



## Shoppable Services

Effective Date: 12/01/2022

All current services provided by this hospital are listed within this document.

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 outside provider. Haven Behavioral Hospital of Albuquerque does not negotiate or control those charges or reimbursement rates.

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**Haven Behavioral Services of Albuquerque LLC**

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

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SERVICES PROVIDED - INPATIENT, OUTPATIENT, AND INTENSIVE OUTPATIENT PROGRAM SERVICES:

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
<b>INPATIENT SERVICES</b>							
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$ 1,039.58	\$ 600.00	\$ 1,039.58
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$ 1,039.58	\$ 600.00	\$ 1,039.58
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$ 1,039.58	\$ 736.00	\$ 1,039.58
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	\$ 80.00	\$ 80.00	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	\$ 81.60	\$ 81.60	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>							
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$400 per diem	\$171 per diem	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$400 per diem	\$163 per diem	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program		
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834			
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837			
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853			



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**SERVICES PROVIDED – PARTIAL HOSPITALIZATION PROGRAM:**

n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$650 per diem	\$275.60 per diem	\$250 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$650 per diem	\$275.60 per diem	\$250 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Services are not offered as an individual service; Services are part of the PHP program offerings and billed as a bundled service.		
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201			
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201			
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201			

Any service listed without a payor rate indicates there is no contract or negotiated rate for that services for that payor.



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PHYSICIAN SERVICES PROVIDED – May be billed in additional to above services as determined by the type of service and/or the attending physician:

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
4590791	DIAGNOSTIC ASSESSMENT WITHOUT MEDICAL	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 260.00	961/90791	No negotiated rates; payor determines rate		No discounted cash price
4590792	DIAGNOSTIC ASSESSMENT WITH MEDICAL	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 300.00	961/90792	No negotiated rate; payor determines rate		No discounted cash price
4590846	FAMILY PSYCHOTHERAPY WITHOUT PT	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 210.00	916/90846	No negotiated rate; payor determines rate		No discounted cash price
4590847	FAMILY PSYCHOTHERAPY W/PATIENT	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 215.00	916/90847	No negotiated rate; payor determines rate		No discounted cash price
4599203	NEW PT OP E&M LOW COMPLEX 30 MINUTES	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 250.00	961/99203	No negotiated rate; payor determines rate		No discounted cash price
4599204	NEW PT OP E&M MODERATE COMPLEX 45 MIN	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 380.00	961/99204	No negotiated rate; payor determines rate		No discounted cash price
4599205	NEW PT OP E&M HIGH COMPLEX 60 MIN	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 425.00	961/99205	No negotiated rate; payor determines rate		No discounted cash price
4599212	EST PT OP E&M MINOR COMPLEX 10 MIN	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 45.00	961/99212	No negotiated rate; payor determines rate		No discounted cash price
4599213	EST PT OP E&M LOW COMPLEXITY 15 MINUTES	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 110.00	961/99213	No negotiated rate; payor determines rate		No discounted cash price
4599214	EST PT OP E&M MODERATE COMPLEXITY 25 MIN	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 180.00	961/99214	No negotiated rate; payor determines rate		No discounted cash price
4599215	EST PT OP E&M HIGH COMPLEXITY 45 MINUTES	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$ 200.00	961/99215	No negotiated rate; payor determines rate		No discounted cash price
7500012	PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	PHYSICIAN SERVICES - All patient types	\$ 260.00	961/90792	No negotiated rate; payor determines rate		No discounted cash price
7500020	DISCHARGE VISIT LESS THAN 30 MINUTES	PHYSICIAN SERVICES - All patient types	\$ 140.00	961/99238	No negotiated rate; payor determines rate		No discounted cash price
7500050	SUBSUQ HOSPITAL CARE 15-24 MINUTE	PHYSICIAN SERVICES - All patient types	\$ 160.00	961/99231	No negotiated rate; payor determines rate		No discounted cash price
7500060	SUBSUQ HOSPITAL CARE 25-34 MINUTES	PHYSICIAN SERVICES - All patient types	\$ 260.00	961/99232	No negotiated rate; payor determines rate		No discounted cash price
7500070	SUBSUQ HOSPITAL CARE 35 MINUTES	PHYSICIAN SERVICES - All patient types	\$ 390.00	961/99233	No negotiated rate; payor determines rate		No discounted cash price
7500080	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	PHYSICIAN SERVICES - All patient types	\$ 185.00	961/90833	No negotiated rate; payor determines rate		No discounted cash price
7500220	COORDINATED CARE FEE	PHYSICIAN SERVICES - All patient types	\$ 30.00	961/G9002	No negotiated rate; payor determines rate		No discounted cash price



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Payor Negotiate Rates:

Medicare

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$275.60 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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MCR UBH (OPTIMUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR UBH (OPTIMUM)
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$171 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$163 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$450 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$450 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCR MAGELLAN PRESBYTERIAN**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MCR MAGELLAN PRESBYTERIAN</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$900 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$900 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$736 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	\$ 80.00
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$550 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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MCR AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR AETNA
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$1012 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$1012 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$219 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$412 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$412 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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MCR HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR HUMANA
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$275.60 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCR UNITED COMMUNITY CARE (OPTUM)**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR UNITED COMMUNITY CARE (OPTUM)
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$171 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$163 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$450 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$450 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**Haven Behavioral Services of Albuquerque LLC**

