

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: 01/01/2024

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:

INTERNAL				MOST COMMON	MAXIMUM	MINIMUM	
REFERENCE				BILLING	NEGOTIATED	NEGOTIATED	DISCOUNTED
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE		CHARGE	CHARGE	CASH PRICE
INPATIENT SERV		Type of Service	GROSS CHARGE	CODE	CHARGE	CHARGE	CASITFRICE
IN ATTENT SERV	TICLS						\$1039.58 per
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$1095 per diem	\$600 per diem	diem
20000		patient	727 10 per aleili		+	ф с с с р с с с с с с с с с с с с с с с	\$1039.58 per
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$1095 per diem	\$600 per diem	diem
					•		\$1039.58 per
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1095 per diem	\$600 per diem	diem
INTENSTIVE OU	TPATIENT AND OUTPATIENT SERVICES						
		Bundled service IOP Me	ental Health is	905/906/910			
		billed as quantity 3 or m	nore units of	/914/915/91			
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085	53 per date of	6/90853/S94			
n/a	Health	service		80/H0015	\$400 per diem	\$171 per diem	\$190 per diem
		Bundled service IOP Sub	ostance Abuse is				
		billed as quantity 3 or m	nore units of				
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of				
n/a	Abuse	service		906/H0015	\$400 per diem	\$163 per diem	\$190 per diem
	INDIVIDUAL PSYCHOTHERAPY 30						
4590832	MINUTES	OP/IOP	\$160	914/90832	No negotiated ra	ate for individual	service, payor
	INDIVIDUAL PSYCHOTHERAPY 60				fee schedule det	ermines rate; ma	y be included as
4590837	MINUTES	OP/IOP	\$277	914/90837	part of IOP bund	lled program	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853			





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SERVICES PROVIDED continued:

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
PARTIAL HOSP	ITALIZATION SERVICES						
	Partial Hospitalization Program (PHP) -	Bundled service PHP M four or more units of 912/913/915/914/9083					
n/a	Mental Health	four or more times a w		110033,30201	\$673 per diem	\$275.60 per dier	\$250 per diem
	Partial Hospitalization Program (PHP)-	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times					
n/a	Substance Abuse	a week.			\$673 per diem	\$275.60 per dier	\$250 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$225			ndividual services n offerings and bi	•
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	¢1E0		Not offered as individual services; services part the PHP program offerings and billed as a bundl		
1310040	INDIVOAL FSTCHOTHERAPT SU WIIN	rnr	\$130	912/913/914/		ndividual services n offerings and bi	•
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	service		



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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:

PHISICIAIN SERV	TCES PROVIDED – May be billed in additio	hai to above services as	l determined by	the type of ser	l	T	ian: T
INTERNAL				MOST	MAXIMUM	MINIMUM	
REFERENCE				COMMON	NEGOTIATED	NEGOTIATED	DISCOUNTED
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	BILLING CODE	CHARGE	CHARGE	CASH PRICE
PHYSICIAN SERV	PHYSICIAN SERVICES PROVIDED – May be billed in additional to above services as determined by the type of service and/or the attending physician:						
	DIAGNOSTIC ASSESSMENT WITHOUT	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
4590791	MEDICAL	Outpatient IOP, PHP	\$260	961/90791	determi	ines rate	cash price
	DIAGNOSTIC ASSESSMENT WITH	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
4590792	MEDICAL	Outpatient IOP, PHP	\$308	961/90792	determi	ines rate	cash price
	NEW PT OP E&M LOW COMPLEX 30	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
4599203	MINUTES	Outpatient IOP, PHP	\$256	961/99203	determi	ines rate	cash price
	NEW PT OP E&M MODERATE COMPLEX	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
4599204	45 MIN	Outpatient IOP, PHP	\$390	961/99204	determi	ines rate	cash price
	EST PT OP E&M LOW COMPLEXITY 15	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
4599213	MINUTES	Outpatient IOP, PHP	\$115	961/99213	determi	ines rate	cash price
	EST PT OP E&M MODERATE COMPLEXITY	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
4599214	25 MIN	Outpatient IOP, PHP	\$185	961/99214	determi	ines rate	cash price
	PSYCHIATRIC DIAG EXM W/MEDICAL	PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
7500012	SERVICES	All patient types	\$286	961/90792	determi	ines rate	cash price
		PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
7500050	SUBSUQ HOSPITAL CARE 15-24 MINUTE	All patient types	\$164	961/99231	determi	ines rate	cash price
		PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
7500060	SUBSUQ HOSPITAL CARE 25-34 MINUTES	All patient types	\$260	961/99232	determ	ines rate	cash price
		PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
7500070	SUBSUQ HOSPITAL CARE 35 MINUTES	All patient types	\$400	961/99233	determi	ines rate	cash price
		PHYSICIAN SERVICES -			No negotiate	ed rate; payor	No discounted
7500220	COORDINATED CARE FEE	All patient types	\$31	961/G9002	determi	ines rate	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
INPATIENT SERV	ICES	,.			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OUT	TPATIENT AND OUTPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or m 4590832 and/or 459089 service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	Medicare Fee Sche	
	Intensive Outpatient (IOP) - Substance	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of			
n/a	Abuse	service	1	906/H0015	Medicare Fee Sche
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP		914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Me four or more units of 912/913/915/914/9083 four or more times a w Bundled service PHP Su	37/90876/G0410/ eek.	/H0035/S0201	Medicare Fee Schedule
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	quantity four or more u 912/913/915/G0411/Ho a week.	ınits of	or more times	Medicare Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$225		
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	РНР	\$150	· -	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN without a payor rate indicates there is no	PHP contract or negotiated r		912/913/914/ 90837/H0035 /S0201	or.



