

Haven Behavioral Services of Philadelphia LLC d/b/a Haven Behavioral Hospital of Philadelphia 3300 Henry Avenue Philadelphia PA 49129 215.475.3400

# **Shoppable Services**

Effective Date: 1/1/2024

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### **Available Services**

All services and/or gross charge and/or negotiated rate(s) reflected in this document are as of 1/1/2024. All current services provided by this hospital are listed below.

INTERNAL				PRIMARY	MAXIMUM	MINIMUM	
REFERENCE		TYPE OF		BILLING	NEGOTIATED	NEGOTIATED	DISCOUNTED
NUMBER	SERVICE DESCRIPTION	SERVICE	GROSS CHARGE	CODE	CHARGE	CHARGE	CASH PRICE
							\$827.83 per
100000	SEMI PRIVATE R&B	INPATIENT	\$2148 per diem	124	\$1130 per diem	\$800 per diem	diem
	PSYCHIATRIC	INPATIENT			no negotiated	no negotiated	included with
7500011	DIAGNOSTIC EXAM	ANCILLARY	\$374	961/90791	rate	rate	R&B per diem
	PSYCHIATRIC DIAG EXM	INPATIENT	\$408		no negotiated	no negotiated	included with
7500012	W/MEDICAL SERVICES	ANCILLARY		961/90792	rate	rate	R&B per diem
	DISCHARGE VISIT LESS	INPATIENT			no negotiated	no negotiated	included with
7500020	THAN 30 MINUTES	ANCILLARY	\$150	961/99238	rate	rate	R&B per diem
	DISCHARGE VISIT 31+	INPATIENT	\$267		no negotiated	no negotiated	included with
7500030	MINUTES	ANCILLARY		961/99239	rate	rate	R&B per diem
	SUBSUQ HOSPITAL CARE	INPATIENT			no negotiated	no negotiated	included with
7500050	15-24 MINUTE	ANCILLARY	\$160	961/99231	rate	rate	R&B per diem
	SUBSUQ HOSPITAL CARE	INPATIENT	\$320		no negotiated	no negotiated	included with
7500060	25-34 MINUTES	ANCILLARY		961/99232	rate	rate	R&B per diem

Other services may be provided by independent healthcare providers. Such services may include but are not limited to pathology services and/or radiology services and/or physician visits and therapies. These outside services will be billed directly by the provider. Haven Behavioral Hospital of Philadelphia does not negotiate or control those charges or reimbursement rates.

### **Payer Specific Negotiated Rates**

Listed below are individual payors that may have negotiated rates with Haven Behavioral Hospital of Philadelphia. If a service is listed without a payer rate, there is no negotiated or contract rate for that service for that payor.

		ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY			
INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	SERVICE:	One of the below Psych Exam services will be provided on time upon admission		Service provided one time upon discharge – Based on time	Service charges once per day per inpatient stay
INSURANCE PROVIDER	INPATIENT R&B	PSYCHIATRIC DIAGNOSTIC EXAM	PSYCH DIAG EXAM W/MEDICAL SERVICES	DISCHARGE VISIT < 30 minutes OR > 30 minutes	SUBSEQUENT HOSP CARE 15-24 minutes OR 25-34 minutes
MEDICARE PA	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule
MCR UBH (OPTUM)	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule
MCR HUMANA	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule
MCR AETNA	\$952.75 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem
MCR CIGNA HEALTHSPRING	95% of DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule
MCR GEISINGER GOLD	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule
MCR MH NET (AETNA)	\$925 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem
MCR KEYSTONE MAGELLAN	\$1103 per diem				
MCR KEYSTONE INDEPENDENCE	\$1103 per diem				
MCR KEYSTONE 65	\$1103 per diem				
MCR GATEWAY	\$920 per diem				

# Payer Specific Negotiated Rates (continued)

		ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY				
INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	SERVICE:	One of the below Psych Exam services will be provided on time upon admission		Service provided one time upon discharge – Based on time	Service charges once per day per inpatient stay	
INSURANCE PROVIDER	INPATIENT R&B	PSYCHIATRIC DIAGNOSTIC EXAM	PSYCH DIAG EXAM W/MEDICAL SERVICES	DISCHARGE VISIT < 30 minutes OR > 30 minutes	SUBSEQUENT HOSP CARE 15-24 minutes OR 25-34 minutes	
MCR HLTH PARTNERS MAGELLEN	\$1103 per diem					
MCR PENN BEHAVORIAL HEALH	\$800 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCR INNOVAGE	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	
MCR INDEPENENCE BCBS	\$1040 per diem					
MCR MERCY LIFE TRINITY HEALTH	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	
MCR PA HEALTH WELLNESS	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	
MEDICAID PA	\$827.83 per diem	Medicaid Fee Schedule	Medicaid Fee Schedule	Medicaid Fee Schedule	Medicaid Fee Schedule	
MCD CBH	\$869.22 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCD MAGELLAN BH BUCK	\$852.66 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCD MAGELLAN BH DELAWARE	\$827.83 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCD MAGELLAN BH LEHIGH	\$852.66 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCD MAGELLAN BH MONTGOMERY	\$852.66 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCD MAGELLEN BH N HAMPTON	\$852.66 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MCD CCBHO	\$827.83 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	

# Payer Specific Negotiated Rates (continued)

		ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY				
INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	SERVICE:	One of the below Psych Exam services will be provided on time upon admission		Service provided one time upon discharge – Based on time	Service charges once per day per inpatient stay	
INSURANCE PROVIDER	INPATIENT R&B	PSYCHIATRIC DIAGNOSTIC EXAM	PSYCH DIAG EXAM W/MEDICAL SERVICES	DISCHARGE VISIT < 30 minutes OR > 30 minutes	SUBSEQUENT HOSP CARE 15-24 minutes OR 25-34 minutes	
NJ MCD-MOLINA MEDICAID SOLUTIONS (NJ)	DRG	Medicaid Fee Schedule	Medicaid Fee Schedule	Medicaid Fee Schedule	Medicaid Fee Schedule	
MCD PERFORMANCE CBHNP	\$848.86 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
SAM (CITY FUNDING)	\$850.75 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
TRICARE HUMANA SERVICES	\$850 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
CHAMPVA	\$850 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
TRICARE FOR LIFE	\$850 per diem					
OPTUM VA CCN	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	
BCBS INDEPENDENCE (MAGELLAN)	\$1103 per diem					
UBH (OPTUM)	\$966 per diem					
CIGNA	\$858 per diem					
MAGELLAN	\$1103 per diem					
HUMANA	\$950 per diem					
AARP (OPTUM)	\$966 per diem					
MHNET/AETNA	\$925 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	

# Payer Specific Negotiated Rates (continued)

		ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY				
INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	SERVICE:	One of the below Psych Exam services will be provided on time upon admission		Service provided one time upon discharge – Based on time	Service charges once per day per inpatient stay	
INSURANCE PROVIDER	INPATIENT R&B	PSYCHIATRIC DIAGNOSTIC EXAM	PSYCH DIAG EXAM W/MEDICAL SERVICES	DISCHARGE VISIT < 30 minutes OR > 30 minutes	SUBSEQUENT HOSP CARE 15-24 minutes OR 25-34 minutes	
AETNA	\$952.75 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
MENTAL HEALTH CONSULTANTS	\$900 per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	All inclusive – with R&B per diem	
PA HEALTH WELLNESS MARKETPLACE	DRG	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	Medicare Fee Schedule	