

Hope, Health & Wellness

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

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

			1			1		1			
INTERNAL						MAX	IMUM	MININ	/UM		
REFERENCE			GR	OSS	MOST COMMON	NEGO	DTIATED	NEGOTIATED		DISCOUNTED CASH	
NUMBER	SERVICE DESCRIPTION	Type of Service	СН	ARGE	BILLING CODE	CHARGE		CHARGE		PRICE	
INPATIENT S	SERVICES										
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; no	on chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$	81.60	513	\$	81.60	\$	81.60	n/a; no	on chargeable
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES									
		Bundled service IOP Me	enta	l Health is							
		billed as quantity 3 or n	nore	e units of	905/906/910/914/						
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 p	er date	915/916/90853/S						
n/a	Mental Health	of service			9480/H0015	\$400	per diem	\$171 p	oer diem	\$190 p	er diem
		Bundled service IOP Sul	bsta	nce							
		Abuse is billed as quant	ity 3	8 or more							
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 45	90853							
n/a	Substance Abuse	per date of service			906/H0015	\$400	per diem	\$163 p	oer diem	\$190 p	er diem
	INDIVIDUAL PSYCHOTHERAPY										
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832						
	INDIVIDUAL PSCYHOTHERAPY					Non	agotistod rate	foring	lividual s	onvico n	avor foo
4590834	45 MINUTES	OP/IOP	OP/IOP \$ 180.00 91		914/90834		No negotiated rate for individual service, payor fee		•		
	INDIVIDUAL PSYCHOTHERAPY					schedule determines rate; may be included as p		as part or			
4590837	60 MINUTES	OP/IOP	\$ 270.00		914/90837	IOP bundled program					
	GROUP PSYCHOTHERAPY 45										
4590853	MINUTES	OP/IOP	\$	140.00	915/90853						



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SERVICES PROVIDED - PARTIAL HOSPITALIZATION PROGRAM:

	Partial Hospitalization Program	Bundled service PHP Mental Health is billed as quantity			billed as quantity		\$275.60 per		
n/a	(PHP) - Mental Health	four or more units of	our or more units of			\$650 per diem	diem	\$250 per diem	
	Partial Hospitalization Program	Bundled service PHP Substance Abuse is billed as				\$275.60 per			
n/a	(PHP)- Substance Abuse	quantity four or more u	quantity four or more units of 912/913/915/G0411/			\$650 per diem	diem	\$250 per diem	
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04				
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201				
	INTERACTIVE GROUP				912/913/915/G04				
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201		rvices are not offered as an individual service; vices are part of the PHP program offerings and		
	INDIVIDUAL PSYCHOTHERAPY				912/913/914/908	-	•		
1510060	60 MIN	РНР	\$	250.00	37/H0035/S0201	eilid	d as a bundled s	ervice.	
					912/913/914/908	1			
1510090	PSYCHOSOCIAL ASSESSMENT	PHP \$ 200.00 76/H0035/S0201							
Any service l	ny 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	SERVICE DESCRIPTION	Type of Service	GRO		MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
	DIAGNOSTIC ASSESSMENT	PHYSICIAN SERVICES -				No negotiated rat	es; payor	No discounted cash
4590791	WITHOUT MEDICAL	Outpatient IOP, PHP	\$	260.00	961/90791	determines rate		price
	DIAGNOSTIC ASSESSMENT WITH	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4590792	MEDICAL	Outpatient IOP, PHP	\$	300.00	961/90792	determines rate		price
	FAMILY PSYCHOTHERAPY	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4590846	WITHOUT PT	Outpatient IOP, PHP	\$	210.00	916/90846	determines rate		price
	FAMILY PSYCOTHERAPY	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4590847	W/PATIENT	Outpatient IOP, PHP	\$	215.00	916/90847	determines rate		price
	NEW PT OP E&M LOW	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4599203	COMPLEX 30 MINUTES	Outpatient IOP, PHP	\$	250.00	961/99203	determines rate		price
	NEW PT OP E&M MODERATE	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4599204	COMPLEX 45 MIN	Outpatient IOP, PHP	\$	380.00	961/99204	determines rate		price
	NEW PT OP E&M HIGH	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4599205	COMPLEX 60 MIN	Outpatient IOP, PHP	\$	425.00	961/99205	determines rate		price
	EST PT OP E&M MINOR	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4599212	COMPLEX 10 MIN	Outpatient IOP, PHP	\$	45.00	961/99212	determines rate		price
	EST PT OP E&M LOW	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
4599213	COMPLEXITY 15 MINUTES	Outpatient IOP, PHP	\$	110.00	961/99213	determines rate		price
	EST PT OP E&M MODERATE	PHYSICIAN SERVICES -	-			No negotiated rat	e; payor	No discounted cash
4599214	COMPLEXITY 25 MIN	Outpatient IOP, PHP	\$	180.00	961/99214	determines rate		price
	EST PT OP E&M HIGH	PHYSICIAN SERVICES -	-			No negotiated rat	e; payor	No discounted cash
4599215	COMPLEXITY 45 MINUTES	Outpatient IOP, PHP	\$	200.00	961/99215	determines rate		price
	PSYCHIATRIC DIAG EXM	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
7500012	W/MEDICAL SERVICES	All patient types	\$	260.00	961/90792	determines rate		price
	DISCHARGE VISIT LESS THAN 30	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
7500020	MINUTES	All patient types	\$	140.00	961/99238	determines rate		price
	SUBSUQ HOSPITAL CARE 15-24	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
7500050	MINUTE	All patient types	\$	160.00	961/99231	determines rate		price
	SUBSUQ HOSPITAL CARE 25-34	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
7500060	MINUTES	All patient types	\$	260.00	961/99232	determines rate		price
	SUBSUQ HOSPITAL CARE 35	PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
7500070	MINUTES	All patient types	\$	390.00	961/99233	determines rate		price
	INDIVIDUAL PSYCHOTHERAPY	PHYSICIAN SERVICES -		-		No negotiated rat	e; payor	No discounted cash
7500080	30 MINUTES	All patient types	\$	185.00	961/90833	determines rate		price
		PHYSICIAN SERVICES -				No negotiated rat	e; payor	No discounted cash
7500220	COORDINATED CARE FEE	All patient types	\$	30.00	961/G9002	determines rate	· · · · -	price



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Payor Negotiate Rates:

Medicare		-		-	
INTERNAL					
REFERENCE			GROSS	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	MEDICARE
INPATIENT S		1		1	
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$213.94 per diem
		Bundled service IOP Su	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/c	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$213.94 per diem
	INDIVIDUAL PSYCHOTHERAPY				
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	
	INDIVIDUAL PSCYHOTHERAPY				
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	
	INDIVIDUAL PSYCHOTHERAPY				
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	
	GROUP PSYCHOTHERAPY 45				
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	
PHP		- / -		,	
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$275.60 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abus	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u			\$275.60 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00		
0	INTERACTIVE GROUP			912/913/915/G04	
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	
0	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	
1510060		РНР	\$ 250.00	37/H0035/S0201	
1310000			÷ 230.00	912/913/914/908	
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00		
	isted without a payor rate indicat				for that navor



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MCR UBH (OPTIMUM)

INTERNAL					
REFERENCE			GROSS	MOST COMMON	MCR UBH
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	(OPTIMUM)
INPATIENT S	SERVICES	•	•	•	
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$171 per diem
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	-		
n/a	Substance Abuse	per date of service		906/H0015	\$163 per diem
,	INDIVIDUAL PSYCHOTHERAPY				
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	
	INDIVIDUAL PSCYHOTHERAPY	,			
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	
	INDIVIDUAL PSYCHOTHERAPY	,			
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	
	GROUP PSYCHOTHERAPY 45	,			
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	
РНР	<u>-</u>	,	ļ ·	ļ ,	
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as guantity	
n/a	(PHP) - Mental Health	four or more units of		. ,	\$450 per diem
1-	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u			\$450 per diem
1-	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	
	INTERACTIVE GROUP			912/913/915/G04	
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	
1510060		РНР	\$ 250.00	37/H0035/S0201	
			,	912/913/914/908	
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicate	ļ.			



