky	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 1,124.27	$ 1,900.00	$ 822.90	$ 1,124.27
UHC Community Plan of Ky	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
UHC Community Plan of Ky	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 135.72	$ 895.00	$ 129.75	$ 287.88
UHC Community Plan of Ky	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 135.72	$ 895.00	$ 129.75	$ 287.88
UHC Community Plan of Ky	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 203.03	$ 1,195.00	$ 203.03	$ 430.00
UHC Community Plan of Ky	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
UHC Community Plan of Ky	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
UHC Community Plan of Ky	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
UHC Managed Medicare	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
UHC Managed Medicare	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
UHC Managed Medicare	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
UHC Managed Medicare	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
UHC Managed Medicare	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00
UHC Managed Medicare	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
UHC Managed Medicare	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 894.71	$ 1,900.00	$ 785.00	$ 1,074.02
UHC Managed Medicare	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
UHC Managed Medicare	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 894.71	$ 1,900.00	$ 822.90	$ 1,124.27
UHC Managed Medicare	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 894.71	$ 1,900.00	$ 785.00	$ 1,074.02
UHC Managed Medicare	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 151.00	$ 895.00	$ 129.75	$ 287.88
UHC Managed Medicare	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 151.00	$ 895.00	$ 129.75	$ 287.88
UHC Managed Medicare	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 315.00	$ 1,195.00	$ 203.03	$ 430.00
UHC Managed Medicare	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
UHC Managed Medicare	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
UHC Managed Medicare	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
United Behavioral Health	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
United Behavioral Health	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 98.33	$ 150.00	$ 21.59	$ 1,021.09
United Behavioral Health	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
United Behavioral Health	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 118.58	$ 150.00	$ 55.64	$ 150.00
United Behavioral Health	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 100.00	$ 100.00	$ 33.58	$ 100.00
United Behavioral Health	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
United Behavioral Health	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 898.00	$ 1,900.00	$ 785.00	$ 1,074.02
United Behavioral Health	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
United Behavioral Health	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 898.00	$ 1,900.00	$ 822.90	$ 1,124.27
United Behavioral Health	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 898.00	$ 1,900.00	$ 785.00	$ 1,074.02
United Behavioral Health	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 210.00	$ 895.00	$ 129.75	$ 287.88
United Behavioral Health	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 210.00	$ 895.00	$ 129.75	$ 287.88
United Behavioral Health	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 396.00	$ 1,195.00	$ 203.03	$ 430.00
United Behavioral Health	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 125.00	$ 125.00	$ 27.46	$ 125.00
United Behavioral Health	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 65.97	$ 75.00	$ 15.54	$ 65.97
United Behavioral Health	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 95.00	$ 100.00	$ 15.84	$ 100.00
WellCare Managed Medicare	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 8.57	$ 300.00	$ 0.01	$ 12.60
WellCare Managed Medicare	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 40.08	$ 150.00	$ 21.59	$ 1,021.09
WellCare Managed Medicare	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
WellCare Managed Medicare	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 89.44	$ 150.00	$ 55.64	$ 150.00
WellCare Managed Medicare	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 51.66	$ 100.00	$ 33.58	$ 100.00

PAYER NAME	SHOPPABLE SERVICE	BILLING CODES	CHARGE TYPE	GROSS CHARGE	NEGOTIATED CHARGE	SELF-PAY	LOW CHARGE	HIGH CHARGE
WellCare Managed Medicare	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 64.20	$ 120.00	$ 32.10	$ 120.00
WellCare Managed Medicare	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,074.02	$ 1,900.00	$ 785.00	$ 1,074.02
WellCare Managed Medicare	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 61.67	$ 120.00	$ 56.06	$ 74.75
WellCare Managed Medicare	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 822.90	$ 1,900.00	$ 822.90	$ 1,124.27
WellCare Managed Medicare	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,074.02	$ 1,900.00	$ 785.00	$ 1,074.02
WellCare Managed Medicare	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 251.32	$ 895.00	$ 129.75	$ 287.88
WellCare Managed Medicare	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 251.32	$ 895.00	$ 129.75	$ 287.88
WellCare Managed Medicare	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 203.03	$ 1,195.00	$ 203.03	$ 430.00
WellCare Managed Medicare	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
WellCare Managed Medicare	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 19.42	$ 75.00	$ 15.54	$ 65.97
WellCare Managed Medicare	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 31.68	$ 100.00	$ 15.84	$ 100.00
WellCare of Ky	Drug Test Presumptive Direct Optical Observation	300, 80305	Per Service	$ 300.00	$ 12.60	$ 300.00	$ 0.01	$ 12.60
WellCare of Ky	Hospital Discharge Day Management 30 Minutes or Less	510, 99238	Per Service	$ 150.00	$ 74.76	$ 150.00	$ 21.59	$ 1,021.09
WellCare of Ky	Hospital Discharge Day Management More Than 30 Minutes	510, 99239	Per Service	$ 200.00	$ 54.67	$ 200.00	$ 31.56	$ 133.09
WellCare of Ky	Initial hospital care per day for evaluation and management with a high level of medical decision making	510, 99223	Per Service	$ 150.00	$ 150.00	$ 150.00	$ 55.64	$ 150.00
WellCare of Ky	Initial hospital care per day for evaluation and management with a low level of medical decision making	510, 99221	Per Service	$ 100.00	$ 62.61	$ 100.00	$ 33.58	$ 100.00
WellCare of Ky	Initial hospital care per day for evaluation and management with a moderate level of medical decision making	510, 99222	Per Service	$ 120.00	$ 42.73	$ 120.00	$ 32.10	$ 120.00
WellCare of Ky	Inpatient Detoxification	126	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
WellCare of Ky	Inpatient or observation consultation with low level of medical decision making	510, 99253	Per Service	$ 120.00	$ 56.06	$ 120.00	$ 56.06	$ 74.75
WellCare of Ky	Inpatient Psychiatric	124	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 822.90	$ 1,124.27
WellCare of Ky	Inpatient Rehabilitation	128	Per Day	$ 1,900.00	$ 1,022.06	$ 1,900.00	$ 785.00	$ 1,074.02
WellCare of Ky	Intensive Outpatient Psychiatric	905	Per Visit	$ 895.00	$ 135.72	$ 895.00	$ 129.75	$ 287.88
WellCare of Ky	Intensive Outpatient Sud	906	Per Visit	$ 895.00	$ 135.72	$ 895.00	$ 129.75	$ 287.88
WellCare of Ky	Partial Hospitalization Psych/Sud	912	Per Visit	$ 1,195.00	$ 203.03	$ 1,195.00	$ 203.03	$ 430.00
WellCare of Ky	Subsequent hospital care per day for the evaluation and management with a high level of medical decision making	510, 99233	Per Service	$ 125.00	$ 45.05	$ 125.00	$ 27.46	$ 125.00
WellCare of Ky	Subsequent hospital care per day for the evaluation and management with a low level of medical decision making	510, 99231	Per Service	$ 75.00	$ 38.67	$ 75.00	$ 15.54	$ 65.97
WellCare of Ky	Subsequent hospital care per day for the evaluation and management with a moderate level of medical decision making	510, 99232	Per Service	$ 100.00	$ 62.42	$ 100.00	$ 15.84	$ 100.00

NOTES:

- The information listed above was last updated on 11/7/2025
- Bellefonte Hospital and Recovery Center does not offer one or more of the 70 CMS-specified shoppable services.