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MCR UBH (OPTIMUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR UBH (OPTIMUM)
INPATIENT SER\	/ICES	,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	
	TPATIENT AND OUTPATIENT SERVICES	mpatient	φ17 13 per αlein	120	
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or n	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908	53 per date of	90853/S9480/	
n/a	Health	service		H0015	\$171 per diem
		Bundled service IOP Su	bstance Abuse is		
		billed as quantity 3 or n	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908	53 per date of		
n/a	Abuse	service		906/H0015	\$163 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
ARTIAL HOSPIT	TALIZATION SERVICES				
		Bundled service PHP M	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	
n/a	Mental Health	four or more times a w			\$450 per diem
		Bundled service PHP Su		billed as	
		quantity four or more ι			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.	T	T	\$450 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225		
				912/913/914/	
1510040	INDIVIDAL DOVOLIOTUED ADV 20 MAIN	DUD	6450	90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
1510000	INDIVIDUAL DEVELOTUED ADV CO A 41A1	PHP	¢350	90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN without a payor rate indicates there is no		\$250		



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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 SERV	ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$900 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$900 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$736 per diem
INTENSTIVE OUT	PATIENT AND OUTPATIENT SERVICES				
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 90853/S9480			\$190 per diem
TI/ d	nealth	service Bundled service IOP Su	hstance Ahuse is	H0015	3190 per diem
	Intensive Outpatient (IOP) - Substance	billed as quantity 3 or r 4590832 and/or 45908	005/110045	6400	
n/a	Abuse	service	1	906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP		915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP M four or more units of 912/913/915/914/908 four or more times a w	37/90876/G0410/ veek.	H0035/S0201	\$550 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Suquantity four or more of 912/913/915/G0411/Ha week.		\$550 per diem	
Πγα	Judgetunee Abuge	a WCCK.	1	912/913/915/	2000 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	G0410/H0035	
			+223	912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201 912/913/914/	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	90837/H0035 /S0201	



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MCR AETNA

NTERNAL EFFERENCE IUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR AETNA
NPATIENT SERV	VICES	,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$1095 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$1095 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1095 per diem
NTENSTIVE OUT	FPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or r	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908	53 per date of	90853/S9480/	
n/a	Health	service		H0015	\$225 per diem
		Bundled service IOP Su	bstance Abuse is		
		billed as quantity 3 or r	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908	53 per date of		
n/a	Abuse	service		906/H0015	\$225 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
ARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP M	ental Health is bill	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/908	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w	reek.		\$412 per diem
		Bundled service PHP Su	ıbstance Abuse is	billed as	
		quantity four or more i	units of		
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	10035/S0201 four	or more times	
n/a	Substance Abuse	a week.			\$412 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
				90837/H0035	
			\$250	1	i .



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MCR HUMANA

INTERNAL				MOST	
REFERENCE				COMMON	
	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	BILLING CODE	MCR HUMANA
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Innationt	\$1749 per diem	126	DRG
	FPATIENT AND OUTPATIENT SERVICES	Inpatient	\$1749 per diem	120	DNG
INTENSTIVE OUT		Bundled service IOP Me	ntal Haalth is	905/906/910/	
		billed as quantity 3 or m		914/915/916/	
	Intensive Outpatient (IOD) Montal	4590832 and/or 45908!		90853/\$9480/	Modicaro Foo
2/2	Intensive Outpatient (IOP) - Mental	· ·	os per date of		
n/a	Health	service Bundled service IOP Sub	astanaa Abusa is	H0015	schedule
	Latanai a Outratiant (IOD) Cubatana	billed as quantity 3 or m			Madiana Faa
. 1-	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of	006/110045	Medicare Fee
n/a	Abuse	service	ı	906/H0015	schedule
	INDIVIDUAL PSYCHOTHERAPY 30		4.00	/	
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP		914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	Medicare Fee
n/a	Mental Health	four or more times a w			schedule
		Bundled service PHP Su		billed as	
		quantity four or more u			
,	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	Medicare Fee
n/a	Substance Abuse	a week.	T	1	schedule
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	,	
Any service listed	I without a payor rate indicates there is no	contract or negotiated r	rate for that servi	ces for that pay	or.





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MCR UNITED COMMUNITY CARE (OPTUM)

NTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR UNITED COMMUNITY CARE (OPTUM)
NPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	
	TPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP M	ental Health is	905/906/910/	
		billed as quantity 3 or r	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908	53 per date of	90853/S9480/	
n/a	Health	service		H0015	\$171 per diem
		Bundled service IOP Su	bstance Abuse is		
		billed as quantity 3 or r	more units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908	53 per date of		
n/a	Abuse	service		906/H0015	\$163 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
ARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP M	lental Health is bill	ed as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/908	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w			\$450 per diem
		Bundled service PHP Su	ubstance Abuse is	billed as	
		quantity four or more			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	10035/S0201 four	or more times	
n/a	Substance Abuse	a week.			\$450 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	



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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 SERV	ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OUT	FPATIENT AND OUTPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or m 4590832 and/or 459085 service	905/906/910/ 914/915/916/ 90853/S9480/ H0015	Medicare Fee schedule	
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Subbilled as quantity 3 or n 4590832 and/or 459089 service	nore units of	906/H0015	Medicare Fee
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP		914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Me four or more units of 912/913/915/914/9083 four or more times a w		\$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/H0035/S0201 four or more times a week.			\$331.50 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150		
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN without a payor rate indicates there is no	PHP contract or negotiated r		912/913/914/ 90837/H0035 /S0201 ces for that pay	or.



