

Shoppable Services BEACON BEHAVIORAL HOSPITALS

TABLE OF CONTENTS



Shoppable Services Codes Guide	<u>3</u>
Shoppable Services: Beacon Behavioral Hospital - Bunkie	4
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	4
Semi Private Detox Room and Board, all inclusive except prof. fees	4
Psychotherapy Services	
Shoppable Services: Beacon Behavioral Hospital - Lutcher	10
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	10
Semi Private Detox Room and Board, all inclusive except prof. fees	10
Psychotherapy Services	13
Shoppable Services: Beacon Behavioral Hospital - New Orleans	16
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	16
Semi Private Detox Room and Board, all inclusive except prof. fees	16
Psychotherapy Services	19
Shoppable Services: Beacon Behavioral Hospital - New Orleans Westbank	22
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	22
Semi Private Detox Room and Board, all inclusive except prof. fees	22
Psychotherapy Services	25
Shoppable Services: Beacon Behavioral Hospital - Northshore	28
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	28
Semi Private Detox Room and Board, all inclusive except prof. fees	28
Psychotherapy Services	31



Shoppable Services Codes

BEACON BEHAVIORAL HOSPITALS

SPECIFIED SHOPPABLE SERVICE	2025 CPT/HCPCS PRIMARY CODE EFFECTIVE 01/01/2025
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	124
Semi Private Detox Room and Board, all inclusive except prof. fees	126
Group psychotherapy (other than of a multiple-family group)	90853/S9480
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837
Psychotherapy for crisis, first 60 minutes	90839
Family psychotherapy (without the patient present), 50 minutes	90846
Intensive outpatient mental health, per diem	S9480



BEACON BEHAVIORAL HOSPITAL-BUNKIE

PHYSICAL: 323 EVERGREEN, STE. B | MAILING: P.O. BOX 1160 | BUNKIE, LA 71322

SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
SELF-PAY						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф 7 ГО	φ 7 10	ф1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$750	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф007	#710	ф1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$927	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
HUMANA MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4004	4740	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$821	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
UNITED/OPTUM/UMR						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#1000	#710	ф1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$1020	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
WELLCARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	φ740	4710	ф1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$740	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
VA OPTUM CCN3						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4004	4710	41000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$894	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
BCBS						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фооо	Ф710	#1002	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$920	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
AETNA MEDICARE/COMMERCIAL						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фооо	4710	#1000	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$900	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
HEALTHY BLUE DUAL ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$777	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
BLUE ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$700	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
ALL LOUISIANA MEDICAID BAYOU PLAN						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4=0=	4=40	41000	4==0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$737	\$710	\$1083	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
AMBETTER						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4740	4740	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$710	\$710	\$1083	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
CIGNA						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	41000	4710	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$1083	\$710	\$1083	\$750
	Physician services		Not provided by I	nospital (may be	billed separately))



SHOPPABLE SERVICE	BILLING CODE	PRICE
SELF PAY		
Group psychotherapy (other than of a multiple-family group)	90853	\$150
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
MEDICARE/HUMANA MEDICARE/HEALTHY BLUE DUAL/OCHSNER PREMIER/	VANTAGE HEALTH	
Group psychotherapy (other than of a multiple-family group)	90853	\$100
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
AETNA COMMERCIAL/MEDICARE		
Group psychotherapy (other than of a multiple-family group)	90853	\$233
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$233
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$233
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$233
Psychotherapy for crisis, first 60 minutes	90839	\$233
Family psychotherapy (without the patient present), 50 minutes	90846	\$233



SHOPPABLE SERVICE	BILLING CODE	PRICE
AMBETTER		
Group psychotherapy (other than of a multiple-family group)	S9480	\$225
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$225
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$225
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$225
Psychotherapy for crisis, first 60 minutes	S9480	\$225
Family psychotherapy (without the patient present), 50 minutes	S9480	\$225
BCBS OF LOUISIANA		
Group psychotherapy (other than of a multiple-family group)	S9480	\$249
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$249
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$249
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$249
Psychotherapy for crisis, first 60 minutes	S9480	\$249
Family psychotherapy (without the patient present), 50 minutes	S9480	\$249
CIGNA		
Group psychotherapy (other than of a multiple-family group)	90853	\$226
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$226
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$226
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$226
Psychotherapy for crisis, first 60 minutes	90839	\$226
Family psychotherapy (without the patient present), 50 minutes	90846	\$226



