



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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Haven Behavioral Services of Albuquerque LLC

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 5400 Gibson Boulevard SE
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 505.254.4500

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SERVICES PROVIDED:

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
INPATIENT SERVICES							
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$1095 per diem	\$600 per diem	\$1039.58 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$1095 per diem	\$600 per diem	\$1039.58 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1095 per diem	\$600 per diem	\$1039.58 per diem
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$400 per diem	\$171 per diem	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$400 per diem	\$163 per diem	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	No negotiated rate for individual service, payor fee schedule determines rate; may be included as part of IOP bundled program		
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837			
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 HOSPITALIZATION 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.			\$673 per diem	\$275.60 per diem	\$250 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$673 per diem	\$275.60 per diem	\$250 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service		
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled service		
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	Not offered as individual services; services part of the PHP program offerings and billed as a bundled 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:

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAXIMUM NEGOTIATED CHARGE	MINIMUM NEGOTIATED CHARGE	DISCOUNTED CASH PRICE
PHYSICIAN SERVICES PROVIDED – May be billed in additional to above services as determined by the type of service and/or the attending physician:							
4590791	DIAGNOSTIC ASSESSMENT WITHOUT MEDICAL	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$260	961/90791	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
4590792	DIAGNOSTIC ASSESSMENT WITH MEDICAL	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$308	961/90792	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
4599203	NEW PT OP E&M LOW COMPLEX 30 MINUTES	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$256	961/99203	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
4599204	NEW PT OP E&M MODERATE COMPLEX 45 MIN	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$390	961/99204	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
4599213	EST PT OP E&M LOW COMPLEXITY 15 MINUTES	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$115	961/99213	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
4599214	EST PT OP E&M MODERATE COMPLEXITY 25 MIN	PHYSICIAN SERVICES - Outpatient IOP, PHP	\$185	961/99214	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
7500012	PSYCHIATRIC DIAG EXM W/MEDICAL SERVICES	PHYSICIAN SERVICES - All patient types	\$286	961/90792	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
7500050	SUBSUQ HOSPITAL CARE 15-24 MINUTE	PHYSICIAN SERVICES - All patient types	\$164	961/99231	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
7500060	SUBSUQ HOSPITAL CARE 25-34 MINUTES	PHYSICIAN SERVICES - All patient types	\$260	961/99232	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
7500070	SUBSUQ HOSPITAL CARE 35 MINUTES	PHYSICIAN SERVICES - All patient types	\$400	961/99233	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price
7500220	COORDINATED CARE FEE	PHYSICIAN SERVICES - All patient types	\$31	961/G9002	No negotiated rate; payor determines rate	No negotiated rate; payor determines rate	No discounted cash price



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Payor Negotiate Rates:
 Medicare

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICARE
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	Medicare Fee Sched
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	Medicare Fee Sched
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 HOSPITALIZATION 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.			Medicare Fee Schedule
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	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCR UBH (OPTIMUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR UBH (OPTIMUM)
INPATIENT SERVICES					
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	
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$171 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$163 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$450 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$450 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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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 SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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
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.			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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MCR AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR AETNA
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$225 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	\$225 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 HOSPITALIZATION 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.			\$412 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$412 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCR HUMANA

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INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	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	
PARTIAL HOSPITALIZATION 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.			Medicare Fee schedule
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	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCR UNITED COMMUNITY CARE (OPTUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR UNITED COMMUNITY CARE (OPTUM)
INPATIENT SERVICES					
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	
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$171 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$163 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$450 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$450 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/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 SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	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	
PARTIAL HOSPITALIZATION 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.			\$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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCR MOLINA NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR MOLINA NM
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	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	
PARTIAL HOSPITALIZATION 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.			
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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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Haven Behavioral Services of Albuquerque LLC

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

MCR CHRISTUS HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR CHRISTUS HEALTH
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	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	
PARTIAL HOSPITALIZATION 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.			
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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCR TRUE HEALTH NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR TRUE HEALTH NM
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$400 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$400 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$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	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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MEDICAID NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MEDICAID NM
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$1039.58 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$1039.58 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1039.58 per diem
INTENSIVE OUTPATIENT 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 service		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 HOSPITALIZATION 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 912/913/915/G0411/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$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 PRESBYTERIAN
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	Medicaid Fee Schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	Medicaid Fee Schedule
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	Medicaid Fee Schedule
PARTIAL HOSPITALIZATION 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 912/913/915/G0411/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCD BCBS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD BCBS
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	Medicaid Fee Schedule
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	Medicaid Fee Schedule
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	Medicaid Fee Schedule
PARTIAL HOSPITALIZATION 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 912/913/915/G0411/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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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 SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$84.59 per hour
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$84.59 per hour
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 HOSPITALIZATION 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 912/913/915/G0411/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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TRICARE/MHN HEALTHNET