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Hope, Health & Wellness

MCR MOLINA NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR MOLINA NM
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OU	TPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or n	more units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908	53 per date of	90853/S9480/	Medicare fee
n/a	Health	service		H0015	schedule
		Bundled service IOP Sul	bstance Abuse is		
		billed as quantity 3 or n	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908	53 per date of		Medicare fee
n/a	Abuse	service		906/H0015	schedule
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES				
		Bundled service PHP M	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	
n/a	Mental Health	four or more times a w			
		Bundled service PHP Su		billed as	
		quantity four or more ι			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.		T	
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50		4	G0410/H0035	
1510010	MINUTES	PHP	\$225	*	
				912/913/914/	
4540040	INDIVITAL DOVOLOTUS ASV 30 AAVA	DUD	2450	90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
4540000	INDIVIDUAL POVOLICITUES ABV CO STOR	DUD	4350	90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN dwithout a payor rate indicates there is no	PHP	\$250		



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MCR CHRISTUS	S HEALTH				
INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR CHRISTUS HEALTH
INPATIENT SERV	ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
	DETOX ROOM&BED TPATIENT AND OUTPATIENT SERVICES	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OU		Dundled comice IOD Ma	mtal Haalth is	005 /006 /010 /	
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or m 4590832 and/or 459089 service	nore units of	905/906/910/ 914/915/916/ 90853/S9480/ H0015	Medicare fee
II/a	пеанн	Bundled service IOP Sub	ostance Abuse is	H0013	Scriedule
n/a	Intensive Outpatient (IOP) - Substance Abuse	billed as quantity 3 or m 4590832 and/or 459085 service	906/H0015	Medicare fee schedule	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4500027	INDIVIDUAL PSYCHOTHERAPY 60				
4590837 4590853	MINUTES	OP/IOP OP/IOP		914/90837 915/90853	
	GROUP PSYCHOTHERAPY 45 MINUTES ALIZATION SERVICES	OP/IOP	\$141	915/90855	
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			
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/H0035/S0201 four or more times a week.			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP		912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/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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MCR TRUE HEALTH NM

NTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR TRUE HEALTH NM
NPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$925 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$925 per diem
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$925 per diem
NTENSTIVE OU	TPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP M		905/906/910/	
		billed as quantity 3 or r		914/915/916/	
,	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908	353 per date of	90853/S9480/	
n/a	Health	service		H0015	\$400 per diem
		Bundled service IOP Su			
		billed as quantity 3 or r			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908	353 per date of		
n/a	Abuse	service	1	906/H0015	\$400 per diem
4500000	INDIVIDUAL PSYCHOTHERAPY 30	00/100	44.50	04.4/00000	
4590832	MINUTES	OP/IOP	\$160	914/90832	
4500027	INDIVIDUAL PSYCHOTHERAPY 60	00/100	6277	04.4/00027	
4590837	MINUTES GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP OP/IOP		914/90837 915/90853	
4590853		UP/IUP	\$141	915/90853	
AKTIAL HUSPIT	TALIZATION SERVICES	Bundled service PHP M	lantal Haalth is bill	lad as quantity	
		four or more units of	ientai neatti is biii	ieu as quantity	
	 Partial Hospitalization Program (PHP) -	912/913/915/914/908	37/90876/G0/10/	H0035/S0201	
n/a	Mental Health	four or more times a w		110033/30201	\$500 per diem
ii/ a	ivientai rieatti	Bundled service PHP Su		hilled as	3300 per diem
		quantity four or more			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H		or more times	
n/a	Substance Abuse	a week.	.0000,00202 .00.		\$500 per diem
,				912/913/915/	, , , , , , , , , , , , , , , , , , ,
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225		
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	-	
				912/913/914/	
				90837/H0035	
				30037/110033	



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INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID NM
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$1039.58 per dien
100000	SEIVIT KIVATE KOD	принене	\$1745 per diem	124	71033.30 per dien
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$1039.58 per dien
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1039.58 per dien
INTENSTIVE OUT	FPATIENT AND OUTPATIENT SERVICES	•			
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 459089 service	nore units of	905/906/910/ 914/915/916/ 90853/S9480/ H0015	Medicaid Fee Schedule
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
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	РНР	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	РНР	\$250	912/913/914/ 90837/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
INPATIENT SERV		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$739.50 per diem
					,
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$739.50 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$736 per diem
	TPATIENT AND OUTPATIENT SERVICES		γ=: 10 pσ: 0.1011		7 · · · · · P · · · · · · · · · · · · ·
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or m		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085		90853/\$9480/	Medicaid Fee
n/a	Health	service		H0015	Schedule
•		Bundled service IOP Sub	ostance Abuse is		
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085			Medicaid Fee
n/a	Abuse	service	·	906/H0015	Schedule
•	INDIVIDUAL PSYCHOTHERAPY 30				Medicaid Fee
4590832	MINUTES	OP/IOP	\$160	914/90832	Schedule
	INDIVIDUAL PSYCHOTHERAPY 60			-	Medicaid Fee
4590837	MINUTES	OP/IOP	\$277	914/90837	Schedule
					Medicaid Fee
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	Schedule
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me four or more units of	ental Health is bil	led as quantity	
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201	Medicaid Fee
n/a	Mental Health	four or more times a w	eek.		Schedule
		Bundled service PHP Su	bstance Abuse is	billed as	
		quantity four or more u	ınits of		
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	Medicaid Fee
n/a	Substance Abuse	a week.			Schedule
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
			6450	100001	1
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/	
1510040 1510060	INDIVUAL PSYCHOTHERAPY 30 MIN INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP			