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MCR MAGELLAN PRESBYTERIAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR MAGELLAN PRESBYTERIAN
INPATIENT S	SERVICES	•	•	•	
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
n/a	Intensive Outpatient (IOP) -	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 45908	nore units of	905/906/910/914/ 915/916/90853/S	\$190 por diam
n/a	Mental Health Intensive Outpatient (IOP) -	of service Bundled service IOP Sul Abuse is billed as quant units of 4590832 and/o	ity 3 or more	9480/H0015	\$190 per diem
n/a	Substance Abuse	per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES INDIVIDUAL PSCYHOTHERAPY	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES GROUP PSYCHOTHERAPY 45	OP/IOP	\$ 270.00	914/90837	determines rate; may be included as part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
PHP		10.7.0.	+	10-0700000	p. 08. cm
n/a	Partial Hospitalization Program (PHP) - Mental Health Partial Hospitalization Program	Bundled service PHP M four or more units of Bundled service PHP Su			\$550 per diem
n/a	(PHP)- Substance Abuse	quantity four or more ι	inits of 912/92	13/915/G0411/	\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$ 225.00	912/913/915/G04 10/H0035/S0201	Not offered as
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	912/913/915/G04 11/H0035/S0201	individual services; services part of the
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	РНР	\$ 250.00	912/913/914/908 37/H0035/S0201 912/913/914/908	PHP program offerings and billed as a bundled service
	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	



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INTERNAL						
REFERENCE			GR	OSS	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	СН	ARGE	BILLING CODE	MCR AETNA
INPATIENT S	SERVICES					
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
INTENSIVE (DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES				
		Bundled service IOP Me	enta	l Health is		
		billed as quantity 3 or r	nore	units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908			915/916/90853/S	
n/a	Mental Health	of service	•		9480/H0015	\$219 per diem
		Bundled service IOP Su	bsta	nce	-	
		Abuse is billed as quant	ity 3	or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/c	-			
n/a	Substance Abuse	per date of service			906/H0015	\$213 per diem
1 -	INDIVIDUAL PSYCHOTHERAPY					No negotiated rate
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY		Ŧ			service, payor fee
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY		Ŧ			determines rate;
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45	- / -				part of IOP bundled
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	program
PHP			Ŧ			P 8
	Partial Hospitalization Program	Bundled service PHP M	enta	l Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of				\$412 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bsta	nce Abuse	e is billed as	+ · per eletti
n/a	(PHP)- Substance Abuse	quantity four or more u				\$412 per diem
117 4	GROUP PSYCHOTHERAPY 45-50			01 912/91	912/913/915/G04	
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	Not offered as
0	INTERACTIVE GROUP		7		912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
0	INDIVIDUAL PSYCHOTHERAPY		7		912/913/914/908	PHP program
1510060		РНР	\$	250.00	37/H0035/S0201	offerings and billed
1310000			, , ,	230.00	912/913/914/908	as a bundled service
1510000	PSYCHOSOCIAL ASSESSMENT	РНР	\$	200.00	76/H0035/S0201	
	isted without a payor rate indicat				, ,	[



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INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE		MOST COMMON BILLING CODE	MCR HUMANA
INPATIENT S	SERVICES					
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608	8.00	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608	8.00	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608		126	DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80	0.00	513	n/a; non chargeable
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81	1.60	513	n/a; non chargeable
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 45908 of service	nore units	s of	905/906/910/914/ 915/916/90853/S 9480/H0015	\$213.94 per diem
	Intensive Outpatient (IOP) -	Bundled service IOP Sul Abuse is billed as quant units of 4590832 and/c	ity 3 or m			
n/a	Substance Abuse	per date of service	T		906/H0015	\$213.94 per diem
4500000		00/100			011/00000	No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140	0.00	914/90832	for individual
4590834	INDIVIDUAL PSCYHOTHERAPY 45 MINUTES	OP/IOP	\$ 180	0 00	914/90834	service, payor fee schedule
	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP			914/90837	determines rate; may be included as
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140	0 00	915/90853	part of IOP bundled program
PHP			Ý 10	0.00	510,50000	pro8rdm
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP M four or more units of	ental Hea	lth is	billed as quantity	\$275.60 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance A	Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u				\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР			912/913/915/G04 10/H0035/S0201	Not offered as
	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	РНР			912/913/915/G04 11/H0035/S0201	individual services; services part of the
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	РНР	\$ 250		912/913/914/908 37/H0035/S0201	PHP program offerings and billed
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200		912/913/914/908 76/H0035/S0201	as a bundled service



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INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GRC CHA	DSS ARGE	MOST COMMON BILLING CODE	MCR UNITED COMMUNITY CARE (OPTUM)
INPATIENT S			-	_		
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES				
		Bundled service IOP M				
		billed as quantity 3 or			905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	853 pe	er date	915/916/90853/S	
n/a	Mental Health	of service			9480/H0015	\$171 per diem
		Bundled service IOP Su	ıbstar	nce		
		Abuse is billed as quan	tity 3	or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/	or 459	90853		
n/a	Substance Abuse	per date of service			906/H0015	\$163 per diem
	INDIVIDUAL PSYCHOTHERAPY					No negotiated rate
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY					service, payor fee
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY					determines rate;
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45					part of IOP bundled
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	program
PHP						
	Partial Hospitalization Program	Bundled service PHP N	lenta	l Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of				\$450 per diem
	Partial Hospitalization Program	Bundled service PHP Su	ubsta	nce Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more				\$450 per diem
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP				912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY				912/913/914/908	PHP program
1510060	60 MIN	РНР	\$	250.00	37/H0035/S0201	offerings and billed
					912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$	200.00		



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MCR BC ADVANTAGE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR BC ADVANTAGE
INPATIENT S	SERVICES	·		·	
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
	Intensive Outpatient (IOP) -	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 459083	nore units of	905/906/910/914/ 915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$213.94 per diem
	Intensive Outpatient (IOP) -	Bundled service IOP Sul Abuse is billed as quant units of 4590832 and/o	ity 3 or more		
n/a	Substance Abuse	per date of service	1	906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual
4590834	INDIVIDUAL PSCYHOTHERAPY 45 MINUTES	OP/IOP	\$ 180.00	914/90834	service, payor fee schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$ 270.00	914/90837	determines rate; may be included as
	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$ 140.00	915/90853	part of IOP bundled program
PHP					
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Me four or more units of			\$331.50 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Su quantity four or more u		13/915/G0411/	\$331.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$ 225.00	912/913/915/G04 10/H0035/S0201	Not offered as
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	912/913/915/G04 11/H0035/S0201	individual services; services part of the
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	РНР	\$ 250.00	912/913/914/908 37/H0035/S0201	PHP program offerings and billed
	PSYCHOSOCIAL ASSESSMENT	РНР		912/913/914/908 76/H0035/S0201	as a bundled service



