HOSPITAL NAME	LAST UPDATED						
Regions Behavioral Hospital SHOPPABLE SERVICE	10/2/2025	STANDARD PRICE (NO INSURANCE)	DISCOUNTED CASH PRICE (NO INSURANCE)	DE-IDENTIFIED MINIMUM RATE (ALL CONTRACTS)	DE-IDENTIFIED MAXIMUM RATE (ALL CONTRACTS)	COVERAGE	REIMBURSEMENT TYP
	CODE						
NPATIENT PSYCHIATRIAC HOSPITALIZATION	124	1600	750	530	1600	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY
NTENSIVE OUTPATIENT SERVICES (IOP)	905	525	210	175	400	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY
			PAYOR-SPECIFIC NEGOTIATED				
OPPABLE SERVICE	INSURANCE NAME	INSURANCE PLAN	CHARGE	REIMBURSEMENT DETAIL	COVERAGE	REIMBURSEMENT TYPE	
PATIENT PSYCHIATRIAC HOSPITALIZATION	AETNA (COMMERCIAL)	AETNA (COMMERCIAL)	900	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	AETNA (MEDICARE ADVANTAGE)	AETNA (MEDICARE ADVANTAGE)	900	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	AETNA BETTER HEALTH (MEDICAID)	AETNA BETTER HEALTH (MEDICAID)	738	100% LA MEDICAID	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	AMERIGROUP LA HEALTHY BLUE (MEDICAID)	AMERIGROUP LA HEALTHY BLUE (MEDICAID)	738	100% LA MEDICAID	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	AMERIHEALTH CARITAS (MEDICAID)	AMERIHEALTH CARITAS (MEDICAID)	738	100% LA MEDICAID	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	BCBS LOUISIANA (COMMERCIAL)	BCBS LOUISIANA (COMMERCIAL)	900	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	BEACON HEALTH OPTIONS (COMMERCIAL)	BEACON HEALTH OPTIONS (COMMERCIAL)	856	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	BEACON HEALTH STRATEGIES (COMMERCIAL)	NOT CONTRACTED	005	NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	CHRISTUS HEALTH (COMMERCIAL)	CHRISTUS HEALTH (COMMERCIAL)	925	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	CIGNA (COMMERCIAL)	CIGNA (COMMERCIAL)	700	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	GILSBAR 360 ALLIANCE (COMMERCIAL	GILSBAR 360 ALLIANCE (COMMERCIAL	850 738	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	HEALTHY BLUE (MEDICAID)	HEALTHY BLUE (MEDICAID)		100% LA MEDICAID			
PATIENT PSYCHIATRIAC HOSPITALIZATION PATIENT PSYCHIATRIAC HOSPITALIZATION	HUMANA (COMMERCIAL)	HUMANA (COMMERCIAL) HUMANA (MEDICARE ADVANTAGE)	900	CONTRACT RATE CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION PATIENT PSYCHIATRIAC HOSPITALIZATION	HUMANA (MEDICARE ADVANTAGE)				ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE		
PATIENT PSYCHIATRIAC HOSPITALIZATION PATIENT PSYCHIATRIAC HOSPITALIZATION	LOUISIANA HEALTHCARE CONNECTIONS (MEDICAID) MEDICARE PART A	LOUISIANA HEALTHCARE CONNECTIONS (MEDICAID) MEDICARE PART A	738 724	100% LA MEDICAID 100% MEDICARE (BASE RATE)	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY PER DAY	
	MEDICARE PART B	NOT CONTRACTED	124			PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	MULTIPLAN (COMMERCIAL)		1050	NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION		MULTIPLAN (COMMERCIAL)		CONTRACT RATE			
PATIENT PSYCHIATRIAC HOSPITALIZATION	OCHSNER HEALTH PLAN (MEDICARE ADVANTAGE)	OCHSNER HEALTH PLAN (MEDICARE ADVANTAGE)	724	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	OPTUM (COMMERCIAL)	OPTUM (COMMERCIAL)	925	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	OPTUM (MEDICAID)	NOT CONTRACTED	877	NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	OPTUM (MEDICARE ADVANTAGE)	OPTUM (MEDICARE ADVANTAGE)		CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	OPTUM VA CCN (MEDICARE ADVANTAGE)	OPTUM VA CCN (MEDICARE ADVANTAGE)	724	100% MEDICARE (BASE RATE)	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	TRICARE HUMANA (COMMERCIAL)	TRICARE HUMANA (COMMERCIAL)	752	90% TRICARE ALLOWABLE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	TRICARE WEST (COMMERCIAL)	NOT CONTRACTED	875	100% MEDICARE (BASE RATE)	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	TRIWEST HEALTHCARE ALLIANCE (VACCN) (MEDICARE ADVANTAGE)	NOT CONTRACTED		NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	UNITED HEALTHCARE (MEDICAID)	NOT CONTRACTED		NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	VANTAGE HEALTH PLAN (COMMERCIAL)	VANTAGE HEALTH PLAN (COMMERCIAL)	900	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	VANTAGE HEALTH PLAN (MEDICARE ADVANTAGE)	VANTAGE HEALTH PLAN (MEDICARE ADVANTAGE)	724	100% MEDICARE (BASE RATE)	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	VERITY (COMMERCIAL)	VERITY (COMMERCIAL)	900	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
PATIENT PSYCHIATRIAC HOSPITALIZATION	WELLCARE (MEDICARE ADVANTAGE)	WELLCARE (MEDICARE ADVANTAGE)	724	100% MEDICARE (BASE RATE)	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	AETNA (COMMERCIAL)	AETNA (COMMERCIAL)	260	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	AETNA (MEDICARE ADVANTAGE)	AETNA (MEDICARE ADVANTAGE)	260	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	AETNA BETTER HEALTH (MEDICAID)	AETNA BETTER HEALTH (MEDICAID)	175	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	AMERIGROUP LA HEALTHY BLUE (MEDICAID)	AMERIGROUP LA HEALTHY BLUE (MEDICAID)	175	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	BCBS LOUISIANA (COMMERCIAL)	BCBS LOUISIANA (COMMERCIAL)	268	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	BEACON HEALTH OPTIONS (COMMERCIAL)	BEACON HEALTH OPTIONS (COMMERCIAL)	182	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	BEACON HEALTH STRATEGIES (COMMERCIAL)	NOT CONTRACTED		NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	CIGNA (COMMERCIAL)	CIGNA (COMMERCIAL)	262	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	GILSBAR 360 ALLIANCE (COMMERCIAL	GILSBAR 360 ALLIANCE (COMMERCIAL	300	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	HEALTHY BLUE (MEDICAID)	HEALTHY BLUE (MEDICAID)	175	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	HUMANA (COMMERCIAL)	HUMANA (COMMERCIAL)	265	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
FENSIVE OUTPATIENT SERVICES (IOP)	HUMANA (MEDICARE ADVANTAGE)	HUMANA (MEDICARE ADVANTAGE)	290	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
FENSIVE OUTPATIENT SERVICES (IOP)	LOUISIANA HEALTHCARE CONNECTIONS (MEDICAID)	LOUISIANA HEALTHCARE CONNECTIONS (MEDICAID)	170	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	MEDICARE PARTA	NOT CONTRACTED		NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	MEDICARE PART B	MEDICARE PART B	199	100% MEDICARE APC 8010	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	MULTIPLAN (COMMERCIAL)	MULTIPLAN (COMMERCIAL)	250	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	OCHSNER HEALTH PLAN (MEDICARE ADVANTAGE)	OCHSNER HEALTH PLAN (MEDICARE ADVANTAGE)	199	100% MEDICARE APC 8010	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	OPTUM (COMMERCIAL)	OPTUM (COMMERCIAL)	245	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	OPTUM (MEDICAID)	OPTUM (MEDICAID)	185	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	OPTUM (MEDICARE ADVANTAGE)	OPTUM (MEDICARE ADVANTAGE)	215	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	OPTUM VA CCN (MEDICARE ADVANTAGE)	OPTUM VA CCN (MEDICARE ADVANTAGE)	383	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	TRICARE HUMANA (COMMERCIAL)	TRICARE HUMANA (COMMERCIAL)	199	90% MEDICARE APC 8010	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	TRICARE WEST (COMMERCIAL)	NOT CONTRACTED		NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	TRIWEST HEALTHCARE ALLIANCE (VACCN) (MEDICARE ADVANTAGE)	NOT CONTRACTED		NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ENSIVE OUTPATIENT SERVICES (IOP)	UNITED HEALTHCARE (MEDICAID)	NOT CONTRACTED	210	NOT CONTRACTED	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	VANTAGE HEALTH PLAN (COMMERCIAL)	VANTAGE HEALTH PLAN (COMMERCIAL)	250	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	VANTAGE HEALTH PLAN (MEDICARE ADVANTAGE)	VANTAGE HEALTH PLAN (MEDICARE ADVANTAGE)	199	100% MEDICARE APC 8010	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
TENSIVE OUTPATIENT SERVICES (IOP)	VERITY (COMMERCIAL)	VERITY (COMMERCIAL)	270	CONTRACT RATE	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	
ITENSIVE OUTPATIENT SERVICES (IOP)	WELLCARE (MEDICARE ADVANTAGE)	WELLCARE (MEDICARE ADVANTAGE)	199	100% MEDICARE APC 8010	ALL SERVICES ARE BUNDLED INTO A PER DIEM RATE	PER DAY	

