



**Haven Behavioral Services of Albuquerque LLC**  
 d/b/a Haven Behavioral Hospital of Albuquerque  
 5400 Gibson Boulevard SE  
 Albuquerque NM 87108  
 505.254.4500

## Shoppable Services

Effective date: 12/1/2020

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Available Services

The below table lists all services available at this facility. No other services are provided at this facility

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Internal Reference Number	Service Description	Type of Service	Gross Charge	Most Common Billing Code	Maximum Negotiated Charge	Minimum Negotiated Charge	Discounted Cash Price
100000	Semi Private Room & Board	Inpatient	\$1300.00 per diem	124	\$1039.58 per diem	\$600.00 per diem	\$1039.00 per diem
100001	Private Room & Board	Inpatient	\$1300.00 per diem	124	\$1039.58 per diem	\$600.00 per diem	\$1039.00 per diem
4590832	Individual Psychotherapy 30 Minutes	OP/IOP	120.00	914/ 90832	No negotiated rate	No negotiated rate	No discounted cash price
4590834	Individual Psychotherapy 45 Minutes	OP/IOP	160.00	914/90834	No negotiated rate	No negotiated rate	No discounted cash price
4590837	Individual Psychotherapy 60Minutes	OP/IOP	260.00	914/90837	No negotiated rate	No negotiated rate	No discounted cash price
4590853	Group Psychotherapy 45 Minutes	OP/IOP	100.00	915/90853	No negotiated rate	No negotiated rate	No discounted cash price
IOP-MH	Intensive Outpatient - Mental Health	Bundled service - IOP Mental Health is billed as quantity 3 or more units of 4590853 and/or 4590837 per date of service	Based on quantity of groups/individual therapy received during the specific date of services	905/906/910/914/915/916/90853/ S9480/H0015	\$400 per diem	\$171 per diem	\$190 per diem
IOP-SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590853 and/or 4590837 per date of service	Based on quantity of groups/individual therapy received during the specific date of services	906/H0015	\$400 per diem	\$171 per diem	\$190.00 per diem
4590791	Diagnostic Assessment without Medical	Physician Services	260.00	961/90791	No negotiated rate	No negotiated rate	No discounted cash price



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Internal Reference Number	Service Description	Type of Service	Gross Charge	Most Common Billing Code	Maximum Negotiated Charge	Minimum Negotiated Charge	Discounted Cash Price
7500201	Bridge Visit MCD	Inpatient Ancillary	81.60	513	81.60	81.60	n/a; non chargeable
7500200	Bridge Visit	Inpatient Ancillary	80.00	513	80.00	80.00	n/a; non chargeable

No other services are available at this facility other than those listed above.

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 Albuquerque does not negotiate or control those charges or reimbursement rates.

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Inpatient Services with payer negotiated rates:

Service Description	Medicare	MCR UBH (Optum)	MCR Magellan Presbyterian	MCR Aetna	MCR Humana	MCR United Community Plan (Optum)	Medicare Molina	MCR BC Advantage	MCR Christus Health	MCR True Health NM
<b>Semi Private Room &amp; Board</b>	DRG	DRG	\$900 per diem	\$983 per diem	DRG	DRG	DRG	DRG	DRG	\$925 per diem

<i>OR</i>										
<b>Private Room &amp; Board</b>	DRG	DRG	\$900 per diem	\$983 per diem	DRG	DRG	DRG	DRG	DRG	\$925 per diem

<i>The following charge (Bridge Visit or Bridge Visit MCD) may be applied one time per inpatient stay based on a directive by the payer</i>										
<b>Bridge Visit</b>	n/a; non chargeable	n/a; non chargeable	80.00	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable
<b>Bridge Visit MCD</b>	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable

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Inpatient Services with payer negotiated rates (continued):

Service Description	NM Medicaid	MCD Magellan Presbyterian	MCD BCBS	MCD Western Sky Community	Tricare/MHN Healthnet	CHAMPVA	Tricare for Life
<b>Semi Private Room &amp; Board</b>	\$1039.58 per diem	\$739.50 per diem	\$856.80 per diem	\$909.72 per diem	DRG	\$850 per diem	DRG

**OR**

<b>Private Room &amp; Board</b>	\$1039.58 per diem	\$739.50 per diem	\$856.80 per diem	\$909.72 per diem	DRG	\$850 per diem	DRG
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*The following charge (Bridge Visit or Bridge Visit MCD) may be applied one time per inpatient stay based on a directive by the payer*

<b>Bridge Visit</b>	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable
<b>Bridge Visit</b>	n/a; non chargeable	\$81.60	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable

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Inpatient Services with payer negotiated rates (continued):

Internal Reference Number	Service Description	Blue Advantage Marketplace	Blue Preferred	BCBS NM	BCBS Federal	BCBS NM Community HMO	UBH (Optum)	Cigna	Magellan Presbyterian	Humana
100000	Semi Private Room & Board	\$750 per diem	\$750 per diem	\$934 per diem	\$934 per diem	\$773 per diem	\$776 per diem	\$888 per diem	\$900 per diem	\$850 per diem

**OR**

100001	Private Room & Board	\$750 per diem	\$750 per diem	\$934 per diem	\$934 per diem	\$773 per diem	\$776 per diem	\$888 per diem	\$900 per diem	\$850 per diem
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*The following charge (Bridge Visit or Bridge Visit MCD) may be applied one time per inpatient stay based on a directive by the payer*