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MCR MOLINA NM

INTERNAL					
REFERENCE			GROSS	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	MCR MOLINA NM
INPATIENT S		1	1	1	
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$213.94 per diem
		Bundled service IOP Su	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/c	-		
n/a	Substance Abuse	per date of service		906/H0015	\$213.94 per diem
	INDIVIDUAL PSYCHOTHERAPY				
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	
	INDIVIDUAL PSCYHOTHERAPY	,			OP only at
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	\$59.25/hour; OR
	INDIVIDUAL PSYCHOTHERAPY	,			included as part of
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	IOP bundled
	GROUP PSYCHOTHERAPY 45	- , -	,		program
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	
PHP			+		
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u			
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP		,	912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicate		-		



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MCR CHRISTUS HEALTH

INTERNAL					
REFERENCE			GROSS	MOST COMMON	MCR CHRISTUS
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	HEALTH
INPATIENT S		1	I	1	
100000	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00		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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$239 per diem
		Bundled service IOP Su	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$239 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР		<u>.</u>		· · · ·	
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as guantity	
n/a	(PHP) - Mental Health	four or more units of		. ,	
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	units of 912/92	13/915/G0411/	
1-	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicate		-		



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MCR TRUE HEALTH NM

INTERNAL					
REFERENCE			GROSS	MOST COMMON	MCR TRUE HEALTH
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	NM
INPATIENT S		Ι	I		
	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00		\$925 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00		\$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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$400 per diem
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	r 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$400 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY			-	determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР		ι ·	1.	· ·	
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as guantity	
n/a	(PHP) - Mental Health	four or more units of			\$500 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	units of 912/9	L3/915/G0411/	\$500 per diem
- / -	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicate	ļ			



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MEDICAID NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID NM
INPATIENT S	SERVICES		•		
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP M	ental Health is	;	
		billed as quantity 3 or r	more units of	905/906/910/914/	Medicaid Fee
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	Schedule \$64.43 per
n/a	Mental Health	of service		9480/H0015	hour
		Bundled service IOP Su	bstance		
		Abuse is billed as quant	tity 3 or more		Medicaid Fee
	Intensive Outpatient (IOP) -	units of 4590832 and/o	-		Schedule \$64.43 per
n/a	Substance Abuse	per date of service		906/H0015	hour
	INDIVIDUAL PSYCHOTHERAPY			,	No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY	,		,	service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY			,	determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45		,	,	part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
PHP			17		P. 08. 0
	Partial Hospitalization Program	Bundled service PHP M	lental Health i	s billed as quantity	
n/a	(PHP) - Mental Health	four or more units of		,	\$647.50 per diem
	Partial Hospitalization Program	Bundled service PHP Su	ubstance Abus	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more			\$647.50 per diem
	GROUP PSYCHOTHERAPY 45-50		 	912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00		services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	



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MCD MAGELLAN PRESBYTERIAN Г

INTERNAL REFERENCE			GR	OSS	MOST COMMON	MCD MAGELLAN
NUMBER	SERVICE DESCRIPTION	Type of Service	СН	ARGE	BILLING CODE	PRESBYTERIAN
INPATIENT S	SERVICES	•				
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES				
		Bundled service IOP Me	enta	l Health is		
		billed as quantity 3 or n	nore	units of	905/906/910/914/	Medicaid Fee
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 p	er date	915/916/90853/S	Schedule \$64.43 per
n/a	Mental Health	of service			9480/H0015	hour
		Bundled service IOP Su	bsta	nce		
		Abuse is billed as quant	ity 3	or more		Medicaid Fee
	Intensive Outpatient (IOP) -	units of 4590832 and/c	or 45	90853		Schedule \$64.43 per
n/a	Substance Abuse	per date of service			906/H0015	hour
	INDIVIDUAL PSYCHOTHERAPY					Medicaid Fee Sched
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	\$64.43/hour
	INDIVIDUAL PSCYHOTHERAPY					Medicaid Fee Sched
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	\$64.43/hour
	INDIVIDUAL PSYCHOTHERAPY					Medicaid Fee Sched
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	\$64.43/hour
	GROUP PSYCHOTHERAPY 45					Medicaid Fee Sched
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	\$64.43/hour
PHP						
	Partial Hospitalization Program	Bundled service PHP M	enta	l Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of				\$647.50 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bsta	ince Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	units	of 912/91	.3/915/G0411/	\$647.50 per diem
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP				912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY				912/913/914/908	PHP program
1510060	60 MIN	РНР	\$	250.00	37/H0035/S0201	offerings and billed
					912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$	200.00	76/H0035/S0201	



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Hope, Health & Wellness

			CDOSS		
REFERENCE NUMBER	SERVICE DESCRIPTION	Tuno of Sonvico	GROSS CHARGE	MOST COMMON BILLING CODE	MCD BCBS
INPATIENT		Type of Service	CHARGE	BILLING CODE	
	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	12/	\$856.80 per diem
	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00		\$856.80 per diem
	DETOX ROOM&BED	Inpatient	\$ 1,608.00		\$856.80 per diem
	BRIDGE VISIT	Inpatient Ancillary	\$ 1,008.00		n/a; non chargeable
	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 80.00 \$ 81.60		n/a; non chargeable
	DUTPATIENT PROGRAM AND OU		\$ 81.00	515	illa, non chaigeable
INTENSIVE	DOTPATIENT PROGRAM AND OU	Bundled service IOP M	antal Haalth is		
				905/906/910/914/	Madicaid Faa
	Intensive Outpatient (IOP) -	billed as quantity 3 or r 4590832 and/or 45908		905/906/910/914/ 915/916/90853/S	Schedule \$64.43 per
nla	Mental Health	of service	55 per uate		· ·
n/a		Bundled service IOP Su	hatanaa	9480/H0015	hour
					Medicaid Fee
	Intensive Outpatient (IOD)	Abuse is billed as quant units of 4590832 and/c	-		Schedule \$64.43 per
nla	Intensive Outpatient (IOP) -	-	1 4590855	000 (110015	
n/a	Substance Abuse	per date of service	1	906/H0015	hour Medicaid Fee Sched
4500000		00/100	÷ 140.00	014/00022	
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	\$64.43/hour
4500004		00/100	÷ 100.00	011/000001	Medicaid Fee Sched
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	\$64.43/hour
4500007		00/100	¢ 270.00	04 4 /000027	Medicaid Fee Sched
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	\$64.43/hour
4500050	GROUP PSYCHOTHERAPY 45	0.0 / 0.0	4 440 00	045 (00050	Medicaid Fee Sched
	MINUTES	OP/IOP	\$ 140.00	915/90853	\$64.43/hour
PHP					
,	Partial Hospitalization Program	Bundled service PHP M	ental Health i	s billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$647.50 per diem
,	Partial Hospitalization Program	Bundled service PHP Su			
n/a	(PHP)- Substance Abuse	quantity four or more u			\$647.50 per diem
4540040	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	, ,	Not offered as
	INTERACTIVE GROUP		4	912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	PHP	\$ 225.00		services part of the
	INDIVIDUAL PSYCHOTHERAPY		4	912/913/914/908	PHP program
1510060	60 MIN	PHP	\$ 250.00	37/H0035/S0201	offerings and billed
			4	912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 200.00	76/H0035/S0201	



