

**Arizona Health Care Cost Containment System
Behavioral Health Rates Effective 10/01/2013**

PROCEDURE CODES	SERVICES	PROVIDER TYPES	RATES
H0001	Alcohol and/or drug assessment	A4	\$26.66
H0002	Behavioral Health Screening	72, 77, 85, 86, 87, A4, A6	\$18.69
H0004	Individual Counseling - <u>Office</u> , per 15 minutes	77, 85, 86, 87, A4	\$15.88
H0004	Individual Counseling - <u>Home</u> , per 15 minutes	77, 85, 86, 87, A4	\$30.40
H0004-HQ	Group Counseling - Office, per 15 minutes	77, 85, 86, 87, A4	\$6.83
H0004-HR	Family Counseling, with Client - <u>Office</u> , per 15 minutes	77, 85, 86, 87, A4	\$15.88
H0004-HR	Family Counseling, with Client - <u>Out of Office</u> , per 15 minutes	77, 85, 86, 87, A4	\$33.20
H0004-HS	Family Counseling, without Client - <u>Office</u> , per 15 minutes	77, 85, 86, 87, A4	\$15.88
H0004-HS	Family Counseling, without Client - <u>Out of Office</u> , per 15 minutes	77, 85, 86, 87, A4	\$33.20
H0018	Short-term residential, without room and board	73, B8	\$167.76
H0019	Long-term residential (non-medical, Non-acute), without room and board		discontinued
H0020-HG	Alcohol and/or drug services; methadone administration and/or service	08, 18, 19, 31, 73	\$3.09
H0025	Behavior Health Prevention / Promotion	72, 77, 85, 86, 87, A3, A4, A6	\$6.45
H0031	Mental health assessment, by non-physician 30 minute increments	72, 73, 77, 85, 86, 87, A6	\$126.10
H0034	Health Promotion	72, 77, 85, 86, 87, A3, A4, A6	\$6.54
H0036	Community psychiatric supportive treatment day program, face-to-face, per 15 minutes	73, 77	\$5.14
H0036	<u>Home</u> community psychiatric supportive medical treatment face-to-face, per 15 minutes	73, 77	\$5.14
H0036-TF	Community psychiatric supportive treatment medical day program, face-to-face, per 15 minutes	73, 77	\$5.73
H0036-TF	<u>Home</u> community psychiatric supportive medical treatment face-to-face, per 15 minutes	73, 77	\$5.97
H0037	Community psychiatric supportive treatment medical day program, per diem	73, 77	\$122.95
H0037	<u>Home</u> community psychiatric supportive medical treatment program, per diem	73, 77	\$122.95
H0038	Peer Support	72, 77, A3, A6	\$9.91
H0038-HQ	Peer Support - Group	72, 77, A3, A6	\$2.62
H2010-HG	Comprehensive medication services, per 15 minutes	08, 18, 19, 31, 73	\$11.22
H2011	Crisis intervention service, per 15 minutes	71, 73, 77, B5, B6, B7	\$28.98
H2011-HT	Crisis intervention service via 2 person team, per 15 minutes	71, 73, 77, B5, B6, B7	\$43.95
H2012	Supervised behavioral health day treatment, per hour up to 5 hours	72, 73, 77, A3	\$10.94
H2014	Skills Training and Development, per 15 minutes	39, 72, 77, 85, 86, 87, A3, A6	\$11.97