SHOPPABLE SERVICE	BILLING CODE	PRICE
UNITED/OPTUM/UMR		
Group psychotherapy (other than of a multiple-family group)	90853	\$255
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$255
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$255
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$255
Psychotherapy for crisis, first 60 minutes	90839	\$255
Family psychotherapy (without the patient present), 50 minutes	90846	\$255
AETNA BETTER HEALTH/AMERIHEALTH CARITAS/HEALTHY BLUE LA MEDICAID I	BAYOU PLANS	
Intensive outpatient mental health, per diem	S9480	\$175
LOUISIANA HEALTHCARE CONNECTION LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$180
HUMANA HEALTH BENEFIT LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$185



BEACON BEHAVIORAL HOSPITAL-LUTCHER

2471 LOUISIANA AVENUE | LUTCHER, LA 70071

SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
SELF-PAY						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф 7 ГО	\$700	ф1020	φ 7 Ε0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$750	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	\$905	\$700	ф1020	ф7.F.O
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$908	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately	
HUMANA MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фосо	\$700	ф1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$830	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
UNITED/OPTUM/UMR						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#1000	\$700	#1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$1020	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
WELLCARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	Φ74O	\$700	ф10.2.0	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$740	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
VA OPTUM CCN3						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4050	\$700	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$850	\$737	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
BCBS						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф1000	\$700	#1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$1038	\$737	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
AETNA MEDICARE/COMMERCIAL						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4000	\$700	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$900	\$737	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
HEALTHY BLUE DUAL ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$777	\$700	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
BLUE ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$700	\$700	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract Rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
ALL LOUISIANA MEDICAID BAYOU PLAN						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф 7 07	\$700	#1020	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$737	\$737	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
AMBETTER						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#010	\$700	#1020	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$910	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
CIGNA						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фооо	\$700	#1020	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$800	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	BILLING CODE	PRICE
SELF PAY		
Group psychotherapy (other than of a multiple-family group)	90853	\$150
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
MEDICARE/HUMANA MEDICARE/HEALTHY BLUE DUAL/OCHSNER PREMIER/	VANTAGE HEALTH	
Group psychotherapy (other than of a multiple-family group)	90853	\$100
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
AETNA COMMERCIAL/MEDICARE		
Group psychotherapy (other than of a multiple-family group)	90853	\$233
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$233
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$233
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$233
Psychotherapy for crisis, first 60 minutes	90839	\$233
Family psychotherapy (without the patient present), 50 minutes	90846	\$233



SHOPPABLE SERVICE	BILLING CODE	PRICE
AMBETTER		
Group psychotherapy (other than of a multiple-family group)	S9480	\$225
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$225
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$225
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$225
Psychotherapy for crisis, first 60 minutes	S9480	\$225
Family psychotherapy (without the patient present), 50 minutes	S9480	\$225
BCBS OF LOUISIANA		
Group psychotherapy (other than of a multiple-family group)	S9480	\$258
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$258
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$258
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$258
Psychotherapy for crisis, first 60 minutes	S9480	\$258
Family psychotherapy (without the patient present), 50 minutes	S9480	\$258
CIGNA		
Group psychotherapy (other than of a multiple-family group)	90853	\$226
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$226
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$226
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$226
Psychotherapy for crisis, first 60 minutes	90839	\$226
Family psychotherapy (without the patient present), 50 minutes	90846	\$226



UNITED/OPTUM/UMR		
Group psychotherapy (other than of a multiple-family group)	90853	\$255
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$255
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$255
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$255
Psychotherapy for crisis, first 60 minutes	90839	\$255
Family psychotherapy (without the patient present), 50 minutes	90846	\$255
AETNA BETTER HEALTH/AMERIHEALTH CARITAS/HEALTHY BLUE LA MEDICAID BAYO	PLANS	
Intensive outpatient mental health, per diem	S9480	\$175
LOUISIANA HEALTHCARE CONNECTION LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$180
HUMANA HEALTH BENEFIT LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$185