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MCD WESTERN SKY COMMUNITY

INTERNAL					
REFERENCE			GROSS	MOST COMMON	MCD WESTERN SKY
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	COMMUNITY
INPATIENT S	SERVICES				
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	Medicaid Fee
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	Schedule \$64.43 per
n/a	Mental Health	of service		9480/H0015	hour
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		Medicaid Fee
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 4590853		Schedule \$64.43 per
n/a	Substance Abuse	per date of service		906/H0015	hour
	INDIVIDUAL PSYCHOTHERAPY				Medicaid Fee Sched
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	\$64.43/hour
	INDIVIDUAL PSCYHOTHERAPY				Medicaid Fee Sched
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	\$64.43/hour
	INDIVIDUAL PSYCHOTHERAPY				Medicaid Fee Sched
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	\$64.43/hour
	GROUP PSYCHOTHERAPY 45				Medicaid Fee Sched
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	\$64.43/hour
РНР	-				
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$647.50 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	inits of 912/92	L3/915/G0411/	\$647.50 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060	60 MIN	РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
Any service l	isted without a payor rate indicate	es there is no contract o	r negotiated r	ate for that services	for that navor

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TRICARE/MHN HEALTHNET

INTERNAL					
REFERENCE			GROSS	MOST COMMON	TRICARE/MHN
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	HEALTHNET
INPATIENT S	SERVICES				
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$222.20 per diem
		Bundled service IOP Sul	ostance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	r 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$222.20 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР		•	•		
	Partial Hospitalization Program	Bundled service PHP Me	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$475 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more ι	inits of 912/91	.3/915/G0411/	\$475 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060	60 MIN	РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
Any service I	isted without a payor rate indicate	es there is no contract o	r pegatisted r	ate for that services	for that payor

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Hope, Health & Wellness

INTERNAL REFERENCE			GROS	_ د		
NUMBER	SERVICE DESCRIPTION	Type of Service	CHAR		MOST COMMON BILLING CODE	CHAMPVA
INPATIENT		Type of Service	CHAN	GL	BILLING CODE	
	SEMI PRIVATE R&B	Inpatient	\$ 16	508.00	12/	\$850 per diem
	PRIVATE ROOM & BOARD	Inpatient		508.00 508.00		\$850 per diem
	DETOX ROOM&BED	Inpatient		508.00 508.00		\$850 per diem
	BRIDGE VISIT	Inpatient Ancillary	\$ 1,0	80.00		n/a; non chargeable
	BRIDGE VISIT MCD	Inpatient Ancillary	\$	81.60		n/a; non chargeable
	OUTPATIENT PROGRAM AND OU		Ş	01.00	513	nya, non chargeable
INTENSIVE	COTPATIENT PROGRAM AND CO	Bundled service IOP M	ontal H	oalth ic		
		billed as quantity 3 or r			905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908			915/916/90853/S	
n/n	Mental Health	of service	55 per	uate	9480/H0015	\$190 per diem
n/a		Bundled service IOP Su	hetaner		9460/10015	STao hei gieiti
		Abuse is billed as quant				
	Intensive Outpatient (IOP) -	units of 4590832 and/c	•			
n/a	Substance Abuse	per date of service	1 4590	000	006/00015	¢100 por diam
n/a		per date of service			906/H0015	\$190 per diem No negotiated rate
4500000			6	1 4 0 0 0	014/00000	-
4590832		OP/IOP	\$ 1	140.00	914/90832	for individual
4500024			6	100.00	014/00024	service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 1	180.00	914/90834	schedule
4500027		00/100		220.00	014/00007	determines rate;
4590837	60 MINUTES	OP/IOP	\$ 2	270.00	914/90837	may be included as
4500052	GROUP PSYCHOTHERAPY 45	00/100		1 4 0 0 0	015/00050	part of IOP bundled
	MINUTES	OP/IOP	\$ 1	140.00	915/90853	program
РНР						
,	Partial Hospitalization Program	Bundled service PHP M	ental H	lealth is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of				\$475 per diem
,	Partial Hospitalization Program	Bundled service PHP Su				
n/a	(PHP)- Substance Abuse	quantity four or more	units of	912/91		\$475 per diem
4540040	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	
1510010		РНР	\$ 2	225.00	10/H0035/S0201	Not offered as
4540000					912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 2	225.00	11/H0035/S0201	services part of the
4 - 4 - 4 - 4	INDIVIDUAL PSYCHOTHERAPY				912/913/914/908	PHP program
1510060	60 MIN	PHP	\$ 2	250.00		offerings and billed
			L .		912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	PHP	\$ 2	200.00	76/H0035/S0201	



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TRICARE FOR LIFE

INTERNAL					
REFERENCE			GROSS	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	TRICARE FOR LIFE
INPATIENT S	SERVICES				
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$222 per diem
		Bundled service IOP Su	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/c	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$222 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY			-	service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР		•			
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$475 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	•
n/a	(PHP)- Substance Abuse	quantity four or more u	units of 912/91	L3/915/G0411/	\$475 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	•
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicat	ļ	-		



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TRIWEST HEALTH ALLIANCE VACCN

INTERNAL					
REFERENCE			GROSS	MOST COMMON	TRIWEST HEALTH
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	ALLIANCE VACCN
INPATIENT S		1	1.	1	
	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00		DRG
	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00		DRG
	DETOX ROOM&BED	Inpatient	\$ 1,608.00		DRG
	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00		n/a; non chargeable
	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	n/a; non chargeable
INTENSIVE (DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$213.94 per diem
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$213.94 per diem
	INDIVIDUAL PSYCHOTHERAPY			-	No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY	,			determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45	,			part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
PHP		10.1.0.	+		p. 08. 0
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of		,	\$275.60 per diem
, a	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u			\$275.60 per diem
iiy a	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
1010010	INTERACTIVE GROUP		- 223.00	912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
1310020	INDIVIDUAL PSYCHOTHERAPY		<i>y 223</i> .00	912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
101000			ں.00 <u>کے ب</u>	912/913/914/908	as a bundled service
1510000		РНР	\$ 200.00	76/H0035/S0201	as a buildled set vice
	PSYCHOSOCIAL ASSESSMENT				fan that name



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Hope, Health & Wellness

INTERNAL						
REFERENCE			GR	oss	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	СН	ARGE	BILLING CODE	BCBS NM
INPATIENT S	SERVICES		•			
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES				
		Bundled service IOP N	lenta	l Health is		
		billed as quantity 3 or	more	e units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	353 p	er date	915/916/90853/S	
n/a	Mental Health	of service			9480/H0015	\$220 per diem
		Bundled service IOP Su	ubsta	nce		
		Abuse is billed as quan	tity 3	3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/	or 45	90853		
n/a	Substance Abuse	per date of service			906/H0015	\$220 per diem
	INDIVIDUAL PSYCHOTHERAPY					No negotiated rate
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				-	service, payor fee
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				-	determines rate;
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				-	part of IOP bundled
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	program
PHP		•				
	Partial Hospitalization Program	Bundled service PHP N	1enta	al Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of				\$390 per diem
	Partial Hospitalization Program	Bundled service PHP S	ubsta	ance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more	units	of 912/91	L3/915/G0411/	\$390 per diem
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	-
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP				912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY				912/913/914/908	PHP program
1510060	60 MIN	РНР	\$	250.00	37/H0035/S0201	offerings and billed
					912/913/914/908	as a bundled service
1510000	PSYCHOSOCIAL ASSESSMENT	РНР	\$	200.00	76/H0035/S0201	