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE/MHN HEALTHNET
INPATIENT SERVICES					
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	
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	
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	
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 HOSPITALIZATION 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.			
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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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CHAMPVA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHAMPVA
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$475 per diem
n/a	Partial Hospitalization Program (PHP)-Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$475 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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TRICARE FOR LIFE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE FOR LIFE
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$222.20 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$222.20 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$475 per diem
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$475 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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TRIWEST HEALTH ALLIANCE VACCN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRIWEST HEALTH ALLIANCE VACCN
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$213.94 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$213.94 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$275.60 per diem
n/a	Partial Hospitalization Program (PHP)-Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$275.60 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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

BCBS NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS NM
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$220 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$220 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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
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.			\$390 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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Haven Behavioral Services of Albuquerque LLC

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BCBS FEDERAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS FEDERAL
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$220 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$220 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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
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.			\$390 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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BCBS NM COMMUNITY HMO

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	BCBS NM COMMUNITY HMO
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$176 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$176 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$331.50
n/a	Partial Hospitalization Program (PHP)- Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$331.50
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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UBH (OPTIMUM)

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	UBH (OPTIMUM)
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$835 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$835 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$184 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$176 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$673 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.			\$673 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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CIGNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CIGNA
INPATIENT SERVICES					
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
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$1020 per diem
INTENSIVE OUTPATIENT 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 service		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
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 HOSPITALIZATION 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
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.			\$561 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MAGELLAN PRESBYTERIAN

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MAGELLAN PRESBYTERIAN
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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
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.			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/ G0410/H0035 /S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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HUMANA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	HUMANA
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	\$945 per diem
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	\$945 per diem
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	\$945 per diem
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$262 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$262 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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
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.			\$550 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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AETNA

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	AETNA
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$225 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	\$225 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 HOSPITALIZATION 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.			\$450 per diem
n/a	Partial Hospitalization Program (PHP)-Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			\$450 per diem
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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TRUE HEALTH NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRUE HEALTH NM
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$400 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$400 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			\$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	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MOLINA MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MOLINA MARKETPLACE
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			
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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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CHRISTUS HEALTH MARKETPLACE

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHRISTUS HEALTH MARKETPLACE
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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 Sched
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.			Medicaid Fee Sched
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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 505.254.4500

CHRISTUS HEALTH COMMERCIAL

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	CHRISTUS HEALTH COMMERCIAL
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$239 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$239 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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 912/913/915/G0411/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCD MOLINA OF NM

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD MOLINA OF NM
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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 HOSPITALIZATION 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 912/913/915/G0411/H0035/S0201 four or more times a week.			Medicaid Fee Schedule
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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MCD AHCCCS

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCD AHCCCS
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	\$190 per diem
n/a	Intensive Outpatient (IOP) - Substance Abuse	Bundled service IOP Substance Abuse is billed as quantity 3 or more units of 4590832 and/or 4590853 per date of service		906/H0015	\$190 per diem
4590832	INDIVIDUAL PSYCHOTHERAPY 30 MINUTES	OP/IOP	\$160	914/90832	
4590837	INDIVIDUAL PSYCHOTHERAPY 60 MINUTES	OP/IOP	\$277	914/90837	
4590853	GROUP PSYCHOTHERAPY 45 MINUTES	OP/IOP	\$141	915/90853	
PARTIAL HOSPITALIZATION 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.			
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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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NEW MEXICO HEALTH

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	NEW MEXICO HEALTH
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		905/906/910/ 914/915/916/ 90853/S9480/ H0015	
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	
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 HOSPITALIZATION 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.			
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	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/ 90832/H0035 /S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/ 90837/H0035 /S0201	

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MCR WESTERN SKY

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	MCR WESTERN SKY
INPATIENT SERVICES					
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
INTENSIVE OUTPATIENT 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 service		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	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	
PARTIAL HOSPITALIZATION 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.			Medicare fee schedule
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	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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TRICARE WEST

INTERNAL REFERENCE NUMBER	SERVICE DESCRIPTION	Type of Service	GROSS CHARGE	MOST COMMON BILLING CODE	TRICARE WEST
INPATIENT SERVICES					
100000	SEMI PRIVATE R&B	Inpatient	\$1749 per diem	124	
100001	PRIVATE ROOM & BOARD	Inpatient	\$1749 per diem	124	
1000001	DETOX ROOM&BED	Inpatient	\$1749 per diem	126	DRG
INTENSIVE OUTPATIENT 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 service		905/906/910/914/915/916/90853/S9480/H0015	\$214.78 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	\$214.78 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 HOSPITALIZATION 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.			\$475 per diem
n/a	Partial Hospitalization Program (PHP)-Substance Abuse	Bundled service PHP Substance Abuse is billed as quantity four or more units of 912/913/915/G0411/H0035/S0201 four or more times a week.			
1510010	GROUP PSYCHOTHERAPY 45-50 MINUTES	PHP	\$225	912/913/915/G0410/H0035/S0201	
1510040	INDIVIDUAL PSYCHOTHERAPY 30 MIN	PHP	\$150	912/913/914/90832/H0035/S0201	
1510060	INDIVIDUAL PSYCHOTHERAPY 60 MIN	PHP	\$250	912/913/914/90837/H0035/S0201	

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