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

**MCR BC ADVANTAGE**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR BC ADVANTAGE
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$331.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$331.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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MCR MOLINA NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR MOLINA NM
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	OP only at \$59.25/hour; OR included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCR CHRISTUS HEALTH**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR CHRISTUS HEALTH
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCR TRUE HEALTH NM**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MCR TRUE HEALTH NM</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$925 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$925 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$925 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$400 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$400 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$500 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$500 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MEDICAID NM**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MEDICAID NM</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$1039.58 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$1039.58 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	Medicaid Fee Schedule \$64.43 per hour
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	Medicaid Fee Schedule \$64.43 per hour
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$647.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$647.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCD MAGELLAN PRESBYTERIAN**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD MAGELLAN PRESBYTERIAN
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$739.50 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$739.50 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$736 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	\$ 81.60
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	Medicaid Fee Schedule \$64.43 per hour
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	Medicaid Fee Schedule \$64.43 per hour
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	Medicaid Fee Sched \$64.43/hour
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	Medicaid Fee Sched \$64.43/hour
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	Medicaid Fee Sched \$64.43/hour
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	Medicaid Fee Sched \$64.43/hour
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$647.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$647.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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MCD BCBS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD BCBS
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$856.80 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$856.80 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$856.80 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	Medicaid Fee Schedule \$64.43 per hour
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	Medicaid Fee Schedule \$64.43 per hour
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	Medicaid Fee Sched \$64.43/hour
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	Medicaid Fee Sched \$64.43/hour
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	Medicaid Fee Sched \$64.43/hour
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	Medicaid Fee Sched \$64.43/hour
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$647.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$647.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCD WESTERN SKY COMMUNITY**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MCD WESTERN SKY COMMUNITY</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$909.72 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$909.72 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$909.72 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	Medicaid Fee Schedule \$64.43 per hour
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	Medicaid Fee Schedule \$64.43 per hour
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	Medicaid Fee Sched \$64.43/hour
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	Medicaid Fee Sched \$64.43/hour
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	Medicaid Fee Sched \$64.43/hour
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	Medicaid Fee Sched \$64.43/hour
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$647.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$647.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**TRICARE/MHN HEALTHNET**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE/MHN HEALTHNET
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$817.17 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$817.17 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$222.20 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$222.20 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$475 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$475 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**Haven Behavioral Services of Albuquerque LLC**

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**CHAMPVA**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHAMPVA
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$850 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$850 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$850 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$475 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$475 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**TRICARE FOR LIFE**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE FOR LIFE
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$817.17 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$817.17 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$817.17 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$222 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$222 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$475 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$475 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**TRIWEST HEALTH ALLIANCE VACCN**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRIWEST HEALTH ALLIANCE VACCN
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$275.60 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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BCBS NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS NM
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$934 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$934 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$934 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$220 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$220 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$390 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$390 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**BCBS FEDERAL**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS FEDERAL
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$934 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$934 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$934 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$220 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$220 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$390 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$390 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**BCBS NM COMMUNITY HMO**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS NM COMMUNITY HMO
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$773 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$773 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$773 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$176 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$176 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$331.50
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$331.50
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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UBH (OPTIMUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (OPTIMUM)
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$807 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$807 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$178 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$171 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$650 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$650 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**CIGNA**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$888 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$888 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$1000 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$268 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$268 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$550 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**Haven Behavioral Services of Albuquerque LLC**

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

**MAGELLAN PRESBYTERIAN**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN PRESBYTERIAN
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$900 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$900 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$736 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	\$ 80.00
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$550 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**HUMANA**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	HUMANA
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$945 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$945 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$945 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$262 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$262 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$550 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**AETNA**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$1042 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$1042 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$1042 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$219 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$412 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$412 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**TRUE HEALTH NM**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRUE HEALTH NM
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$925 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$925 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$925 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$400 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$400 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$500 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$500 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MOLINA MARKETPLACE**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MOLINA MARKETPLACE
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$600 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$600 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$600 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**CHRISTUS HEALTH MARKETPLACE**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHRISTUS HEALTH MARKETPLACE
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$275.60 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**CHRISTUS HEALTH COMMERCIAL**

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHRISTUS HEALTH COMMERCIAL
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$275.60 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCD MOLINA OF NM**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MCD MOLINA OF NM</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$600 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$600 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$600 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$60 per hour
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$60 per hour
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$647.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$647.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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MCD AHCCCS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD AHCCCS
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	\$816.39 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	\$816.39 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	\$816.39 per diem
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**Haven Behavioral Services of Albuquerque LLC**

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

**NEW MEXICO HEALTH**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>NEW MEXICO HEALTH</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			\$475 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$475 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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**MCR WESTERN SKY**

<b>INTERNAL REFERENCE NUMBER</b>	<b>SERVICE DESCRIPTION</b>	<b>Type of Service</b>	<b>GROSS CHARGE</b>	<b>MOST COMMON BILLING CODE</b>	<b>MCR WESTERN SKY</b>
<b>INPATIENT SERVICES</b>					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00	126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	
<b>INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES</b>					
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program
4590834	INDIVIDUAL PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	
<b>PHP</b>					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of			
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/			\$265.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$ 225.00	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00	912/913/915/G0411/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$ 250.00	912/913/914/90837/H0035/S0201	
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	912/913/914/90876/H0035/S0201	

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