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MCD BCBS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD BCBS
INPATIENT SERV		Type or service	Citoss Ciminos	5.11	
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$908.21 per diem
		'	,		'
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$908.21 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$908.21 per diem
	FPATIENT AND OUTPATIENT SERVICES	Prese	, , , , , , , , , , , , , , , , , , , ,		, and the second
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or m	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085		90853/\$9480/	Medicaid Fee
n/a	Health	service	•	H0015	Schedule
		Bundled service IOP Substance Abuse is			
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of		Medicaid Fee
n/a	Abuse	service	•	906/H0015	Schedule
	INDIVIDUAL PSYCHOTHERAPY 30				Medicaid Fee
4590832	MINUTES	OP/IOP	\$160	914/90832	Schedule
	INDIVIDUAL PSYCHOTHERAPY 60				Medicaid Fee
4590837	MINUTES	OP/IOP	\$277	914/90837	Schedule
					Medicaid Fee
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	Schedule
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me four or more units of	ental Health is bil	led as quantity	
	Dartial Haspitalization Program (DHD)	912/913/915/914/9083	7/00076/00410/	U002E /C0201	Medicaid Fee
n/a	Partial Hospitalization Program (PHP) - Mental Health	four or more times a w		HUU35/3U2U1	Schedule
11/ d	Merical Health	Bundled service PHP Su		hillod as	Scriedule
		quantity four or more u		onicu as	
	 Partial Hospitalization Program (PHP)-	912/913/915/G0411/H		or more times	Medicaid Fee
n/a	Substance Abuse	a week.	0033/302011041	or more times	Schedule
, a	5.555.1100 / 10000			912/913/915/	- Concadic
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
	-		7-20	912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
Any service listed	I without a payor rate indicates there is no	contract or negotiated r	ate for that servi	ces for that pay	or.



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MCD WESTERN SKY COMMUNITY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD WESTERN SKY COMMUNITY
INPATIENT SERV		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$964.30 per diem
					,
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$964.30 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$964.30 per diem
	FPATIENT AND OUTPATIENT SERVICES	mpatient	51745 per diem	120	\$304.30 per diem
INTERSTIVE CO		Bundled service IOP Me	ntal Health is	905/906/910/	
		billed as quantity 3 or m		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085		90853/\$9480/	
n/a	Health	service	so per date or	H0015	\$84.59 per hour
.,,		Bundled service IOP Sub	70 1100 pc. 110 u.		
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085			
n/a	Abuse	service	•	906/H0015	\$84.59 per hour
,	INDIVIDUAL PSYCHOTHERAPY 30				. ,
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me	ental Health is bill	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	Medicaid Fee
n/a	Mental Health	four or more times a w			Schedule
		Bundled service PHP Su		billed as	
		quantity four or more u			
,	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	Medicaid Fee
n/a	Substance Abuse	a week.	I	042/042/045/	Schedule
	CROUD DSVCHOTHER ARY 45 50			912/913/915/ G0410/H0035	
1510010	GROUP PSYCHOTHERAPY 45-50	PHP	6225		
1510010	MINUTES	FIIF	\$225	/S0201 912/913/914/	
				912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1310040	INDIVOAL FOI CHOT HERAFT SU WIIN	FIIF	3130	912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
	without a payor rate indicates there is no				l vor



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TRICARE/MHN HEALTHNET

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE/MHN HEALTHNET
INPATIENT SERV	/ICES	,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$817.17 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$817.17 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	
	TPATIENT AND OUTPATIENT SERVICES	Impatient	31749 per diem	120	
INTERSTIVE OO		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or n		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908		90853/\$9480/	
n/a	Health	service	33 per date or	H0015	
, a	reacti	Bundled service IOP Sul	bstance Abuse is	110013	
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908			
n/a	Abuse	service	oo per date or	906/H0015	
, a	INDIVIDUAL PSYCHOTHERAPY 30	00.1100		000,110020	
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60	<u> </u>			
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES				
		Bundled service PHP M	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w	eek.		
		Bundled service PHP Su	bstance Abuse is	billed as	
		quantity four or more ι	units of		
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.			
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	1	
				912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	



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CHAMPVA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHAMPVA
INPATIENT SERV		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$850 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$850 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$850 per diem
	FPATIENT AND OUTPATIENT SERVICES	impatient	51745 per diem	120	5050 per diem
INTERISTIVE GO	ATTENT AND GOTT ATTENT SERVICES	Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or n		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908		90853/\$9480/	
n/a	Health	service	oo per date o.	H0015	\$190 per diem
		Bundled service IOP Sul			
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 4590853 per date of			
n/a	Abuse	service		906/H0015	\$190 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
	ALIZATION SERVICES	017101	Ų212	313/30033	
n/a	Partial Hospitalization Program (PHP) -	Bundled service PHP Me four or more units of 912/913/915/914/9083 four or more times a w	\$475 per diem		
11/ 4	Mentarreatin	Bundled service PHP Su		hilled as	7473 per diem
		quantity four or more u			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H		or more times	
n/a	Substance Abuse	a week.	•		\$475 per diem
				912/913/915/	-
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	



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Hope, Health & Wellness

TRICARE FOR LIFE

INTERNAL				MOST	
REFERENCE				COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	BILLING CODE	TRICARE FOR LIFE
INPATIENT SERV	ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$817.17 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$817.17 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$817.17 per diem
INTENSTIVE OUT	PATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or m	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085	53 per date of	90853/S9480/	
n/a	Health	service		H0015	\$222.20 per diem
		Bundled service IOP Sub	ostance Abuse is		
		billed as quantity 3 or m	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of		
n/a	Abuse	service		906/H0015	\$222.20 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w	eek.		\$475 per diem
		Bundled service PHP Sul	bstance Abuse is	billed as	
		quantity four or more u	ınits of		
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.			\$475 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
Any service listed	I without a payor rate indicates there is no	contract or negotiated r	ate for that servi	ces for that pay	or.



