

ADCARE HOSPITAL OF WORCESTER, INC.
 ITEM PRICE LIST
 Effective October 1, 2021

FY 2022 - effective 10/01/2021

ISSUE NUMBER	DESCRIPTION	ISSUE NUMBER	I/P Rounded up	O/P	DAY TX	OBS/SL
10201	DETOX	10201	1,495.00	0.00	0.00	0.00
10202	REHAB	10202	1,495.00	0.00	0.00	0.00
10203	ACUTE RESIDENTIAL	10203	1,495.00	0.00	0.00	0.00
10204	AND DAYS M & S Expense	10204	1,495.00 17.00	0.00	0.00	0.00
300890	MISC OPD EXAMINES	300890	0.00	0.00	0.00	0.00
303000	INITIAL ASSESSMENT	303000	332.00	332.00	332.00	332.00
303001	RE ASSESSMENT	303001	255.00	255.00	255.00	255.00
303002	OP IND COUNSELING	303002	255.00	255.00	255.00	255.00
303051	1.5 HR GROUP	303051	179.00	179.00	179.00	179.00
303007	FAMILY COUNSELING W PT	303007	390.00	390.00	390.00	390.00
303012	DAY TREATMENT PROGRM	303012	447.00	447.00	447.00	447.00
303013	1/2 IND COUNSEL	303013	208.00	208.00	208.00	208.00
303014	OP DETOX	303014	390.00	390.00	390.00	390.00
303018	EVENING TREATMENT	303018	292.00	292.00	292.00	292.00
303310	OPD IOP	303310	292.00	292.00	292.00	292.00
313002	OP IND COUNSELING WITH IOP	313002	255.00	255.00	255.00	255.00
313007	FAMILY COUNSELING W PT IOP	313007	390.00	390.00	390.00	390.00
303016	FAMILY COUNSELING W/O PT	303016	390.00	390.00	390.00	390.00
313016	FAMILY COUNSELING W/O PT WITH IOP	303016	390.00	390.00	390.00	390.00
313013	1/2 IND COUNSEL WITH IOP	313013	208.00	208.00	208.00	208.00
303200	INITIAL ASSESSMENT TELEHEALTH	303200	332.00	332.00	332.00	332.00
303201	RE ASSESSMENT TELEHEALTH	303201	255.00	255.00	255.00	255.00
313201	REASSESSMENT OP (IP) TELEHEALTH	313201	255.00	255.00	255.00	255.00
303202	OP TELEHEALTH IND COUNSELING	303202	255.00	255.00	255.00	255.00
303251	1.5 HR GROUP TELEHEALTH	303251	179.00	179.00	179.00	179.00
303207	FAMILY COUNSELING W PT TELEHEALTH	303207	390.00	390.00	390.00	390.00
303212	DAY TREATMENT PROGRAM TELEHEALTH	303212	447.00	447.00	447.00	447.00
303213	1/2 TELEHEALTH IND COUNSELING	303213	208.00	208.00	208.00	208.00
303218	EVENING TREATMENT TELEHEALTH	303218	292.00	292.00	292.00	292.00
303210	OPD IOP TELEHEALTH	303210	292.00	292.00	292.00	292.00
313202	OP IND COUNSELING WITH IOP TELEHEALTH	313202	255.00	255.00	255.00	255.00
313207	FAMILY COUNSELING W PT IOP TELEHEALTH	313207	390.00	390.00	390.00	390.00
303216	TELEHEALTH FAMILY COUNSELING W/O PT	303216	390.00	390.00	390.00	390.00
313216	TH FAMILY COUNSELING W/O PT WITH IOP	313216	390.00	390.00	390.00	390.00
313213	1/2 IND COUNSEL WITH IOP TELEHEALTH	313213	208.00	208.00	208.00	208.00
303252	(2) HR GROUP TELEHEALTH	303252	179.00	179.00	179.00	179.00
303320	OBSERVATION BED 1ST 6HOURS	303320	269.00	269.00	269.00	269.00
303321	OBSERVATION BED 2ND 6HOURS	303321	175.00	175.00	175.00	175.00
303322	OBSERVATION BED 3RD 6HOURS	303322	175.00	175.00	175.00	175.00
303323	OBSERVATION BED 4TH 6HOURS	303323	175.00	175.00	175.00	175.00
303003	MMPI	303003	340.00	340.00	340.00	340.00
303004	I/P FULL EVALUATION	303004	1,034.00	1,034.00	1,034.00	1,034.00
303009	OP PSYCH CONSULT-MD	303009	205.00	205.00	205.00	205.00
303010	BRIDGE SESSION	303010	244.00	244.00	244.00	244.00
313051	(1.5)HR GROUP WITH IOP	313051	169.00	169.00	169.00	169.00
510027	ADDITIONAL TELE OUTREACH FAILED ATTEMPT	510027	0.00	0.00	0.00	0.00
510065	BEHAVIORAL HEALTH OUTREACH SERVICE	510065	110.00	110.00	110.00	110.00
510005	COLLATERAL CONTACT	510005	0.00	0.00	0.00	0.00
510010	COMPREHENSIVE ASSESSMENT	510010	193.00	193.00	193.00	193.00
510040	FACE TO FACE CONTACT	510040	0.00	0.00	0.00	0.00
510045	FACE TO FACE CONTACT FAILED ATTEMPT	510045	0.00	0.00	0.00	0.00
510000	REACH CASE MANAGEMENT	510000	331.00	331.00	331.00	331.00

510025	TELEPHONIC OUTREACH FAILED ATTEMPT	510025	0.00	0.00	0.00	0.00
510020	TELEPHONIC OUTREACH SUCCESSFUL	510020	0.00	0.00	0.00	0.00
252525	ALCOHOL SCREEN TEST	252525	29.00	29.00	29.00	29.00
150010	PODIATRY CONSULT	150010	116.00	0.00	0.00	0.00
150011	PHYSICAL THERAPY CONSULT	150011	116.00	0.00	0.00	0.00
150012	DENTAL CONSULT	150012	116.00	0.00	0.00	0.00
150015	PSYCHIATRIC CONSULT	150015	116.00	0.00	0.00	0.00
150016	OP PSYCH CONSULT MD	150016	116.00	0.00	0.00	0.00
150017	BEHAVIORAL HEALTH CONSULT	150017	116.00	0.00	0.00	0.00
150018	BEHAVIORAL HEALTH F/U CONSULT	150018	116.00	0.00	0.00	0.00
150019	BEHAVIORAL HLTH THERAPY 60MIN	150019	116.00	0.00	0.00	0.00
150020	SUICIDE RISK ASSESSMENT	150020	116.00	0.00	0.00	0.00
150021	BEHAVIORAL HLTH THERAPY 30MIN	150021	116.00	0.00	0.00	0.00
150022	PSYCHIATRIC F/U CONSULT	150022	132.00	120.00	0.00	0.00
150023	OBSTRETIC CONSULT	150023	116.00	0.00	0.00	0.00
159999	MISC CONSULT	159999	2x Cost	2x Cost	2x Cost	2x Cost