

Bournewood Hospital

Standard Charges for Shoppable Services — Consumer Price Guide

300 South Street, Brookline, MA 02467

MA License #1287 · NPI 1093714412

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What Bournewood Hospital charges for its services

This document lists the standard charges for every shoppable service Bournewood Hospital provides — the hospital's gross charge, its discounted cash price for people paying out of pocket, the de-identified minimum and maximum negotiated charge, and the negotiated rate for each health plan we bill.

ANNUAL UPDATE DATE 08/31/2026

— this file reflects standard charges current as of this date and is reviewed and republished at least once annually, as required by 45 CFR 180.50(b).

6 shoppable services listed

Bournewood is a freestanding psychiatric hospital and offers fewer than 300 shoppable services, so all shoppable services it provides are listed here, in accordance with 45 CFR 180.60.

Adult Inpatient Psychiatric Care

24-hour inpatient psychiatric hospitalization for adults, billed per day of care.

Code 124 · Revenue Code (UB-04)

INPATIENT

PER DIEM

GROSS CHARGE

CASH PRICE

\$1,500.00

\$1,500.00

DE-IDENTIFIED MIN.

DE-IDENTIFIED MAX.

\$746.00

\$1,183.00

De-identified minimum and maximum negotiated charge are labeled in the price summary above and tagged Min / Max below; 29 payer-specific plans on file.

PAYER	PLAN	NEGOTIATED CHARGE
Multiplan	PHCS	\$746.00 MIN
Nova	Nova Insurance	\$746.00 MIN
Commonwealth Care Alliance	Commonwealth Care Alliance	\$892.87
Medicare	Medicare	\$892.87
Tufts One Care/Unify	Tufts One Care/Unify	\$892.87
Tufts Medicare	Tufts Medicare	\$892.87
United Health Medicare Advantage	United Health Medicare Advantage	\$892.87
Unicare	Wellpoint	\$941.00
Beacon Fallon	Beacon Fallon	\$954.59
Beacon Wellsense	Beacon Wellsense	\$954.59
MBHP	MBHP	\$954.59
Medicaid	Fee-for-service	\$954.59

PAYER	PLAN	NEGOTIATED CHARGE
Tufts Health Public Plans	Tufts Health Public Plans	\$954.59
United Health/MGB Plans	United Health/MGB Plans	\$955.00
Modern Assistance	All Plans	\$965.00
Aetna	All Plans	\$969.00
Aetna Medicare	Aetna Medicare	\$969.00
Magellan	All Plans	\$971.00
Senior Whole Health	Senior Whole Health	\$971.00
Humana/Tricare	East Region	\$976.00
United Health Commercial	United Health Commercial	\$1,030.00
BCBS	All Plans	\$1,033.41
Blue Benefit Admin	All Plans	\$1,033.41
Health Plans Inc	All Plans	\$1,103.00
Uprise Health	All Plans	\$1,115.00
Harvard Pilgrim	All Plans	\$1,136.00
Tufts Commercial	Tufts Commercial	\$1,136.00
Health New England	All Plans	\$1,150.00
Cigna	All Plans	\$1,183.00 MAX
Discounted cash price and gross charge are the same for this service (\$1,500.00). Rate basis: Per diem, per day.		

Adolescent Inpatient Psychiatric Care

24-hour inpatient psychiatric hospitalization for adolescents, billed per day of care.

GROSS CHARGE CASH PRICE

\$1,500.00 **\$1,500.00**

Code 124 · Revenue Code (UB-04)

INPATIENT

PER DIEM

DE-IDENTIFIED MIN. DE-IDENTIFIED MAX.

\$746.00

\$1,332.00

De-identified minimum and maximum negotiated charge are labeled in the price summary above and tagged Min / Max below; 24 payer-specific plans on file.

PAYER	PLAN	NEGOTIATED CHARGE
Nova	All Plans	\$746.00 MIN
Multiplan	PHCS	\$829.00
Unicare	Wellpoint	\$905.46
Humana/Tricare	East Region	\$940.00
Beacon Fallon	Beacon Fallon	\$954.59
Beacon Wellsense	Beacon Wellsense	\$954.59
MBHP	MBHP	\$954.59
Medicaid	Fee-for-service	\$954.59

PAYER	PLAN	NEGOTIATED CHARGE
United Health/MGB Plans	United Health/MGB Plans	\$955.00
Senior Whole Health	Senior Whole Health	\$971.00
Tufts Health Public Plans	Tufts Health Public Plans	\$978.45
Aetna	All Plans	\$984.00
Aetna Medicare	Aetna Medicare	\$984.00
Magellan	All Plans	\$1,012.00
United Health Commercial	United Health Commercial	\$1,030.00
BCBS	All Plans	\$1,033.41
Blue Benefit Admin	All Plans	\$1,033.41
Modern Assistance	All Plans	\$1,064.00
Health Plans Inc	All Plans	\$1,103.00
Harvard Pilgrim	All Plans	\$1,136.00
Tufts Commercial	Tufts Commercial	\$1,136.00
Health New England	All Plans	\$1,150.00
Uprise Health	All Plans	\$1,200.00
Cigna	All Plans	\$1,332.00 MAX

Discounted cash price and gross charge are the same for this service (\$1,500.00). Rate basis: Per diem, per day.