Haven Behavioral Services of Albuquerque LLC

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

TRIWEST HEALTH ALLIANCE VACCN

INTERNAL REFERENCE				MOST COMMON	TRIWEST HEALTH
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE		ALLIANCE VACCN
INPATIENT SERV		71			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OUT	PATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or m	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085	53 per date of	90853/S9480/	
n/a	Health	service		H0015	\$213.94 per diem
		Bundled service IOP Sub	ostance Abuse is		
		billed as quantity 3 or n	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of		
n/a	Abuse	service		906/H0015	\$213.94 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
			4		
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES	D			
		Bundled service PHP Me	ental Health is bill	led as quantity	
	Destrict the citation of the control (DUD)	four or more units of	77/00076/60440	(110035 (60304	
. 1.	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	¢275 60
n/a	Mental Health	four or more times a w		la:II a al la a	\$275.60 per diem
		Bundled service PHP Su		billed as	
	Doubiel Heaviteliestics Duranes (DHD)	quantity four or more u			
/-	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	¢275 co
n/a	Substance Abuse	a week.	1	012/012/015/	\$275.60 per diem
	GROUP PSYCHOTHERAPY 45-50			912/913/915/ G0410/H0035	
1510010	MINUTES	PHP	¢22E	/S0201	
1310010	INITIOLES	riir	\$225	912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1310040	THE TOTAL I STOTIOTHERAL I SO WITH	1111	7130	912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
	without a payor rate indicates there is no			-	ı or



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BCBS NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON	DCDS NIM
INPATIENT SERV		Type of Service	GROSS CHARGE	BILLING CODE	DCD3 IVIVI
IN ATTENT SERV					
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$934 per diem
		- The state of the	7 - 10 por enervi		To a per anem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$934 per diem
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$934 per diem
NTENSTIVE OU	TPATIENT AND OUTPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 459089 service	nore units of	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		906/H0015	\$220 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			\$390 per diem
		Bundled service PHP Su		billed as	
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	quantity four or more u 912/913/915/G0411/H a week.		or more times	\$390 per diem
•				912/913/915/	·
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/ 90837/H0035	
	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	1 4	/S0201	1



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BCBS FEDERAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS FEDERAL
INPATIENT SERV		7,1			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$934 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$934 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$934 per diem
	FPATIENT AND OUTPATIENT SERVICES	patient	φ <u>-</u> 27 το βοι αιστι		yss i per dieiii
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or m	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085	53 per date of	90853/S9480/	
n/a	Health	service		H0015	\$220 per diem
		Bundled service IOP Sub	ostance Abuse is		
		billed as quantity 3 or m	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of		
n/a	Abuse	service		906/H0015	\$220 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
	ALIZATION SERVICES	017101	ŲI-II	313/30033	
		Bundled service PHP Me	ental Health is bil	led as guantity	
		four or more units of		, ,	
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w			\$390 per diem
		Bundled service PHP Su	bstance Abuse is	billed as	
		quantity four or more u	ınits of		
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.			\$390 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
4546555	 		10	90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN I without a payor rate indicates there is no	PHP		/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
INPATIENT SERV		,,			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$773 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$773 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$773 per diem
	FPATIENT AND OUTPATIENT SERVICES	працепц	\$1749 per diem	120	3773 per diem
INTERSTIVE CO		Bundled service IOP Me	ntal Health is	905/906/910/	
		billed as quantity 3 or n		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908		90853/\$9480/	
n/a	Health	service	55 per date of	H0015	\$176 per diem
11/4	reditif	Bundled service IOP Sul	hstance Ahuse is	110015	\$170 per diem
		billed as quantity 3 or n			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908			
n/a	Abuse	service	oo per date or	906/H0015	\$176 per diem
., a	INDIVIDUAL PSYCHOTHERAPY 30	00.1.00		000,110020	727 0 per diein
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60	, -	,	,	
4590837	MINUTES	OP/IOP	\$277	914/90837	
				-	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Mo	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w	eek.		\$331.50
		Bundled service PHP Su		billed as	
		quantity four or more u			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.	1	1	\$331.50
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225		
				912/913/914/	
45465.5				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
4540000	INDIVIDUAL POYCHOTUS ABY CO. TO	DUD	4353	90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	1



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UBH (OPTIMUM)

INITEDNIAL				MOST	
INTERNAL REFERENCE				MOST COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	CDOSS CHARGE		ИВН (ОРТІМИМ)
INPATIENT SERV		Type of Service	dito33 CHARGE	DILLING CODE	OBIT (OF THIRDIN)
INFAILENT SERV					
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$835 per diem
100000	JEWIT HIVATE NOD	Impatient	51745 per diem	124	3033 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$835 per diem
			, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	
	FPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or m	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085	53 per date of	90853/S9480/	
n/a	Health	service	·	H0015	\$184 per diem
		Bundled service IOP Sub	ostance Abuse is		
		billed as quantity 3 or m	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of		
n/a	Abuse	service		906/H0015	\$176 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	
n/a	Mental Health	four or more times a w			\$673 per diem
		Bundled service PHP Su		billed as	
		quantity four or more u			
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.	T	Τ	\$673 per diem
· · · · · · · · · · · · · · · · · · ·			i	912/913/915/	Ī
·					
	GROUP PSYCHOTHERAPY 45-50		4	G0410/H0035	
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	G0410/H0035 /S0201	
		РНР	\$225	G0410/H0035 /S0201 912/913/914/	
1510010	MINUTES			G0410/H0035 /S0201 912/913/914/ 90832/H0035	
		PHP		G0410/H0035 /S0201 912/913/914/ 90832/H0035 /S0201	
1510010	MINUTES			G0410/H0035 /S0201 912/913/914/ 90832/H0035 /S0201 912/913/914/	
1510010	MINUTES		\$150	G0410/H0035 /S0201 912/913/914/ 90832/H0035 /S0201	