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BCBS FEDERAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS FEDERAL
INPATIENT S	SERVICES				
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
	Intensive Outpatient (IOP) -	Bundled service IOP Me billed as quantity 3 or r 4590832 and/or 45908	nore units of	905/906/910/914/ 915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$220 per diem
	Intensive Outpatient (IOP) -	Bundled service IOP Su Abuse is billed as quant units of 4590832 and/o	tity 3 or more		
n/a	Substance Abuse	per date of service	1	906/H0015	\$220 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES INDIVIDUAL PSCYHOTHERAPY	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES GROUP PSYCHOTHERAPY 45	OP/IOP	\$ 270.00	914/90837	determines rate; may be included as part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
PHP			Ş 140.00	515/50055	program
n/a	Partial Hospitalization Program (PHP) - Mental Health Partial Hospitalization Program	Bundled service PHP M four or more units of Bundled service PHP St			\$390 per diem
n/a	(PHP)- Substance Abuse	quantity four or more	units of 912/9:	13/915/G0411/	\$390 per diem
	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$ 225.00	912/913/915/G04 10/H0035/S0201 912/913/915/G04	Not offered as individual services;
	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI INDIVIDUAL PSYCHOTHERAPY	РНР	\$ 225.00		services part of the PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201 912/913/914/908	offerings and billed as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	



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BCBS NM COMMUNITY HMO

INTERNAL					
REFERENCE			GROSS	MOST COMMON	BCBS NM
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	COMMUNITY HMO
INPATIENT S	SERVICES	•	•		
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$176 per diem
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$176 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР		• · ·			
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$331.50
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	inits of 912/92	L3/915/G0411/	\$331.50
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	·
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00		services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicate	, there is no contract o			for that pays an

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UBH (OPTIMUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (OPTIMUM)
INPATIENT S	SERVICES			•	
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
	Intensive Outpatient (IOP) -	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 45908	nore units of	905/906/910/914/ 915/916/90853/S	
n/a	Mental Health Intensive Outpatient (IOP) -	of service Bundled service IOP Su Abuse is billed as quant units of 4590832 and/c	ity 3 or more	9480/H0015	\$178 per diem
n/a	Substance Abuse	per date of service		906/H0015	\$171 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES INDIVIDUAL PSCYHOTHERAPY	OP/IOP	\$ 140.00	914/90832	No negotiated rate for individual service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES GROUP PSYCHOTHERAPY 45	OP/IOP	\$ 270.00	914/90837	determines rate; may be included as part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
PHP			Ŷ 140.00	515,50055	program
n/a	Partial Hospitalization Program (PHP) - Mental Health Partial Hospitalization Program	Bundled service PHP M four or more units of Bundled service PHP Su			\$650 per diem
n/a	(PHP)- Substance Abuse	quantity four or more u	units of 912/91	L3/915/G0411/	\$650 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$ 225.00	912/913/915/G04 10/H0035/S0201	Not offered as
1510020	INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI INDIVIDUAL PSYCHOTHERAPY	РНР	\$ 225.00	912/913/915/G04 11/H0035/S0201 912/913/914/908	individual services; services part of the PHP program
1510060		РНР	\$ 250.00	912/913/914/908 37/H0035/S0201 912/913/914/908	offerings and billed as a bundled service
	PSYCHOSOCIAL ASSESSMENT	РНР	-	76/H0035/S0201	



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Hope, Health & Wellness

INTERNAL						
REFERENCE			GR	OSS	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	CH	ARGE	BILLING CODE	CIGNA
INPATIENT S	SERVICES					
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES				
		Bundled service IOP N	/lenta	l Health is		
		billed as quantity 3 or	more	units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 4590	853 p	er date	915/916/90853/S	
n/a	Mental Health	of service			9480/H0015	\$268 per diem
		Bundled service IOP S	ubsta	nce		
		Abuse is billed as quar	ntity 3	or more		
	Intensive Outpatient (IOP) -	units of 4590832 and	or 45/	90853		
n/a	Substance Abuse	per date of service			906/H0015	\$268 per diem
	INDIVIDUAL PSYCHOTHERAPY				-	No negotiated rate
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY					service, payor fee
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				-	determines rate;
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				-	part of IOP bundled
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	program
РНР		, ,	_ i ·		· ·	1 0
	Partial Hospitalization Program	Bundled service PHP N	Nenta	l Health is	billed as guantity	
n/a	(PHP) - Mental Health	four or more units of			. ,	\$550 per diem
1 -	Partial Hospitalization Program	Bundled service PHP S	ubsta	ince Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more				\$550 per diem
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP		, ·		912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY		, ·		912/913/914/908	PHP program
1510060		РНР	\$	250.00	37/H0035/S0201	offerings and billed
			- T		912/913/914/908	as a bundled service



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MAGELLAN PRESBYTERIAN

INTERNAL					
REFERENCE			GROSS	MOST COMMON	MAGELLAN
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	PRESBYTERIAN
INPATIENT S	SERVICES	•	•		
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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$190 per diem
		Bundled service IOP Sul	bstance	-	•
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	-		
n/a	Substance Abuse	per date of service		906/H0015	\$190 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY	,			service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY	,			determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45	- , -	,		part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
PHP			+		p. 28. 2
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$550 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u			\$550 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP		+	912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
0	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
1010000			200.00	912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicate				for that now or

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			0.5	000	MOST COMPANY	
REFERENCE		Turne of Comice		OSS	MOST COMMON	
	SERVICE DESCRIPTION	Type of Service	СН	ARGE	BILLING CODE	HUMANA
INPATIENT S				4 600 00	424	<u> </u>
	SEMI PRIVATE R&B	Inpatient		1,608.00		\$945 per diem
	PRIVATE ROOM & BOARD	Inpatient		1,608.00		\$945 per diem
	DETOX ROOM&BED	Inpatient		1,608.00		\$945 per diem
	BRIDGE VISIT	Inpatient Ancillary	\$	80.00		n/a; non chargeable
	BRIDGE VISIT MCD	Inpatient Ancillary	\$	81.60	513	n/a; non chargeable
INTENSIVE C	OUTPATIENT PROGRAM AND OU					
		Bundled service IOP N				
		billed as quantity 3 or			905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 4590	853 p	er date	915/916/90853/S	
n/a	Mental Health	of service			9480/H0015	\$262 per diem
		Bundled service IOP S	ubsta	nce		
		Abuse is billed as quar	ntity 3	or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/	'or 45	90853		
n/a	Substance Abuse	per date of service			906/H0015	\$262 per diem
	INDIVIDUAL PSYCHOTHERAPY					No negotiated rate
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY					service, payor fee
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY					determines rate;
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45					part of IOP bundled
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	program
РНР	•		•			
	Partial Hospitalization Program	Bundled service PHP N	/lenta	l Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of				\$550 per diem
	Partial Hospitalization Program	Bundled service PHP S	ubsta	ince Abuse	e is billed as	•
n/a	(PHP)- Substance Abuse	quantity four or more	units	of 912/91	L3/915/G0411/	\$550 per diem
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	•
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP				912/913/915/G04	individual services
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY		<u> </u>		912/913/914/908	PHP program
1510060		РНР	\$	250.00	37/H0035/S0201	offerings and billed
0					912/913/914/908	as a bundled servic



