

Arizona Health Care Cost Containment System  
MCO Capped Fee Schedule for Behavioral Health Services, Effective July 1, 2008

HCPCS Code	Description	Provider Type	Modifier	POS	FY 2007 Rate (Effective 07/01/2007)	FY 2008 Rate (Effective 07/01/2008)
H0001	Alcohol and/or drug assessment	A4, 73		99	28.50	29.58
H0002	Behavioral health screening to determine eligibility for admission	72, 73, 77, 85, 86, 87, A4, A6		4, 11, 12, 20, 21, 22, 23, 50, 51, 53, 71, 72, 99	20.00	20.76
H0004	Behavioral health counseling and therapy, per 15 minutes - Individual, Office	73, 77, 85, 86, 87, A4		4, 11, 20, 22, 50, 53, 72	17.00	17.65
H0004	Behavioral health counseling and therapy, per 15 minutes - Individual, Home	73, 77, 85, 86, 87, A4		12, 31, 32, 33, 99	32.50	33.74
H0004	Behavioral health counseling and therapy, per fifteen minutes - group, office (per attendee)	73, 77, 85, 86, 87, A4	HQ	11, 22, 50, 53, 72	7.30	7.58
H0004	Behavioral health counseling and therapy, per fifteen minutes - group, office (per attendee)	73, 77, 85, 86, 87, A4	HQ	31, 32, 33, 99	7.30	7.58
H0004	Behavioral health counseling and therapy, per fifteen minutes - family, with client, office (per family)	73, 77, 85, 86, 87, A4	HR	4, 11, 20, 22, 50, 53, 72	17.00	17.65
H0004	Behavioral health counseling and therapy, per fifteen minutes - family, with client, out-of-office (per family)	73, 77, 85, 86, 87, A4	HR	12, 99	35.50	36.85
H0004	Behavioral health counseling and therapy, per fifteen minutes - family, without client, office (per family)	73, 77, 85, 86, 87, A4	HS	4, 11, 20, 22, 50, 53, 72	17.00	17.65
H0004	Behavioral health counseling and therapy, per fifteen minutes - family, without client, out-of-office (per family)	73, 77, 85, 86, 87, A4	HS	12, 99	35.50	36.85
H0018	Behavioral Health short-term residential (non-hospital residential treatment program), without room and board, per diem	73, 74		99	183.00	189.95
H0019	Behavioral Health long-term residential (non-medical, non-acute, residential), without room and board, per diem	73, A2		99	151.50	157.26
H0020	Alcohol and/or drug services, methadone administration and/or service	8, 18, 19, 31, 73	HG	4, 11, 20, 22, 23, 50, 53, 71, 72, 99	3.30	3.43
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior) - per person	72, 73, 77, 85, 86, 87, A3, A4, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	6.90	7.16
H0031	Mental Health Assessment, by non-physician	72, 73, 77, 85, 86, 87, A6		4, 11, 12, 20, 21, 22, 23, 50, 51, 53, 71, 72, 99	50.00	140.00
H0034	Medication training and support, per 15 minutes	72, 73, 77, 85, 86, 87, A4, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	7.00	7.27
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	73, 77		12, 53, 72, 99	5.50	5.71
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	73, 77	TF	12	6.13	6.36
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	73, 77	TF	53, 72, 99	6.40	6.64
H0037	Community psychiatric supportive treatment program, per diem	73, 77		12, 53, 72, 99	131.50	136.50
H0038	Self-help, peer services, per 15 minutes	72, 73, 77, A3, A6		4, 11, 12, 20, 23, 50, 53, 71, 72, 99	10.60	11.00
H0038	Self-help, peer services, per 15 minutes	72, 73, 77, A3, A6	HQ	4, 11, 12, 20, 23, 50, 53, 71, 72, 99	2.80	2.91