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Hope, Health & Wellness

CIGNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA
INPATIENT SERV	ICES	7.			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$915 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$915 per diem
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1020 per diem
NTENSTIVE OUT	FPATIENT AND OUTPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 459089 service	nore units of	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$276 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			\$276 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			\$561 per diem
		Bundled service PHP Su	bstance Abuse is	billed as	
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$561 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	4250	912/913/914/ 90837/H0035 /S0201	
		IUHU	· 6.3EV	1781171171	1



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MAGELLAN PRESBYTERIAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN PRESBYTERIAN
INPATIENT SERV	ICES	77			-
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$900 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$900 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$736 per diem
	FPATIENT AND OUTPATIENT SERVICES	mpatient	\$27 to per dietit	120	7730 per diem
	THE THE SERVICES	Bundled service IOP Me	ntal Health is	905/906/910/	
		billed as quantity 3 or n		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908		90853/\$9480/	
n/a	Health	service	•	H0015	\$190 per diem
		Bundled service IOP Sul	ostance Abuse is		
		billed as quantity 3 or n	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 4590853 per date of			
n/a	Abuse	service		906/H0015	\$190 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
	ALIZATION SERVICES	017101	Ψ111	313/30033	
		Bundled service PHP Me	ental Health is bill	led as guantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201	
n/a	Mental Health	four or more times a w			\$550 per diem
		Bundled service PHP Su	bstance Abuse is	billed as	
		quantity four or more ι	ınits of		
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.			\$550 per diem
				912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/	
4540040	INDIVIDAD POVOLOTUES A SV 30 A 400	l _{nun}	4450	90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
				912/913/914/	
1510000	INDIVIDUAL DOVOLOTUEDADY CO A 1121	DUD	6350	90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN I without a payor rate indicates there is no	PHP		/S0201	<u> </u>



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Hope, Health & Wellness

HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON	HIIMANA
INPATIENT SERV		Type of Service	GROSS CHARGE	DILLING CODE	HOWARA
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$945 per diem
		<u> </u>			
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$945 per diem
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$945 per diem
NTENSTIVE OUT	FPATIENT AND OUTPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 459089 service	nore units of	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	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			\$550 per diem
		Bundled service PHP Su		billed as	
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	quantity four or more u 912/913/915/G0411/H a week.		or more times	\$550 per diem
-				912/913/915/	·
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
	INDIVIDUAL PSYCHOTHERAPY 60 MIN			912/913/914/ 90837/H0035	
1510060		PHP		/S0201	



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Hope, Health & Wellness

AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
INPATIENT SERV	ICES	,.			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$1095 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$1095 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1095 per diem
	FPATIENT AND OUTPATIENT SERVICES	mpatient	\$27 to per dietri	120	71033 per diem
		Bundled service IOP Me	ental Health is	905/906/910/	
1		billed as quantity 3 or m		914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085		90853/\$9480/	
n/a	Health	service	,	H0015	\$225 per diem
,		Bundled service IOP Sub	ostance Abuse is		· '
		billed as quantity 3 or m	nore units of		
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085			
n/a	Abuse	service	·	906/H0015	\$225 per diem
	INDIVIDUAL PSYCHOTHERAPY 30			-	
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Me	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	
n/a	Mental Health	four or more times a w			\$450 per diem
		Bundled service PHP Su		billed as	
		quantity four or more u		_	
,	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	.
n/a	Substance Abuse	a week.	I	042/042/045/	\$450 per diem
	CDOUD BOYOUGTUED ABY 45 FO			912/913/915/	
1510010	GROUP PSYCHOTHERAPY 45-50	DUD	6335	G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201 912/913/914/	
				912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1310040	INDIVOAL I STOTIOTTILINAFT 30 WIIIN		\$130	912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
	without a payor rate indicates there is no				l or



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Hope, Health & Wellness

TRUE HEALTH NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRUE HEALTH NM
INPATIENT SERV	ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$925 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$925 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$925 per diem
	PATIENT AND OUTPATIENT SERVICES	ļ			7 1
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Mental Health is 905/906/910 billed as quantity 3 or more units of 914/915/916		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	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Me four or more units of 912/913/915/914/9083 four or more times a we		\$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/H0035/S0201 four or more times a week.			\$500 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	РНР	\$150	912/913/914/ 90832/H0035 /S0201	
1510060 Any service listed	INDIVIDUAL PSYCHOTHERAPY 60 MIN I without a payor rate indicates there is no	PHP contract or negotiated r		912/913/914/ 90837/H0035 /S0201 ces for that pay	or.