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Hope, Health & Wellness

REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GRO CHA		MOST COMMON BILLING CODE	ΑΕΤΝΑ
INPATIENT S		Type of Service	СПА	NGE	BILLINGCODE	ALINA
	SEMI PRIVATE R&B	Inpatient	¢ 1	L,608.00	12/	\$1042 per diem
	PRIVATE ROOM & BOARD	Inpatient		L,608.00		\$1042 per diem
	DETOX ROOM&BED	Inpatient		L,608.00		\$1042 per diem
	BRIDGE VISIT	Inpatient Ancillary	\$	80.00		n/a; non chargeable
	BRIDGE VISIT MCD	Inpatient Ancillary	\$	81.60		n/a; non chargeable
	DUTPATIENT PROGRAM AND OU		Ŷ	01.00	515	ny a, non chargeable
		Bundled service IOP M	ental	Health is		
		billed as quantity 3 or r			905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908			915/916/90853/S	
n/a	Mental Health	of service	55 pc		9480/H0015	\$219 per diem
Πγά		Bundled service IOP Su	hstan	re	5486/110015	
		Abuse is billed as quant				
	Intensive Outpatient (IOP) -	units of 4590832 and/o	•			
n/a	Substance Abuse	per date of service	5 - 55	/0055	906/H0015	\$213 per diem
Πγά	INDIVIDUAL PSYCHOTHERAPY				500/110015	No negotiated rate
4500832	30 MINUTES	OP/IOP	\$	1/0 00	914/90832	for individual
4330032	INDIVIDUAL PSCYHOTHERAPY		7	140.00	514/ 50052	service, payor fee
1590831	45 MINUTES	OP/IOP	\$	180.00	914/90834	schedule
4550054	INDIVIDUAL PSYCHOTHERAPY		7	100.00	514/50054	determines rate;
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	may be included as
4550057	GROUP PSYCHOTHERAPY 45		, , , , , , , , , , , , , , , , , , ,	270.00	514/50057	part of IOP bundled
4590853	MINUTES	OP/IOP	\$	140 00	915/90853	program
PHP			Ŷ	140.00	515/50055	program
<u></u>	Partial Hospitalization Program	Bundled service PHP M	ental	Health is	hilled as quantity	
n/a	(PHP) - Mental Health	four or more units of	circar	incurrin is	Since as quartery	\$412 per diem
Πγα	Partial Hospitalization Program	Bundled service PHP Su	ıbstar	nce Abuse	is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more				\$412 per diem
170	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	
1510010	MINUTES	РНР	\$		10/H0035/S0201	Not offered as
	INTERACTIVE GROUP		Ŧ		912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY		<u> </u>		912/913/914/908	PHP program
1510060		РНР	\$	250.00	37/H0035/S0201	offerings and billed
					912/913/914/908	as a bundled service
4540000	PSYCHOSOCIAL ASSESSMENT	РНР	\$	200.00		



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TRUE HEALTH NM

INTERNAL					
REFERENCE			GROSS	MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	TRUE HEALTH NM
INPATIENT S		1	1.	1	
	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00		\$925 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00		\$925 per diem
1000001	DETOX ROOM&BED	Inpatient	\$ 1,608.00		\$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
INTENSIVE O	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$400 per diem
		Bundled service IOP Su	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/c	-		
n/a	Substance Abuse	per date of service		906/H0015	\$400 per diem
	INDIVIDUAL PSYCHOTHERAPY	•		-	No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY			-	service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	, program
РНР			,	,	F - 0 -
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$500 per diem
1-	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u			\$500 per diem
.,	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP		,	912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed
00000				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
	isted without a payor rate indicat	ļ	-		



