HCPCS Code	Description	Provider Type	Modifier	POS	Rate (Effective 07/01/2008)	FY 2009 Rate (Effective 02/01/2009)
S9485	Crisis intervention mental health services, per diem	2, 71, 73, B5, B6, B7		21, 51, 99	345.14	327.88
T1002	RN services, up to 15 minutes	73, 77, A6		4,11, 12, 20, 33, 99	17.65	16.77
T1003	LPN Services, up to 15 minutes	73, 77, A6		4,11, 12, 20, 33, 99	13.86	13.17
T1016	Case management, each 15 minutes (in office by behavioral health professional, each 15 minutes)	72, 73, 77, 85, 86, 87, A4	HO	4, 11, 20, 50, 53, 71, 72	17.65	16.77
T1016	Case management, each 15 minutes (out of office by behavioral health professional)	72, 73, 77, 85, 86, 87, A4	HO	12, 22, 23, 99	33.74	32.05
T1016	Office case management, each 15 minutes	72, 73, 77	HN	4, 11, 20, 50, 53, 71, 72	11.73	11.14
T1016	Case management, each 15 minutes (out of office by BHT)	72, 73, 77	HN	12, 22, 23, 99	23.87	22.68
T1019*	Personal care services, per 15 minutes, not for inpatient or resident of a hospital, nursing facility, ICF/MR, part of an individualized plan of treatment	2, 39, 72, 77, A3, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	6.15	5.84
T1020	Personal care services, per diem, not for inpatient or resident of a hospital, nursing facility, ICF/MR, part of an individualized plan of treatment	39, 72, 77, A3, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	252.75	240.11

Inpatient Rates

Revenue Codes	Description	Provider Type		POS	Rate (Effective 07/01/2008)	FY 2009 Rate (Effective 02/01/2009)
0114, 0124, 0134, 0154	Residentail Treatment Center - Non Secure	B2, B3		111, 112, 113, 114	342.54	325.41
0114, 0124, 0134, 0154	Residential Treatment Center - Secure	78, B1		111, 112, 113, 114	367.45	349.08
0114, 0124, 0134, 0154	Subacute Facility (IMD)	B6		111, 112, 113, 114	382.50	363.38
0114, 0124, 0134, 0154	Subacute Facility (non-IMD)	B5		111, 112, 113, 114	324.89	308.65
0116, 0126, 0136, 0156	Detoxification Facility (Hospital or IMD)	2, 71, B6		111, 112, 113, 114	380.95	361.90
0116, 0126, 0136, 0156	Detoxification Facility (non-IMD)	B5		111, 112, 113, 114	324.89	308.65
0116, 0126, 0136, 0156	RTC Detoxification Facility - Non-Secure	B2, B3		111, 112, 113, 114	342.54	325.41
0116, 0126, 0136, 0156	RTC Detoxicfication Facility - Secure	78, B1		111, 112, 113, 114	367.45	349.08
0114, 0124, 0134, 0154	Psyciatric Hospital (See note)	02, 71		111, 112, 113, 114	737.21	700.35
0183, 0189	Bed Hold/Home Pass, Secure Facility	78, B1		111, 112, 113, 114	139.61	132.63
0183, 0189	Bed Hold/Home Pass Non-secure Facility	B2, B3		111, 112, 113, 114	130.27	123.76

Arizona Health Care Cost Containment System

Fee-for-Service Program Capped Fee Schedule for Behavioral Health Services, Effective February 1, 2009

HCPCS Code	Description	Provider Type	Modifier	POS	Rate (Effective 07/01/2008)	FY 2009 Rate (Effective 02/01/2009)

Note: For members enrolled in Fee-for-Service programs in an Acute Hospital (provider type 02) the rate for inpatient psychiatric care is $936.02