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Hope, Health & Wellness

MOLINA MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MOLINA MARKETPLACE
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$600 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$600 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$600 per diem
		прасієнс	51745 per diem	120	3000 per diem
Intensive Outpatient (IOP) - Mental n/a Health		Bundled service IOP Me billed as quantity 3 or n 4590832 and/or 45908 service	nore units of	905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Sulbilled as quantity 3 or n 4590832 and/or 45908 service	906/H0015	\$239 per diem	
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP		914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES CALIZATION SERVICES	OP/IOP	\$141	915/90853	
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			
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/H0035/S0201 four or more times a week.			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP		912/913/914/ 90837/H0035 /S0201	

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CHRISTUS HEALTH MARKETPLACE

INTERNAL REFERENCE				MOST COMMON	CHRISTUS HEALTH
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	BILLING CODE	MARKETPLACE
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOV DOOM AS DED	Longtiont	¢1740	120	DDC
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OU	TPATIENT AND OUTPATIENT SERVICES I	Bundled service IOP Me	mtal Haalth is	005 /006 /010 /	
		billed as quantity 3 or n		905/906/910/ 914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908		90853/S9480/	
n/a	Health	service	os per date or	H0015	\$239 per diem
11/ 4	rediti	Bundled service IOP Sul	hstance Ahuse is	110015	7233 per diem
		billed as quantity 3 or n			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 45908			
n/a	Abuse	service		906/H0015	\$239 per diem
, -	INDIVIDUAL PSYCHOTHERAPY 30				, ,
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60	·			
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	ALIZATION SERVICES				
		Bundled service PHP Mo	ental Health is bil	led as quantity	
		four or more units of			
	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	
n/a	Mental Health	four or more times a w			Medicaid Fee Sche
		Bundled service PHP Su		billed as	
		quantity four or more u			
,	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H	0035/S0201 four	or more times	
n/a	Substance Abuse	a week.	1	042/042/045/	Medicaid Fee Sche
	CDOUD DEVCHOTHED ADV 45 50			912/913/915/	
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	(225	G0410/H0035 /S0201	
1310010	IVIIIVOTES	rilf	\$225	912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
		1	†	912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
	d without a payor rate indicates there is no			1.5	vor.



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CHRISTUS HEALTH COMMERCIAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON	CHRISTUS HEALTH
INPATIENT SERV		Type of Service	GROSS CHARGE	DIEEHING CODE	COMMENCIAL
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
NTENSTIVE OU	TPATIENT AND OUTPATIENT SERVICES				
n/a	Intensive Outpatient (IOP) - Mental Health	Bundled service IOP Me billed as quantity 3 or m 4590832 and/or 459089 service	nore units of	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	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES				
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
	Partial Hospitalization Program (PHP)-	Bundled service PHP Su quantity four or more u 912/913/915/G0411/He	inits of		Medicaid Fee
n/a	Substance Abuse	a week.	555, 55201 10ul	o. more times	Schedule
.,, a	555551100710000	2.700.0		912/913/915/	- Concadic
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/ 90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201 912/913/914/	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	90837/H0035 /S0201	
	d without a payor rate indicates there is no				or.



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MCD MOLINA OF NM

INTERNAL				MOST	
REFERENCE				COMMON	MCD MOLINA OF
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	BILLING CODE	
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$600 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$600 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$600 per diem
INTENSTIVE OUT	TPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me	ental Health is	905/906/910/	
		billed as quantity 3 or n	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 459085	53 per date of	90853/S9480/	Medicaid Fee
n/a	Health	service		H0015	Schedule
		Bundled service IOP Sub	ostance Abuse is		
		billed as quantity 3 or m			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 459085	53 per date of		Medicaid Fee
n/a	Abuse	service		906/H0015	Schedule
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
			4		
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES	D II I : DUDA4			
		Bundled service PHP Me	ental Health is bill	led as quantity	
		four or more units of	7/2075/2011	(1,0005 (50004	
,	Partial Hospitalization Program (PHP) -	912/913/915/914/9083		H0035/S0201	Medicaid Fee
n/a	Mental Health	four or more times a w		L-111	Schedule
		Bundled service PHP Su		oillea as	
	Doutiel Heavitalization Dragge as (DID)	quantity four or more u 912/913/915/G0411/H			Medicaid Fee
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	a week.	0035/30201 10ul	or more times	
n/a	Substance Abuse	a week.	Ι	912/913/915/	Schedule
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
1310010	INITIO IES	1111	7225	912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1313040	THE TOTAL TO		, , , , , , , , , , , , , , , , , , ,	912/913/914/	
				90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
	without a payor rate indicates there is no			1.	ı or



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MCD AHCCCS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD AHCCCS	
INPATIENT SERV	ICES	7.				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$816.39 per diem	
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$816.39 per diem	
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$816.39 per diem	
	FPATIENT AND OUTPATIENT SERVICES	mpatient	\$1745 per diem	120	7010.33 per diem	
114121131112 331	ATENT AND OUT ATENT SERVICES	Bundled service IOP Me	ental Health is	905/906/910/		
		billed as quantity 3 or n		914/915/916/		
	Intensive Outpatient (IOP) - Mental	4590832 and/or 4590853 per date of		90853/\$9480/		
n/a	Health	service		H0015	\$190 per diem	
•		Bundled service IOP Substance Abuse is				
		billed as quantity 3 or more units of				
	Intensive Outpatient (IOP) - Substance	4590832 and/or 4590853 per date of				
n/a	Abuse	service		906/H0015	\$190 per diem	
	INDIVIDUAL PSYCHOTHERAPY 30					
4590832	MINUTES	OP/IOP	\$160	914/90832		
	INDIVIDUAL PSYCHOTHERAPY 60					
4590837	MINUTES	OP/IOP	\$277	914/90837		
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$1.41	915/90853		
	ALIZATION SERVICES	01/101	7141	515/50855		
TAKTIALTIOSITI	ALIZATION SERVICES	Bundled service PHP M	ental Health is hill	led as quantity		
		Bundled service PHP Mental Health is billed as quantity four or more units of				
	 Partial Hospitalization Program (PHP) -	912/913/915/914/9083	37/90876/G0410/	H0035/S0201		
n/a	Mental Health	- ' '				
142		Bundled service PHP Substance Abuse is billed as				
		quantity four or more u				
	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H0035/S0201 four or more times				
n/a	Substance Abuse	a week.				
				912/913/915/		
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035		
1510010	MINUTES	PHP	\$225	/S0201		
				912/913/914/		
				90832/H0035		
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201		
				912/913/914/		
				90837/H0035		
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	l \$250	/S0201	1	