QUESTIONS

I don't see my insurance plan listed — what should I do?

If your specific insurance plan doesn't appear on the list, that doesn't necessarily mean Regions Behavioral is out of network. Some insurance plans operate under a larger "umbrella" provider that is contracted with Regions Behavioral. For example, your plan might be called "Plan ABC," but it's administered under "Aetna." In that case, you would see "Aetna" listed, even if "Plan ABC" isn't shown individually.

If you're unsure, please contact Regions Behavioral Hospital or your insurance provider directly to confirm your coverage details.

What does "NOT CONTRACTED" mean in the results?

If your results show "NOT CONTRACTED," it likely indicates that Regions Behavioral does not currently have a direct contract with your insurance carrier.

However, this doesn't necessarily mean you can't receive covered services. In many cases, Regions Behavioral can arrange a single case agreement or gap exception with your insurer. These arrangements allow you to receive care as if Regions Behavioral were an in-network provider. For clarification, contact either Regions Behavioral Hospital or your insurer company to discuss your options.

DEFINITIONS

Payor-Specific Negotiated Charge

This represents the rate that Regions Behavioral has agreed upon with an insurance company for a specific item or service. It's the result of applying negotiated discounts to the hospital's standard (gross) charge. Example: If the hospital's list price for one inpatient day is \$1,600, and the insurer's agreed reimbursement is \$800, the \$800 reflects the payor-specific negotiated charge.

Discounted Cash Price

This is the reduced rate offered to patients who are self-pay (those without insurance). The hospital applies a standard discount to the gross charge.

Example: If the gross charge for a one-day hospital stay is \$1,600, the discounted cash price might be \$800 — the amount a self-pay patient would owe for that service.

De-Identified Minimum Negotiated Charge

This is the lowest rate the hospital has negotiated with any insurance company for a particular item or service.

De-Identified Maximum Negotiated Charge

This is the highest rate the hospital has negotiated with any insurance company for a particular item or service.