7500200	Bridge Visit	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	\$80.00	n/a; non chargeable
7500201	Bridge Visit MCD	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable

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Inpatient Services with payer negotiated rates (continued):

Internal Reference Number	Service Description	Aetna	AARP (OPTUM)	True Health NM	Molina Marketplace	Christus Health Marketplace	Christus Health Commercial
100000	Semi Private Room & Board	\$983 per diem	\$776 per diem	\$925 per diem	\$600 per diem	DRG	DRG

**OR**

100001	Private Room & Board	\$983 per diem	\$725 per diem	\$925 per diem	\$600 per diem	DRG	DRG
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*The following charge (Bridge Visit or Bridge Visit MCD) may be applied one time per inpatient stay based on a directive by the payer*

7500200	Bridge Visit	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable
7500201	Bridge Visit MCD	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable	n/a; non chargeable

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Internal Reference Number	Service Description	Type of Service	Medicare	MCR UBH (Optum)	MCR Aetna	MCR Humana	MCR United Community Care (Optum)	MCR BC Advantage	MCR Christus Health	MCR True Health NM
4590832	Individual Psychotherapy 30 Minutes	Outpatient, Intensive Outpatient	payer determines rate based on fee schedule							
4590834	Individual Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient	payer determines rate based on fee schedule							
4590837	Individual Psychotherapy 60 Minutes	Outpatient, Intensive Outpatient	payer determines rate based on fee schedule							
4590853	Group Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient	payer determines rate based on fee schedule							
IOP – MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Payer determines rate based on bundled services fee schedule	\$171 per diem	\$207 per diem	\$222.21 per diem	\$171 per diem	\$208.58 per diem	\$239 per diem	\$400 per diem
IOP - SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Payer determines rate based on bundled services fee schedule	\$163 per diem	\$207 per diem	No negotiated rate	\$163 per diem	No Negotiated rate	\$239 per diem	\$400 per diem

<i>The below charge (Diagnostic Assessment) is a one-time charge per admission into IOP program:</i>										
4590791	DIAGNOSTIC ASSESSMENT WITHOUT MEDICAL		payer determines rate based on fee schedule				All inclusive with per diem			All inclusive with per diem

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Outpatient Services with payer negotiated rates (continued):

If payer is not listed or no rates are shown for a specific payer/specific service there are no contracted or negotiated rates for the service by that payer.

Internal Reference Number	Service Description	Type of Service	NM Medicaid	MCD Magellan Presbyterian	MCD BCBS	MCD Western Sky Community	Tricare/MHN Healthnet	Blue Advantage Marketplace	Blue Preferred
4590832	Individual Psychotherapy 30 Minutes	Outpatient, Intensive Outpatient							
4590834	Individual Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient							
4590837	Individual Psychotherapy 60 Minutes	Outpatient, Intensive Outpatient							
4590853	Group Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient							
IOP – MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Medicaid Fee Schedule	Paid per fee schedule for quantity and type of service provided	Paid per fee schedule for quantity and type of service provided	Paid per fee schedule for quantity and type of service provided	\$222.20 per diem	\$160 per diem	\$160 per diem
IOP - SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	Medicaid Fee Schedule	Paid per fee schedule for quantity and type of service provided	Paid per fee schedule for quantity and type of service provided	Paid per fee schedule for quantity and type of service provided		\$160 per diem	\$160 per diem

<b>One time charge per admission into IOP program:</b>									
4590791	Diagnostic Assessment without Medical								

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Outpatient Services with payer negotiated rates (continued):

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Internal Reference Number	Service Description	Type of Service	BCBS NM	BCBS Federal	BCBS NM Community HMO	UBH (Optum)	Cigna	Magellan Presbyterian	Humana
4590832	Individual Psychotherapy 30 Minutes	Outpatient, Intensive Outpatient							
4590834	Individual Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient							
4590837	Individual Psychotherapy 60 Minutes	Outpatient, Intensive Outpatient							
4590853	Group Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient							
IOP - MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	\$220 per diem	\$220 per diem	\$176 per diem	\$171 per diem	\$268 per diem	\$190 per diem	\$250 per diem
IOP - SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	\$220 per diem	\$220 per diem	\$176 per diem	\$163 per diem	\$268 per diem	\$190 per diem	\$250 per diem

<i>One time charge per admission into IOP program:</i>									
4590791	Diagnostic Assessment without Medical					All inclusive with per diem			

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Outpatient Services with payer negotiated rates (continued):

If payer is not listed or no rates are shown for a specific payer/specific service there are no contracted or negotiated rates for the service by that payer.

Internal Reference Number	Service Description	Type of Service	Aetna	True Health NM	AARP (Optum)	Christus Health Marketplace	Christus Health Commercial
4590832	Individual Psychotherapy 30 Minutes	Outpatient, Intensive Outpatient					
4590834	Individual Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient					
4590837	Individual Psychotherapy 60 Minutes	Outpatient, Intensive Outpatient					
4590853	Group Psychotherapy 45 Minutes	Outpatient, Intensive Outpatient					
IOP - MH	Intensive Outpatient - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	\$207 per diem	\$400 per diem	\$171 per diem	\$239 per diem	\$239 per diem
IOP - SA	Intensive Outpatient - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service	\$207 per diem	\$400 per diem	\$163 per diem	\$239 per diem	\$239 per diem

***One time charge per admission into IOP program:***

4590791	Diagnostic Assessment without Medical						
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