BEACON BEHAVIORAL HOSPITAL- NEW ORLEANS

14500 HAYNE BLVD., SUITE 200 | NEW ORLEANS, LA 70128

SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
SELF-PAY						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф 7 ГО	\$700	ф1000	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$750	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	\$905	\$700	Ф1000	ф7.F.O
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$905	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately	
HUMANA MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#010	\$700	ф1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$919	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
UNITED/OPTUM/UMR						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#1000	\$700	ф1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$1020	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
WELLCARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	¢740	\$700	¢1000	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$740	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
VA OPTUM CCN3						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фого	\$700	#1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$850	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
BCBS						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	41000	\$700	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$1038	\$737	\$1038	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
AETNA MEDICARE/COMMERCIAL						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#050	\$700	41000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$850	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
HEALTHY BLUE DUAL ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$777	\$700	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
BLUE ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$700	\$700	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
ALL LOUISIANA MEDICAID BAYOU PLAN						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	ф707	\$700	#1000	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$737	\$737	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
AMBETTER						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фого	\$700	#1000	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$850	\$737	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
CIGNA						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#010	\$700	#1000	ф7F0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$912	\$737	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	



SHOPPABLE SERVICE	BILLING CODE	PRICE
SELF PAY		
Group psychotherapy (other than of a multiple-family group)	90853	\$150
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
MEDICARE/HUMANA MEDICARE/HEALTHY BLUE DUAL/OCHSNER PREMIER/VA	ANTAGE HEALTH	
Group psychotherapy (other than of a multiple-family group)	90853	\$100
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
AETNA COMMERCIAL/MEDICARE		
Group psychotherapy (other than of a multiple-family group)	90853	\$233
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$233
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$233
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$233
Psychotherapy for crisis, first 60 minutes	90839	\$233
Family psychotherapy (without the patient present), 50 minutes	90846	\$233



SHOPPABLE SERVICE	BILLING CODE	PRICE
AMBETTER		
Group psychotherapy (other than of a multiple-family group)	S9480	\$225
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$225
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$225
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$225
Psychotherapy for crisis, first 60 minutes	S9480	\$225
Family psychotherapy (without the patient present), 50 minutes	S9480	\$225
BCBS OF LOUISIANA		
Group psychotherapy (other than of a multiple-family group)	S9480	\$258
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$258
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$258
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$258
Psychotherapy for crisis, first 60 minutes	S9480	\$258
Family psychotherapy (without the patient present), 50 minutes	S9480	\$258
CIGNA		
Group psychotherapy (other than of a multiple-family group)	90853	\$226
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$226
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$226
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$226
Psychotherapy for crisis, first 60 minutes	90839	\$226
Family psychotherapy (without the patient present), 50 minutes	90846	\$226



SHOPPABLE SERVICE	BILLING CODE	PRICE
UNITED/OPTUM/UMR		
Group psychotherapy (other than of a multiple-family group)	90853	\$255
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$255
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$255
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$255
Psychotherapy for crisis, first 60 minutes	90839	\$255
Family psychotherapy (without the patient present), 50 minutes	90846	\$255
AETNA BETTER HEALTH/AMERIHEALTH CARITAS/HEALTHY BLUE LA MEDICAID B	AYOU PLANS	
Intensive outpatient mental health, per diem	S9480	\$175
LOUISIANA HEALTHCARE CONNECTION LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$180
HUMANA HEALTH BENEFIT LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$185