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MOLINA MARKETPLACE

		GROSS	MOST COMMON	MOLINA
SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	MARKETPLACE
ERVICES				
SEMI PRIVATE R&B	Inpatient	\$ 1,608.0	0 124	\$600 per diem
PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.0	0 124	\$600 per diem
DETOX ROOM&BED	Inpatient	\$ 1,608.0	0 126	\$600 per diem
BRIDGE VISIT	Inpatient Ancillary	\$ 80.0	0 513	n/a; non chargeable
BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.6	0 513	n/a; non chargeable
DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
	Bundled service IOP Me	ental Health	is	
	billed as quantity 3 or r	nore units o	f 905/906/910/914/	
Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
Mental Health	of service		9480/H0015	\$239 per diem
	Bundled service IOP Su	bstance		
	Abuse is billed as quant	tity 3 or mor	e	
Intensive Outpatient (IOP) -		-		
Substance Abuse	per date of service		906/H0015	\$239 per diem
INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
30 MINUTES	OP/IOP	\$ 140.0	0 914/90832	for individual
INDIVIDUAL PSCYHOTHERAPY				service, payor fee
45 MINUTES	OP/IOP	\$ 180.0	0 914/90834	schedule
INDIVIDUAL PSYCHOTHERAPY				determines rate;
60 MINUTES	OP/IOP	\$ 270.0	0 914/90837	may be included as
GROUP PSYCHOTHERAPY 45				part of IOP bundled
MINUTES	OP/IOP	\$ 140.0	0 915/90853	program
	. ·	<u>, · · · · · · · · · · · · · · · · · · ·</u>	- ! ·	
Partial Hospitalization Program	Bundled service PHP M	ental Health	is billed as quantity	
(PHP) - Mental Health	four or more units of			
Partial Hospitalization Program	Bundled service PHP Su	ibstance Abi	ise is billed as	
	quantity four or more u	units of 912	913/915/G0411/	
GROUP PSYCHOTHERAPY 45-50				
MINUTES	РНР	\$ 225.0	0 10/H0035/S0201	Not offered as
INTERACTIVE GROUP			912/913/915/G04	individual services;
PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.0		services part of the
INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
60 MIN	РНР	\$ 250.0		offerings and billed
				as a bundled service
PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.0	0 76/H0035/S0201	
	ERVICES SEMI PRIVATE R&B PRIVATE ROOM & BOARD DETOX ROOM&BED BRIDGE VISIT BRIDGE VISIT MCD DUTPATIENT PROGRAM AND OU Intensive Outpatient (IOP) - Mental Health Intensive Outpatient (IOP) - Substance Abuse INDIVIDUAL PSYCHOTHERAPY 30 MINUTES INDIVIDUAL PSYCHOTHERAPY 45 MINUTES INDIVIDUAL PSYCHOTHERAPY 60 MINUTES GROUP PSYCHOTHERAPY 45 MINUTES Partial Hospitalization Program (PHP) - Mental Health Partial Hospitalization Program (PHP) - Substance Abuse GROUP PSYCHOTHERAPY 45-50 MINUTES INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MI INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	ERVICESSEMI PRIVATE R&BInpatientPRIVATE ROOM & BOARDInpatientDETOX ROOM&BEDInpatientBRIDGE VISITInpatient AncillaryBRIDGE VISIT MCDInpatient AncillaryDUTPATIENT PROGRAM AND OUTPATIENT SERVICESBundled service IOP MiIntensive Outpatient (IOP) -4590832 and/or 45908Mental Healthof serviceBundled service IOP SuAbuse is billed as quantiIntensive Outpatient (IOP) -Substance AbuseINDIVIDUAL PSYCHOTHERAPY30 MINUTESOP/IOPINDIVIDUAL PSYCHOTHERAPY45 MINUTESOP/IOPINDIVIDUAL PSYCHOTHERAPY60 MINUTESOP/IOPROUP PSYCHOTHERAPY 45MINUTESOP/IOPPartial Hospitalization ProgramRundled service PHP M(PHP) - Mental Healthfour or more units ofPartial Hospitalization ProgramROUP PSYCHOTHERAPY 45-50MINUTESPARTIAL HOSPICHOTHERAPY 45-50MINUTESPHPINTERACTIVE GROUPPSYCHOTHERAPY 45-50 MIPHPINDIVIDUAL PSYCHOTHERAPY60 MINPHP	SERVICE DESCRIPTIONType of ServiceCHARGESEMI PRIVATE R&BInpatient\$ 1,608.0PRIVATE ROOM & BOARDInpatient\$ 1,608.0DETOX ROOM & BOARDInpatient\$ 1,608.0DETOX ROOM & BOARDInpatient Ancillary\$ 80.0BRIDGE VISITInpatient Ancillary\$ 80.0BRIDGE VISIT MCDInpatient Ancillary\$ 81.6DUTPATIENT PROGRAM AND OUTPATIENT SERVICESBundled service IOP Nental Health billed as quantity 3 or more units of 4590832 and/or 4590853 per date Abuse is billed as quantity 3 or more units of 4590832 and/or 4590832 and/or 4590853Nental Healthof serviceMental Healthof serviceNotiviDUAL PSYCHOTHERAPYAbuse is billed as quantity 3 or more units of 4590832 and/or 4590853Substance Abuseper date of serviceINDIVIDUAL PSYCHOTHERAPY140.0NDIVIDUAL PSYCHOTHERAPY270.0GROUP PSYCHOTHERAPY 45OP/IOPMINUTESOP/IOPSubstance AbuseOP/IOPPartial Hospitalization Program (PHP) - Mental Health four or more units of 912/ GROUP PSYCHOTHERAPY 45-50MINUTESPHPSubstance Abuse (PHP)-Substance Abuse (PHP)-Substance AbusePartial Hospitalization Program MINUTESPHP\$ 225.0INDIVIDUAL PSYCHOTHERAPY 45-50MINUTESPHPSubstance AbuseQUIP PSYCHOTHERAPY 45-50MINUTESPHPS 225.0INDIVIDUAL PSYCHOTHERAPY GO MINPHPS 225.0<	SERVICE DESCRIPTIONType of ServiceCHARGEBILLING CODESEMI PRIVATE R&BInpatient\$ 1,608.00124PRIVATE ROM & BOARDInpatient\$ 1,608.00124PRIVATE ROM & BOARDInpatient\$ 1,608.00124BRIDGE VISITInpatient Ancillary\$ 80.00126BRIDGE VISITInpatient Ancillary\$ 80.00513BRIDGE VISIT MCDInpatient Ancillary\$ 81.60513DUTPATIENT PROGRAM AND OUTPATIENT SERVICES905/906/910/914/Intensive Outpatient (IOP) -4590832 and/or 4590835 per date915/916/90853/SMental Healthof service9480/H0015Bundled service IOP Subtance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590832906/H0015Intensive Outpatient (IOP) -units of 4590832 and/or 4590832906/H0015Intensive Outpatient (IOP) -units of 4590832 and/or 4590832914/90832INDIVIDUAL PSYCHOTHERAPY 30 MINUTESOP/IOP\$ 140.00914/90837GROUP PSYCHOTHERAPY 60 MINUTESOP/IOP\$ 270.00914/90837GROUP PSYCHOTHERAPY 45 MINUTESOP/IOP\$ 140.00915/90853Partial Hospitalization Program (PHP) - Mental HealthBundled service PHP Mental Health is billed as quantity four or more units of912/913/915/G0411/GROUP PSYCHOTHERAPY 45 MINUTESPHP\$ 225.0010/H0035/S0201INTERACTIVE GROUP PSYCHOTHERAPY 45-50 MIPHP\$ 225.0011/H0035/S0201INDIVIDUAL PSYCHOTHERAPY 45-50 MIPHP\$ 225.003



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CHRISTUS HEALTH MARKETPLACE

INTERNAL					
REFERENCE			GROSS	MOST COMMON	CHRISTUS HEALTH
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	MARKETPLACE
INPATIENT S	SERVICES				
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$239 per diem
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$239 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР		•	•	•	
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$275.60 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	inits of 912/91	L3/915/G0411/	\$275.60 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060	60 MIN	РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
Any convico I	isted without a payor rate indicate	s thoro is no contract o	r pogotistod r	ato for that convicos	for that payor

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CHRISTUS HEALTH COMMERCIAL

INTERNAL					
REFERENCE			GROSS	MOST COMMON	CHRISTUS HEALTH
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	COMMERCIAL
INPATIENT S	SERVICES				
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
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$239 per diem
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	or 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$239 per diem
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule
	INDIVIDUAL PSYCHOTHERAPY				determines rate;
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as
	GROUP PSYCHOTHERAPY 45				part of IOP bundled
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program
РНР					
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$275.60 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more ι	inits of 912/91	L3/915/G0411/	\$275.60 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	PHP	\$ 225.00	10/H0035/S0201	Not offered as
	INTERACTIVE GROUP			912/913/915/G04	individual services;
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program
1510060	60 MIN	РНР	\$ 250.00	37/H0035/S0201	offerings and billed
				912/913/914/908	as a bundled service
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	
Any convico I	isted without a payor rate indicate	s thora is no contract o	r pogotistod r	ato for that convicos	for that payor



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MCD MOLINA OF NM

INTERNAL					
REFERENCE			GROSS	MOST COMMON	MCD MOLINA OF
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	NM
INPATIENT S		I	+		4.000 H
	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00		\$600 per diem
	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00		\$600 per diem
	DETOX ROOM&BED	Inpatient	\$ 1,608.00		\$600 per diem
	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	
	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	
NTENSIVE C	DUTPATIENT PROGRAM AND OU	1			
		Bundled service IOP Me	ental Health is		
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S	
n/a	Mental Health	of service		9480/H0015	\$60 per hour
		Bundled service IOP Sul	bstance		
		Abuse is billed as quant	ity 3 or more		
	Intensive Outpatient (IOP) -	units of 4590832 and/o	r 4590853		
n/a	Substance Abuse	per date of service		906/H0015	\$60 per hour
	INDIVIDUAL PSYCHOTHERAPY				
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	
	INDIVIDUAL PSCYHOTHERAPY				
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	
	INDIVIDUAL PSYCHOTHERAPY				
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	
	GROUP PSYCHOTHERAPY 45				
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	
РНР		<u>.</u>		· · ·	
	Partial Hospitalization Program	Bundled service PHP M	ental Health is	billed as quantity	
n/a	(PHP) - Mental Health	four or more units of			\$647.50 per diem
	Partial Hospitalization Program	Bundled service PHP Su	bstance Abuse	e is billed as	
n/a	(PHP)- Substance Abuse	quantity four or more u	inits of 912/92	13/915/G0411/	\$647.50 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	
	INTERACTIVE GROUP			912/913/915/G04	
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	
1510060		РНР	\$ 250.00	37/H0035/S0201	
			, 100.00	912/913/914/908	
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	



