



ACCESS

HOSPITAL DAYTON

Short-Term Care, Long-Term Solutions

Shoppable Services

Access Hospital Dayton LLC
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Dayton OH 45420
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All services and/or gross charge and/or negotiated rate(s) reflected in this document are as of 01/01/2023.

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Available Services

All current services provided by this hospital are listed below.

SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
SEMI PRIVATE R&B	INPATIENT	\$2995 per diem	124	\$1000 per diem	\$750 per diem	APR-DRG
SEMI PRIVATE DETOX	INPATIENT	\$2995 per diem	126	\$1000 per diem	\$750 per diem	APR-DRG
PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	INPATIENT ANCILLARY	\$240	961/90792	No negotiated rate	No negotiated rate	all inclusive- included with R&B per diem
DISCHARGE VISIT LESS THAN 30 MINUTES	INPATIENT ANCILLARY	\$120	961/99238	No negotiated rate	No negotiated rate	all inclusive- included with R&B per diem
DISCHARGE VISIT 31+ MINUTES	INPATIENT ANCILLARY	\$240	961/99239	No negotiated rate	No negotiated rate	all inclusive- included with R&B per diem

Available Services (continued)

SERVICE DESCRIPTION	TYPE OF SERVICE	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
SUBSUQ HOSPITAL CARE 25-34 MINUTES	INPATIENT ANCILLARY	\$240	961/99232	No negotiated rate	No negotiated rate	all inclusive- included with 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. Access Hospital Dayton does not negotiate or control those charges or reimbursement rates.

Payer Specific Negotiated Rates

Listed below are the individual payors that may have negotiated rates with Access Hospital Dayton. If a service is listed without a payor rate, there is no negotiated or contracted rate for that service for that payor.

INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	INPATIENT SERVICE:	INPATIENT SERVICE:	ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY	
			Service provided one time upon admission	Service provided one time upon discharge
INSURANCE PAYOR	INPATIENT R&B	INPATIENT R&B	PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	DISCHARGE VISIT LESS THAN 30 MINUTES/DISCHARGE VISIT 31+ MINUTES
MEDICARE	DRG			
MEDICARE UBH	DRG			
MEDICARE ANTHEM SR ADV	DRG			
MEDICARE HUMANA	DRG			
MEDICARE AETNA	DRG			
MEDICARE CIGNA	DRG	DRG		
MEDICARE BUCKEYE	DRG			
MEDICARE MEDICAL MUTUAL	DRG			
MEDICARE CARESOURCE	DRG			
MEDICARE PARAMOUNT	DRG			
MEDICARE MOLINA	DRG			

Payer Specific Negotiated Rates (continued)

INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	INPATIENT SERVICE:	INPATIENT SERVICE:	INPATIENT SERVICE:	ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY	
				Service provided one time upon admission	Service provided one time upon discharge
INSURANCE PAYOR	INPATIENT R&B	INPATIENT R&B	DETOX R&B	PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	DISCHARGE VISIT LESS THAN 30 MINUTES/DISCHARGE VISIT 31+ MINUTES
MEDICAID OHIO	APR - DRG				
MEDICAID BUCKEYE	APR - DRG				
MEDICAID MOLINA	APR - DRG				
MEDICAID AETNA	APR - DRG				
MEDICAID CARESOURCE	APR - DRG				
MEDICAID PARAMOUNT	APR - DRG				
MEDICAID TRI-COUNTY	\$900 per diem				
MEDICAID UNITED COMMUNITY PLAN	APR - DRG				
MEDICAID HUMANA	APR - DRG				
MEDICAID MONTGOMERY CTY INDIGENT	\$800 per diem				SUBSUQ HOSPITAL CARE 25-34 MINUTES

Payer Specific Negotiated Rates (continued)

INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	INPATIENT SERVICE:	ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY		
		INPATIENT SERVICE:	Service provided one time upon admission	Service provided one time upon discharge
INSURANCE PAYOR	INPATIENT R&B	DETOX R&B	PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	DISCHARGE VISIT LESS THAN 30 MINUTES/DISCHARGE VISIT 31+ MINUTES
HUMANA	DRG	DRG		SUBSUQ HOSPITAL CARE 25-34 MINUTES
BCBS ANTHEM	\$750 per diem	\$750 per diem		
BCBS FEDERAL/Anthem	\$750 per diem			
UBH	\$750 per diem			
CIGNA	\$800 per diem	\$600 per diem		
AETNA	\$800 per diem	\$600 per diem		

Payer Specific Negotiated Rates (continued)

INPATIENT PSYCHIATRIC SERVICES PAYOR REIMBURSEMENT SCHEDULE	INPATIENT SERVICE:	ANCILLARY SERVICES RECEIVED AS PART OF AN INPATIENT STAY	
		Service provided one time upon admission	Service provided one time upon discharge
INSURANCE PAYOR	INPATIENT R&B	PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	DISCHARGE VISIT LESS THAN 30 MINUTES/DISCHARGE VISIT 31+ MINUTES
PARAMOUNT	\$800 per diem		SUBSUQ HOSPITAL CARE 25-34 MINUTES
MEDICAL MUTUAL	\$800 per diem		
UMR	\$891 per diem		
BUCKEYE MARKETPLACE	DRG		

Medicaid Outpatient Services	
Procedural Code	MD/DO
+90833	\$65.37
90834	\$82.05
+90836	\$83.03
90837	\$120.36
+90838	\$109.53
90839	\$132.08
+90840	\$63.04
96101	\$59.26
96372	\$21.39