Adult Partial Hospitalization Program (PHP)		GROSS CHARGE	CASH PRICE
Structured full-day outpatient psychiatric treatment for adults who return home each evening, billed per day.		\$654.00	\$654.00
Code 915 · Revenue Code (UB-04)	OUTPATIENT PER DIEM	DE-IDENTIFIED MIN.	DE-IDENTIFIED MAX.
		\$230.86	\$530.00
De-identified minimum and maximum negotiated charge are labeled in the price summary above and tagged Min / Max below; 29 payer-specific plans on file.			
PAYER	PLAN	NEGOTIATED CHARGE	
MBHP	MBHP	\$230.86 MIN	
Multiplan	PHCS	\$290.00	
Tufts One Care/Unify	Tufts One Care/Unify	\$302.27	
Commonwealth Care Alliance	Commonwealth Care Alliance	\$303.50	
United Health/MGB Plans	United Health/MGB Plans	\$315.00	
United Health Medicare Advantage	United Health Medicare Advantage	\$324.00	
Beacon Fallon	Beacon Fallon	\$359.36	
Unicare	Wellpoint	\$359.36	
United Health Commercial	United Health Commercial	\$361.00	

PAYER	PLAN	NEGOTIATED CHARGE
Aetna	All Plans	\$366.00
Aetna Medicare	Aetna Medicare	\$366.00
Magellan	All Plans	\$367.00
Senior Whole Health	Senior Whole Health	\$367.00
Tufts Health Public Plans	Tufts Health Public Plans	\$367.72
Beacon Wellsense	Beacon Wellsense	\$395.30
Modern Assistance	All Plans	\$399.00
BCBS	All Plans	\$401.00
Health Plans Inc	All Plans	\$404.00
Harvard Pilgrim	All Plans	\$404.00
Blue Benefit Admin	All Plans	\$404.20
Humana/Tricare	East Region	\$409.89
Nova	All Plans	\$416.00
Tufts Commercial	Tufts Commercial	\$416.00
Tufts Medicare	Tufts Medicare	\$416.00
Uprise Health	All Plans	\$420.00
Medicaid	Fee-for-service	\$423.79
Cigna	All Plans	\$446.00
Medicare	Medicare	\$477.42
Health New England	All Plans	\$530.00 MAX

Discounted cash price and gross charge are the same for this service (\$654.00). Rate basis: Per diem, per day.

Adolescent Partial Hospitalization Program (PHP)		GROSS CHARGE	CASH PRICE
Structured full-day outpatient psychiatric treatment for adolescents who return home each evening, billed per day.		\$654.00	\$654.00
Code 915 · Revenue Code (UB-04)	OUTPATIENT PER DIEM	DE-IDENTIFIED MIN.	DE-IDENTIFIED MAX.
		\$248.34	\$530.00
De-identified minimum and maximum negotiated charge are labeled in the price summary above and tagged Min / Max below; 29 payer-specific plans on file.			
PAYER	PLAN	NEGOTIATED CHARGE	
MBHP	MBHP	\$248.34 MIN	
Multiplan	PHCS	\$290.00	
Tufts One Care/Unify	Tufts One Care/Unify	\$302.27	
Commonwealth Care Alliance	Commonwealth Care Alliance	\$303.50	
United Health/MGB Plans	United Health/MGB Plans	\$329.00	

PAYER	PLAN	NEGOTIATED CHARGE
United Health Medicare Advantage	United Health Medicare Advantage	\$339.00
United Health Commercial	United Health Commercial	\$361.00
Magellan	All Plans	\$367.00
Senior Whole Health	Senior Whole Health	\$367.00
Tufts Health Public Plans	Tufts Health Public Plans	\$378.22
Beacon Fallon	Beacon Fallon	\$398.62
Unicare	Wellpoint	\$398.62
Aetna	All Plans	\$400.00
Aetna Medicare	Aetna Medicare	\$400.00
BCBS	All Plans	\$403.73
Blue Benefit Admin	All Plans	\$403.73
Health Plans Inc	All Plans	\$404.00
Harvard Pilgrim	All Plans	\$404.00
Modern Assistance	All Plans	\$411.00
Nova	All Plans	\$416.00
Tufts Commercial	Tufts Commercial	\$416.00
Tufts Medicare	Tufts Medicare	\$416.00
Medicaid	Fee-for-service	\$423.79
Beacon Wellsense	Beacon Wellsense	\$438.48
Uprise Health	All Plans	\$472.00
Medicare	Medicare	\$477.42
Humana/Tricare	East Region	\$485.18
Cigna	All Plans	\$500.00
Health New England	All Plans	\$530.00 MAX
Discounted cash price and gross charge are the same for this service (\$654.00). Rate basis: Per diem, per day.		

Adult Intensive Outpatient Program (IOP)

Several hours of outpatient psychiatric group and individual treatment per visit day for adults.