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H2014-HQ	Group Skills Training and Development, per 15 minutes per person	39, 72, 77, 85, 86, 87, A3, A6	\$2.80
H2015	Comprehensive community support services, supervised day program per 15 minutes, 6-10 hours	72, 73, 77, A3	\$2.62
H2016	Peer Support - Extended	72, 77, A3, A6	\$219.71
H2017	Psychosocial Rehabilitation Living Skills Training Services, per 15 minutes	39, 72, 77, 85, 86, 87, A3, A6	\$11.97
H2019	Therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	73, 77	\$3.98
H2019-TF	Therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	73, 77	\$4.49
H2019-TF	<u>Home</u> therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	73, 77	\$4.49
H2020	Therapeutic behavioral services, per diem	73, 77	\$96.31
H2020	<u>Home</u> therapeutic behavioral health day services, per diem	73, 77	\$96.31
H2025	Ongoing Support to Maintain Employment, per 15 minutes	72, 77, 85, 86, 87, A3, A4, A6	\$8.24
H2026	Ongoing Support to Maintain Employment, per diem	72, 77, 85, 86, 87, A3, A4, A6	\$197.47
H2027	Pre-Job Training Education and Development	72, 77, 85, 86, 87, A3, A4, A6	\$11.77
S5109-HA	Home care training to home care client, per session (child)	A5	\$117.81
S5109-HB	Home care training to home care client, per session (adult)	A6	\$117.81
S5109-HC	Home care training to home care client, per session (adult geriatric)	A7	\$117.81
S5110	Family Support	39, 72, 77, 85, 86, 87, A3, A4, A6	\$15.33
S5150	Unskilled Respite Care, per 15 minutes	39, 72, 77, A3, A5, B8	\$7.11
S5151	Unskilled Respite Care, per diem	39, 72, 77, A3, A5, B8	\$200.50
S9484	Crisis intervention mental health service, per hour	02, 71, 73, B5, B6, B7	\$52.82
S9485	Crisis intervention mental health services, per diem	02, 71, 73, B5, B6, B7	\$310.90
T1002	RN services, up to 15 minutes	73, 77, A6	\$15.88
T1003	LPN Services, up to 15 minutes	73, 77, A6	\$12.48
T1016-HN	<u>Office</u> Case Management, each 15 minutes	72, 77	\$10.56
T1016-HN	<u>Out of Office</u> Case Management by BHT, each 15 minutes	72, 77	\$21.51
T1016-HO	Case Management - <u>Office</u> , per 15 minutes	72, 77, 85, 86, 87, A4	\$15.88
T1016-HO	Case Management - <u>Out of Office</u> , per 15 minutes	72, 77, 85, 86, 87, A4	\$30.40
T1019	Personal care services, per 15 minutes	02, 39, 72, 73, 77, A3, A6,	\$5.22
T1020	Personal care services, per diem	39, 72, 73, 77, A3, A6,	\$227.66

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INPATIENT RATES			
REVENUE CODES	SERVICES	PROVIDER TYPES	RATES
0110	Room-Board/Pvt	02, 71	\$665.33
0111	Med-Sur-Gyn/Pvt	02, 71	\$665.33
0112	Ob/Pvt	02, 71	\$665.33
0113	Peds/Pvt	02, 71	\$665.33
0114, 0124, 0134, 0154	Psychiatric Hospital	02, 71	\$665.33
0114, 0124, 0134, 0154	Residential Treatment Center - Secure	78, B1	\$341.58
0114, 0124, 0134, 0154	Residential Treatment Center - Non-Secure	B2, B3	\$318.41
0114, 0124, 0134, 0154	Subacute Facility (IMD)	B6	\$345.21
0114, 0124, 0134, 0154	Subacute Facility (non-IMD)	B5	\$293.22
0116, 0126, 0136, 0156	Detoxification Hospital	02, 71	\$343.81
0116, 0126, 0136, 0156	Detoxification Facility - (IMD)	B6	\$343.81
0116, 0126, 0136, 0156	Detoxification Facility - (Non-IMD)	B5	\$293.22
0116, 0126, 0136, 0156	RTC-Detoxification Facility - Secure	78, B1	\$341.58
0116, 0126, 0136, 0156	RTC-Detoxification Facility - Non-Secure	B2, B3	\$318.41
0120	Room/Board/Semi	02, 71	\$665.33
0121	Med-Surg-Gy/2bed	02, 71	\$665.33
0122	Ob/2 Bed	02, 71	\$665.33
0123	Peds/2bed	02, 71	\$665.33
0130	Room-Board/3&4 Bed	02, 71	\$665.33
0131	Med-Sur-Gy/3&4 Bed	02, 71	\$665.33
0132	Ob/3&4 Bed	02, 71	\$665.33
0133	Peds/3&4 Bed	02, 71	\$665.33
0150	Room-Board/Ward	02, 71	\$665.33
0151	Med-Sur-By/Ward	02, 71	\$665.33
0151	Med-Sur-Gy/Ward	02, 71	\$665.33
0152	Ob/Ward	02, 71	\$665.33

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REVENUE CODES	SERVICES	PROVIDER TYPES	RATES
0153	Peds/Ward	02, 71	\$665.33
0160	Room & Board,Gener	02, 71	\$665.33
0183	Secure - Home Pass	78, B1	\$119.70
0183	Non-Secure - Home Pass	B2, B3	\$111.69
0189	Secure - Bed Hold	78, B1	\$119.70
0189	Non-Secure - Bed Hold	B2, B3	\$111.69
0200	Intensive Care	02, 71	\$665.33
0201	ICU/Surgical	02, 71	\$665.33
0202	ICU/Medical	02, 71	\$665.33
0203	ICU/Peds	02, 71	\$665.33
0206	ICU/Intermediate	02, 71	\$665.33
0209	ICU/Other	02, 71	\$665.33
0210	Coronary Care	02, 71	\$665.33

Note: Provider type B8 replaces discontinued provider types 74 and A2.