BEACON BEHAVIORAL HOSPITAL- NEW ORLEANS WESTBANK

4201 WOODLAND DR. | NEW ORLEANS, LA 70131

SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract Rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
SELF-PAY						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	Ф7 ГО	\$700	#1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$750	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	\$905	\$700	ф1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$905	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately))
HUMANA MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#010	\$700	#1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$919	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
UNITED/OPTUM/UMR						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#1000	\$700	#1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$1020	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
WELLCARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	Φ74O	\$700	#1000	#750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$740	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract Rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
VA OPTUM CCN3						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фого	\$700	#1020	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$850	\$737	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
BCBS						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#1000	\$700	#1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$1038	\$737	\$1038	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
AETNA MEDICARE/COMMERCIAL						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фоло	\$700	#1000	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	- Pharmacy Radiology	126	\$850	\$737	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
HEALTHY BLUE DUAL ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$777	\$700	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
BLUE ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$700	\$700	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract Rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
ALL LOUISIANA MEDICAID BAYOU PLAN						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#707	\$700	#1000	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$737	\$737	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
AMBETTER						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фоло	\$700	#1000	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$850	\$737	\$1020	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
CIGNA						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4010	\$700	#1000	Φ750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$912	\$737	\$1020	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	BILLING CODE	PRICE
SELF PAY		
Group psychotherapy (other than of a multiple-family group)	90853	\$150
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
MEDICARE/HUMANA MEDICARE/HEALTHY BLUE DUAL/OCHSNER PREMIER/	VANTAGE HEALTH	
Group psychotherapy (other than of a multiple-family group)	90853	\$100
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
AETNA COMMERCIAL/MEDICARE		
Group psychotherapy (other than of a multiple-family group)	90853	\$233
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$233
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$233
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$233
Psychotherapy for crisis, first 60 minutes	90839	\$233
Family psychotherapy (without the patient present), 50 minutes	90846	\$233



SHOPPABLE SERVICE	BILLING CODE	PRICE
AMBETTER		
Group psychotherapy (other than of a multiple-family group)	S9480	\$225
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$225
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$225
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$225
Psychotherapy for crisis, first 60 minutes	S9480	\$225
Family psychotherapy (without the patient present), 50 minutes	S9480	\$225
BCBS OF LOUISIANA		
Group psychotherapy (other than of a multiple-family group)	S9480	\$258
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$258
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$258
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$258
Psychotherapy for crisis, first 60 minutes	S9480	\$258
Family psychotherapy (without the patient present), 50 minutes	S9480	\$258
CIGNA		
Group psychotherapy (other than of a multiple-family group)	90853	\$226
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$226
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$226
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$226
Psychotherapy for crisis, first 60 minutes	90839	\$226
Family psychotherapy (without the patient present), 50 minutes	90846	\$226



UNITED/OPTUM/UMR				
Group psychotherapy (other than of a multiple-family group)	90853	\$255		
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$255		
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$255		
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$255		
Psychotherapy for crisis, first 60 minutes	90839	\$255		
Family psychotherapy (without the patient present), 50 minutes	90846	\$255		
AETNA BETTER HEALTH/AMERIHEALTH CARITAS/HEALTHY BLUE LA MEDICAID BAYOU PLANS				
Intensive outpatient mental health, per diem	S9480	\$175		
LOUISIANA HEALTHCARE CONNECTION LA MEDICAID BAYOU PLAN				
Intensive outpatient mental health, per diem	S9480	\$180		
HUMANA HEALTH BENEFIT LA MEDICAID BAYOU PLAN				
Intensive outpatient mental health, per diem	S9480	\$185		