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H2010	Comprehensive medication services, per 15 minutes	8, 18, 19, 31, 73	HG	4, 11, 20, 50, 53, 72, 99	11.00	12.46
H2011	Crisis intervention service, per 15 minutes	71, 73, 77, B5, B6, B7		4, 11, 12, 20, 23, 50, 53, 71, 72, 99	31.00	32.18
H2011	Crisis intervention service, per 15 minutes (per two person team)	71, 73, 77, B5, B6, B7	HT	4, 11, 12, 20, 23, 50, 53, 71, 72, 99	47.00	48.79
H2012	Behavioral health day treatment, per hour (up to 5 hours)	72, 73, 77, A3		53, 71, 72, 99	11.70	12.14
H2014	Skills training and development, per 15 minutes (Individual)	39, 72, 73, 77, 85, 86, 87, A3, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	12.80	13.29
H2014	Skills training and development, per 15 minutes (group)	39, 72, 73, 77, 85, 86, 87, A3, A6	HQ	4, 11, 12, 20, 50, 53, 71, 72, 99	3.00	3.11
H2015	Comprehensive community support services, per 15 minutes	72, 73, 77, A3		53, 71, 72, 99	2.80	2.91
H2016	Comprehensive community support services (peer support), per diem	72, 73, 77, A3, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	235.00	243.93
H2017	Psychosocial rehabilitation services, per 15 minutes	39, 72, 73, 77, 85, 86, 87, A3, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	12.80	13.29
H2019	Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours)	73, 77		53, 71, 72, 99	4.25	4.41
H2019	Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours)	73, 77	TF	53, 71, 72, 99	4.80	4.98
H2019	Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours)	73, 77	TF	12	4.80	4.98
H2020	Therapeutic behavioral health services, per diem	73, 77		53, 71, 72, 99	103.00	106.91
H2020	Therapeutic behavioral health services, per diem	73, 77		12	103.00	106.91
H2025	Ongoing support to maintain employment, per 15 minutes	72, 73, 77, 85, 86, 87, A3, A4, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	8.80	9.13
H2026	Ongoing support to maintain employment, per diem	72, 73, 77, 85, 86, 87, A3, A4, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	211.20	219.23
H2027	Psychoeducational service (pre-job training and development), per 15 minutes	72, 73, 77, 85, 86, 87, A3, A4, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	12.60	13.08
S5109	Home care training to home care client, per session (defined as per diem)	A5	HA	12, 99	126.00	130.79
S5109	Home care training to home care client, per session (defined as per diem)	A5	HB	12, 99	126.00	130.79
S5109	Home care training to home care client, per session (defined as per diem)	A5	HC	12, 99	126.00	130.79
S5110	Family Support	39, 72, 73, 77, 85, 86, 87, A3, A4, A6		4, 11, 12, 20, 50, 53, 71, 72, 99	16.40	17.02
S5150	Unskilled respite care, not hospice, per 15 minutes	39, 72, 73, 74, 77, A2, A3, A5		12, 99	7.60	7.89
S5151	Unskilled respite care, not hospice, per diem	39, 72, 73, 74, 77, A2, A3, A5		12, 99	214.43	222.58
S9484	Crisis intervention mental health service, per hour	2, 71, 73, B5, B6, B7		21, 51, 99	56.50	58.65

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S9485	Crisis intervention mental health services, per diem	2, 71, 73, B5, B6, B7		21, 51, 99	332.50	345.14
T1002	RN services, up to 15 minutes	73, 77, A6		4,11, 12, 20, 33, 99	17.00	17.65
T1003	LPN Services, up to 15 minutes	73, 77, A6		4,11, 12, 20, 33, 99	13.35	13.86
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	17.00	17.65
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	32.50	33.74
T1016	Office case management, each 15 minutes	72, 73, 77	HN	4, 11, 20, 50, 53, 71, 72	11.30	11.73
T1016	Case management, each 15 minutes (out of office by BHT)	72, 73, 77	HN	12, 22, 23, 99	23.00	23.87
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	5.59	6.15
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	243.50	252.75

\*Effective date for rate of 6.15 for T1019 is October 1, 2008

Inpatient Rates						
Revenue Codes	Description	Provider Type		POS	FY 2008 Rate (Effective 07/01/2007)	FY 2009 Rate (Effective 07/01/2008)
0114, 0124, 0134, 0154	Residential Treatment Center - Non Secure	B2, B3		111, 112, 113, 114	330.00	342.54
0114, 0124, 0134, 0154	Residential Treatment Center - Secure	78, B1		111, 112, 113, 114	354.00	367.45
0114, 0124, 0134, 0154	Subacute Facility (IMD)	B6		111, 112, 113, 114	368.50	382.50
0114, 0124, 0134, 0154	Subacute Facility (non-IMD)	B5		111, 112, 113, 114	313.00	324.89
0116, 0126, 0136, 0156	Detoxification Facility (Hospital or IMD)	2, 71, B6		111, 112, 113, 114	367.00	380.95
0116, 0126, 0136, 0156	Detoxification Facility (non-IMD)	B5		111, 112, 113, 114	313.00	324.89
0116, 0126, 0136, 0156	RTC Detoxification Facility - Non-Secure	B2, B3		111, 112, 113, 114	330.00	342.54
0116, 0126, 0136, 0156	RTC Detoxification Facility - Secure	78, B1		111, 112, 113, 114	354.00	367.45
0114, 0124, 0134, 0154	Psychiatric Hospital (See note)	02, 71		111, 112, 113, 114	710.22	737.21
0183, 0189	Bed Hold/Home Pass, Secure Facility	78, B1		111, 112, 113, 114	134.50	139.61
0183, 0189	Bed Hold/Home Pass Non-secure Facility	B2, B3		111, 112, 113, 114	125.50	130.27

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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