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Hope, Health & Wellness

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service		DSS ARGE	MOST COMMON BILLING CODE	MCD AHCCCS
INPATIENT S		Type of Service			DILLING CODE	Med Aneces
	SEMI PRIVATE R&B	Inpatient	Ś	1,608.00	124	\$816.39 per diem
	PRIVATE ROOM & BOARD	Inpatient	-	1,608.00		\$816.39 per diem
	DETOX ROOM&BED	Inpatient	-	1,608.00		\$816.39 per diem
	BRIDGE VISIT	Inpatient Ancillary	\$	80.00	513	çozoloo per diem
	BRIDGE VISIT MCD	Inpatient Ancillary	\$	81.60	513	
	OUTPATIENT PROGRAM AND OU		T			
		Bundled service IOP M	ental	l Health is		
		billed as quantity 3 or r				
	Intensive Outpatient (IOP) -	4590832 and/or 4590853 per date			915/916/90853/S	
n/a	Mental Health				9480/H0015	\$190 per diem
		Bundled service IOP Substance				
		Abuse is billed as quantity 3 or more				
	Intensive Outpatient (IOP) -	units of 4590832 and/or 4590853				
n/a	Substance Abuse	per date of service			906/H0015	\$190 per diem
	INDIVIDUAL PSYCHOTHERAPY					
4590832	30 MINUTES	OP/IOP	\$	140.00	914/90832	
	INDIVIDUAL PSCYHOTHERAPY		İ		·	
4590834	45 MINUTES	OP/IOP	\$	180.00	914/90834	
	INDIVIDUAL PSYCHOTHERAPY					
4590837	60 MINUTES	OP/IOP	\$	270.00	914/90837	
	GROUP PSYCHOTHERAPY 45					
4590853	MINUTES	OP/IOP	\$	140.00	915/90853	
РНР		-	•			
	Partial Hospitalization Program	Bundled service PHP Mental Health is billed as quantity				
n/a	(PHP) - Mental Health	four or more units of				
	Partial Hospitalization Program	Bundled service PHP Substance Abuse is billed as				
n/a	(PHP)- Substance Abuse	quantity four or more units of 912/913/915/G0411/				
	GROUP PSYCHOTHERAPY 45-50				912/913/915/G04	
1510010	MINUTES	РНР	\$	225.00	10/H0035/S0201	
	INTERACTIVE GROUP				912/913/915/G04	
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$	225.00	11/H0035/S0201	
	INDIVIDUAL PSYCHOTHERAPY				912/913/914/908	
1510060	60 MIN	РНР	\$	250.00	37/H0035/S0201	
					912/913/914/908	
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$	200.00	76/H0035/S0201	



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NEW MEXICO HEALTH

INTERNAL REFERENCE			GROSS	MOST COMMON	NEW MEXICO
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	HEALTH
INPATIENT S		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	SEMI PRIVATE R&B	Inpatient	\$ 1,608.00	124	DRG
	PRIVATE ROOM & BOARD	Inpatient	\$ 1,608.00		DRG
	DETOX ROOM&BED	Inpatient	\$ 1,608.00		DRG
7500200	BRIDGE VISIT	Inpatient Ancillary	\$ 80.00	513	
7500201	BRIDGE VISIT MCD	Inpatient Ancillary	\$ 81.60	513	
INTENSIVE C	DUTPATIENT PROGRAM AND OU	TPATIENT SERVICES			
		Bundled service IOP Me			
		billed as quantity 3 or n	nore units of	905/906/910/914/	
	Intensive Outpatient (IOP) -	4590832 and/or 45908		915/916/90853/S	
n/a	Mental Health	of service 9480/H0015			\$190 per diem
		Bundled service IOP Substance			
		Abuse is billed as quant			
	Intensive Outpatient (IOP) -	units of 4590832 and/o			
n/a	Substance Abuse	per date of service		906/H0015	\$190 per diem
-	INDIVIDUAL PSYCHOTHERAPY			-	•
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	
	INDIVIDUAL PSCYHOTHERAPY				
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	
	INDIVIDUAL PSYCHOTHERAPY				
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	
	GROUP PSYCHOTHERAPY 45				
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	
PHP	-				
	Partial Hospitalization Program	Bundled service PHP M	billed as quantity		
n/a	(PHP) - Mental Health	four or more units of	\$475 per diem		
	Partial Hospitalization Program	Bundled service PHP Su			
n/a	(PHP)- Substance Abuse	quantity four or more units of 912/913/915/G0411/			\$475 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04	
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	
	INTERACTIVE GROUP			912/913/915/G04	
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	
1510060	60 MIN	РНР	\$ 250.00	37/H0035/S0201	
				912/913/914/908	
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201	



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MCR WESTERN SKY

INTERNAL							
REFERENCE			GROSS	MOST COMMON			
NUMBER	SERVICE DESCRIPTION	Type of Service	CHARGE	BILLING CODE	MCR WESTERN SKY		
INPATIENT SERVICES							
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			
INTENSIVE O	INTENSIVE OUTPATIENT PROGRAM AND OUTPATIENT SERVICES						
		Bundled service IOP Me	ental Health is				
		billed as quantity 3 or n	nore units of	905/906/910/914/			
	Intensive Outpatient (IOP) -	4590832 and/or 45908	53 per date	915/916/90853/S			
n/a	Mental Health	of service		9480/H0015	\$213.94 per diem		
		Bundled service IOP Su	bstance				
		Abuse is billed as quant					
	Intensive Outpatient (IOP) -	units of 4590832 and/or 4590853					
n/a	Substance Abuse	per date of service		906/H0015	\$213.94 per diem		
	INDIVIDUAL PSYCHOTHERAPY				No negotiated rate		
4590832	30 MINUTES	OP/IOP	\$ 140.00	914/90832	for individual		
	INDIVIDUAL PSCYHOTHERAPY				service, payor fee		
4590834	45 MINUTES	OP/IOP	\$ 180.00	914/90834	schedule		
	INDIVIDUAL PSYCHOTHERAPY				determines rate;		
4590837	60 MINUTES	OP/IOP	\$ 270.00	914/90837	may be included as		
	GROUP PSYCHOTHERAPY 45				part of IOP bundled		
4590853	MINUTES	OP/IOP	\$ 140.00	915/90853	program		
РНР		<u>.</u>		. · ·			
	Partial Hospitalization Program	Bundled service PHP M					
n/a	(PHP) - Mental Health	four or more units of					
	Partial Hospitalization Program	Bundled service PHP Su					
n/a	(PHP)- Substance Abuse	quantity four or more u		\$265.60 per diem			
,	GROUP PSYCHOTHERAPY 45-50			912/913/915/G04			
1510010	MINUTES	РНР	\$ 225.00	10/H0035/S0201	Not offered as		
	INTERACTIVE GROUP			912/913/915/G04	individual services;		
1510020	PSYCHOTHERAPY 45-50 MI	РНР	\$ 225.00	11/H0035/S0201	services part of the		
	INDIVIDUAL PSYCHOTHERAPY			912/913/914/908	PHP program		
1510060		РНР	\$ 250.00	37/H0035/S0201	offerings and billed		
				912/913/914/908	as a bundled service		
1510090	PSYCHOSOCIAL ASSESSMENT	РНР	\$ 200.00	76/H0035/S0201			
	isted without a payor rate indicat		-				