BEACON BEHAVIORAL HOSPITAL- NORTHSHORE

64026 HWY 434, STE 300 | LACOMBE, LA 70445

SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract Rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
SELF-PAY						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	φ 7 Γ0	φ 7 10	#1074	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$750	\$710	\$1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	Ф000	Ф710	\$1074	\$750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$892	\$710		\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
HUMANA MEDICARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	\$898	ф710	ф107 <i>4</i>	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	Ф090	\$710	\$1074	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
HUMANA COMMERCIAL						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4077	4710	#1074	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$977	\$710	\$1074	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
UNITED/OPTUM/UMR						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	¢1000	ф710	¢1074	ф7F.О
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$1020	\$710	\$1074	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract Rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
WELLCARE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	¢740	\$710	¢1074	\$750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$740	\$710	\$1074	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
VA OPTUM CCN3						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	#004	ф710	ф107 <i>4</i>	ф 7 ГО
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$894	\$710	\$1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
BCBS						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	¢1074	\$710	\$1074	ф7E0
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$1074	φίο	φ1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
AETNA MEDICARE/COMMERCIAL						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фоор	4710	#1074	ф7.F.O
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$900	\$710	\$1074	\$750
	Physician services		Not provided by I	nospital (may be	billed separately)	
HEALTHY BLUE DUAL ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$777	\$710	\$1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	ANCILLARY SERVICES	BILLING CODE	PAYOR-SPECIFIC Contract rate	DE-IDENTIFIED Minimum	DE-IDENTIFIED Maximum	DISCOUNTED Cash Price
BLUE ADVANTAGE						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results Pharmacy Radiology	124	\$700	\$710	\$1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
ALL LOUISIANA MEDICAID BAYOU PLAN						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	\$737	\$710	\$1074	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology 126	126				\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
AMBETTER						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	4710	φ 7 10	#1074	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology	126	\$710	\$710	\$1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	
CIGNA						
Semi Private Psychiatric Room and Board, all inclusive except prof. fees	Pathology/interpretation of results	124	фооо	4710	#1074	4750
Semi Private Detox Room and Board, all inclusive except prof. fees	Pharmacy Radiology 126	126	\$828	\$710	\$1074	\$750
	Physician services		Not provided by h	nospital (may be	billed separately)	



SHOPPABLE SERVICE	BILLING CODE	PRICE
SELF PAY		
Group psychotherapy (other than of a multiple-family group)	90853	\$150
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
MEDICARE/HUMANA MEDICARE/HEALTHY BLUE DUAL/OCHSNER PREMIER/\	VANTAGE HEALTH	
Group psychotherapy (other than of a multiple-family group)	90853	\$100
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$200
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$250
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$275
Psychotherapy for crisis, first 60 minutes	90839	\$250
Family psychotherapy (without the patient present), 50 minutes	90846	\$150
AETNA COMMERCIAL/MEDICARE		
Group psychotherapy (other than of a multiple-family group)	90853	\$233
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$233
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$233
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$233
Psychotherapy for crisis, first 60 minutes	90839	\$233
Family psychotherapy (without the patient present), 50 minutes	90846	\$233



SHOPPABLE SERVICE	BILLING CODE	PRICE
AMBETTER		
Group psychotherapy (other than of a multiple-family group)	S9480	\$225
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	\$9480	\$225
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	\$9480	\$225
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$225
Psychotherapy for crisis, first 60 minutes	S9480	\$225
Family psychotherapy (without the patient present), 50 minutes	\$9480	\$225
BCBS OF LOUISIANA		
Group psychotherapy (other than of a multiple-family group)	S9480	\$263
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	S9480	\$263
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	S9480	\$263
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	S9480	\$263
Psychotherapy for crisis, first 60 minutes	S9480	\$263
Family psychotherapy (without the patient present), 50 minutes	S9480	\$263
CIGNA		
Group psychotherapy (other than of a multiple-family group)	90853	\$226
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$226
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$226
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$226
Psychotherapy for crisis, first 60 minutes	90839	\$226
Family psychotherapy (without the patient present), 50 minutes	90846	\$226



SHOPPABLE SERVICE	BILLING CODE	PRICE
UNITED/OPTUM/UMR		
Group psychotherapy (other than of a multiple-family group)	90853	\$255
Psychotherapy, 30 minutes with patient and/or family member (16 to 37 minutes)	90832	\$255
Psychotherapy, 45 minutes with patient and/or family member (38 to 52 minutes)	90834	\$255
Psychotherapy, 60 minutes with patient and/or family member (53 minutes or longer)	90837	\$255
Psychotherapy for crisis, first 60 minutes	90839	\$255
Family psychotherapy (without the patient present), 50 minutes	90846	\$255
AETNA BETTER HEALTH/AMERIHEALTH CARITAS/HEALTHY BLUE LA MEDICAID BA	YOU PLANS	
Intensive outpatient mental health, per diem	S9480	\$175
LOUISIANA HEALTHCARE CONNECTION LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$180
HUMANA HEALTH BENEFIT LA MEDICAID BAYOU PLAN		
Intensive outpatient mental health, per diem	S9480	\$185