GROSS CHARGE CASH PRICE

\$344.00 **\$344.00**

Code 905 • Revenue Code (UB-04)

OUTPATIENT

PER DIEM

DE-IDENTIFIED MIN. DE-IDENTIFIED MAX.

\$70.93

\$280.00

De-identified minimum and maximum negotiated charge are labeled in the price summary above and tagged Min / Max below; 25 payer-specific plans on file.

PAYER	PLAN	NEGOTIATED CHARGE
MBHP	MBHP	\$70.93 MIN

PAYER	PLAN	NEGOTIATED CHARGE
Commonwealth Care Alliance	Commonwealth Care Alliance	\$71.59
Medicaid	Fee-for-service	\$71.59
Multiplan	PHCS	\$148.00
Beacon Fallon	Beacon Fallon	\$180.00
Beacon Wellsense	Beacon Wellsense	\$180.00
Unicare	Wellpoint	\$180.00
United Health Medicare Advantage	United Health Medicare Advantage	\$182.00
Health Plans Inc	All Plans	\$190.00
Harvard Pilgrim	All Plans	\$190.00
Tufts Commercial	Tufts Commercial	\$190.00
Tufts Medicare	Tufts Medicare	\$190.00
United Health/MGB Plans	United Health/MGB Plans	\$190.00
BCBS	All Plans	\$190.89
Blue Benefit Admin	All Plans	\$190.89
Magellan	All Plans	\$194.00
United Health Commercial	United Health Commercial	\$196.00
Aetna	All Plans	\$200.00
Aetna Medicare	Aetna Medicare	\$200.00
Modern Assistance	All Plans	\$200.00
Uprise Health	All Plans	\$248.00
Humana/Tricare	East Region	\$259.13
Medicare	Medicare	\$259.13
Cigna	All Plans	\$263.00
Health New England	All Plans	\$280.00 MAX
Discounted cash price and gross charge are the same for this service (\$344.00). Rate basis: Per diem, per day.		

Adolescent Intensive Outpatient Program (IOP)

Several hours of outpatient psychiatric group and individual treatment per visit day for adolescents.

GROSS CHARGE CASH PRICE

\$344.00 \$344.00

Code 905 • Revenue Code (UB-04)

OUTPATIENT

PER DIEM

DE-IDENTIFIED MIN. DE-IDENTIFIED MAX.

\$70.93 \$280.00

De-identified minimum and maximum negotiated charge are labeled in the price summary above and tagged Min / Max below; 25 payer-specific plans on file.

PAYER	PLAN	NEGOTIATED CHARGE
MBHP	MBHP	\$70.93 MIN

PAYER	PLAN	NEGOTIATED CHARGE
Commonwealth Care Alliance	Commonwealth Care Alliance	\$71.59
Medicaid	Fee-for-service	\$71.59
Multiplan	PHCS	\$148.00
Beacon Fallon	Beacon Fallon	\$180.00
Beacon Wellsense	Beacon Wellsense	\$180.00
Unicare	Wellpoint	\$180.00
United Health Medicare Advantage	United Health Medicare Advantage	\$182.00
Health Plans Inc	All Plans	\$190.00
Harvard Pilgrim	All Plans	\$190.00
Tufts Commercial	Tufts Commercial	\$190.00
Tufts Medicare	Tufts Medicare	\$190.00
United Health/MGB Plans	United Health/MGB Plans	\$190.00
BCBS	All Plans	\$190.89
Blue Benefit Admin	All Plans	\$190.89
United Health Commercial	United Health Commercial	\$196.00
Aetna	All Plans	\$200.00
Aetna Medicare	Aetna Medicare	\$200.00
Modern Assistance	All Plans	\$200.00
Magellan	All Plans	\$222.00
Uprise Health	All Plans	\$248.00
Humana/Tricare	East Region	\$259.13
Medicare	Medicare	\$259.13
Cigna	All Plans	\$263.00
Health New England	All Plans	\$280.00 MAX
Discounted cash price and gross charge are the same for this service (\$344.00). Rate basis: Per diem, per day.		

Hospital attestation

To the best of its knowledge and belief, this hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date in the file. This hospital has included all payer-specific negotiated charges in dollars that can be expressed as a dollar amount. For payer-specific negotiated charges that cannot be expressed as a dollar amount in the machine-readable file or not knowable in advance, the hospital attests that the payer-specific negotiated charge is based on a contractual algorithm, percentage or formula that precludes the provision of a dollar amount and has provided all necessary information available to the hospital for the public to be able to derive the dollar amount, including, but not limited to, the specific fee schedule or components referenced in such percentage, algorithm or formula.

Attested by Maria Jackson, CEO

Machine-readable file: the complete, downloadable file of standard charges for all items and services (CMS template version 3.0.0, last updated 8/31/2026) is posted separately on this website.

Rates shown reflect the per diem methodology used for behavioral health levels of care and are billed under UB-04 revenue codes rather than CPT/HCPCS, which is the customary billing convention for these services. Charges are subject to change; this document is reviewed and republished at least annually as required by 45 CFR Part 180. Questions about a specific plan or benefit should be directed to the phone number on your insurance card.