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Hope, Health & Wellness

NEW MEXICO HEALTH

INTERNAL				MOST	
REFERENCE				соммон	NEW MEXICO
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	BILLING CODE	HEALTH
INPATIENT SERV	/ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
NTENSTIVE OUT	FPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Me		905/906/910/	
		billed as quantity 3 or n	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 45908	53 per date of	90853/S9480/	
n/a	Health	service		H0015	
		Bundled service IOP Substance Abuse is			
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 4590853 per date of			
n/a	Abuse	service		906/H0015	
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES				
		Bundled service PHP Mo	led as quantity		
		four or more units of		(1,0005 (50004	
,	Partial Hospitalization Program (PHP) -	912/913/915/914/90837/90876/G0410/H0035/S0201			
n/a	Mental Health	four or more times a week.			
		Bundled service PHP Substance Abuse is billed as			
	B. 41.11.1. (B.12.1. B.1.1.1. (B.12.1.)	quantity four or more units of			
. 1.	Partial Hospitalization Program (PHP)-			or more times	
n/a	Substance Abuse	a week.	I	012/012/015/	
	CDOUD DSVCHOTHED ADV 45 50			912/913/915/	
1510010	GROUP PSYCHOTHERAPY 45-50	DUD	¢335	G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
				912/913/914/ 90832/H0035	
1510040	INDIVITAL DEVCHOTHED ABY 20 MAIN	PHP	¢150	/S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	rnr	\$150	1	
				912/913/914/ 90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	¢2E0	/S0201	
	without a payor rate indicates there is no			1.	<u> </u>



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Hope, Health & Wellness

MCR WESTERN SKY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR WESTERN
INPATIENT SERV	ICES				
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	DRG
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	DRG
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
	PATIENT AND OUTPATIENT SERVICES	•	•		
n/a	Intensive Outpatient (IOP) - Mental Health	billed as quantity 3 or more units of 914/9 4590832 and/or 4590853 per date of 90853		905/906/910/ 914/915/916/ 90853/S9480/ H0015	Medicare fee schedule
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		906/H0015	Medicare fee schedule
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
n/a	Partial Hospitalization Program (PHP) - Mental Health	Bundled service PHP Mental Health is billed as quantity four or more units of 912/913/915/914/90837/90876/G0410/H0035/S0201 four or more times a week.			Medicare fee
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/H0035/S0201 four or more times a week.			Medicare fee schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	РНР	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	РНР	\$150	912/913/914/ 90832/H0035 /S0201	
1510060 Any service listed	INDIVIDUAL PSYCHOTHERAPY 60 MIN I without a payor rate indicates there is no	PHP contract or negotiated r		912/913/914/ 90837/H0035 /S0201 ces for that pay	or.



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Hope, Health & Wellness

TRICARE WEST

INTERNAL				MOST	
REFERENCE				COMMON	
NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE		TRICARE WEST
INPATIENT SERV		7,7			
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	
		1 '	,		
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSTIVE OUT	TPATIENT AND OUTPATIENT SERVICES				
		Bundled service IOP Mental Health is 905/906,		905/906/910/	
		billed as quantity 3 or n	nore units of	914/915/916/	
	Intensive Outpatient (IOP) - Mental	4590832 and/or 4590853 per date of		90853/\$9480/	
n/a	Health			H0015	\$214.78 per diem
		Bundled service IOP Substance Abuse is			
		billed as quantity 3 or more units of			
	Intensive Outpatient (IOP) - Substance	4590832 and/or 4590853 per date of			
n/a	Abuse	service		906/H0015	\$214.78 per diem
	INDIVIDUAL PSYCHOTHERAPY 30				
4590832	MINUTES	OP/IOP	\$160	914/90832	
	INDIVIDUAL PSYCHOTHERAPY 60				
4590837	MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPIT	TALIZATION SERVICES	B II I : BUBAA			
		Bundled service PHP Mental Health is billed as quantity			
		four or more units of		/U.O.O.F. /CO.O.4	
,	Partial Hospitalization Program (PHP) -	912/913/915/914/90837/90876/G0410/H0035/S0201			A 1:
n/a	Mental Health	four or more times a week.			\$475 per diem
		Bundled service PHP Substance Abuse is billed as			
	Partial Haspitalization Program (PUP)	quantity four or more units of			
2/2	Partial Hospitalization Program (PHP)-	912/913/915/G0411/H0035/S0201 four or n a week.		or more times	
n/a	Substance Abuse	a week.	1	912/913/915/	
	GROUP PSYCHOTHERAPY 45-50			G0410/H0035	
1510010	MINUTES	PHP	\$225	/S0201	
1310010	INITIOTES	1111	3225	912/913/914/	
				90832/H0035	
1510040	INDIVUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	/S0201	
1310040	THE TOTAL POLICION FIRM		7.50	912/913/914/	
			1	90837/H0035	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	/S0201	
	without a payor rate indicates there is no				l .