

**Arizona Health Care Cost Containment System**  
**Fee-for-Service Rates for Behavioral Health Services, Effective July 1, 2007**

HPCPS Code	Modifier	POS	Description	Provider Type	FY 2007 Rate (Effective 07/01/2006)	FY 2008 Rate (Effective 07/01/2007)	Change \$	Change %
H0001		99	Alcohol and/or drug assessment	A4, 73	14.70	28.50	13.80	93.88%
H0002		4, 11, 12, 20, 21, 22, 23, 50, 51, 53, 71, 72, 99	Behavioral health screening to determine eligibility for admission	72, 73, 77, 85, 86, 87, A4, A6	20.00	20.00	0.00	0.00%
H0004		4, 11, 20, 22, 50, 53, 72	Behavioral health counseling and therapy, per 15 minutes - Individual, Office	73, 77, 85, 86, 87, A4	24.00	17.00	-7.00	-29.17%
H0004		12, 31, 32, 33, 99	Behavioral health counseling and therapy, per 15 minutes - Individual, Home	73, 77, 85, 86, 87, A4	28.00	32.50	4.50	16.07%
H0004	HR	4, 11, 20, 22, 50, 53, 72	Behavioral health counseling and therapy, per fifteen minutes - family, with client, office (per family)	73, 77, 85, 86, 87, A4	25.50	17.00	-8.50	-33.33%
H0004	HR	12, 99	Behavioral health counseling and therapy, per fifteen minutes - family, with client, out-of-office (per family)	73, 77, 85, 86, 87, A4	35.50	35.50	0.00	0.00%
H0004	HS	4, 11, 20, 22, 50, 53, 72	Behavioral health counseling and therapy, per fifteen minutes - family, without client, office (per family)	73, 77, 85, 86, 87, A4	25.50	17.00	-8.50	-33.33%
H0004	HS	12, 99	Behavioral health counseling and therapy, per fifteen minutes - family, without client, out-of-office (per family)	73, 77, 85, 86, 87, A4	35.50	35.50	0.00	0.00%
H0004	HQ	11, 22, 31, 32, 33, 50, 53, 72, 99	Behavioral health counseling and therapy, per fifteen minutes - group, office (per attendee)	73, 77, 85, 86, 87, A4	7.30	7.30	0.00	0.00%
H0018		99	Behavioral Health short-term residential (non-hospital residential treatment program), without room and board, per diem	73, 74	183.00	183.00	0.00	0.00%
H0019		99	Behavioral Health long-term residential (non-medical, non-acute, residential), without room and board, per diem	73, A2	151.50	151.50	0.00	0.00%
H0020	HG	4, 11, 20, 22, 23, 50, 53, 71, 72, 99	Alcohol and/or drug services, methadone administration and/or service	8, 18, 19, 31, 73	3.30	3.30	0.00	0.00%
H0025		4, 11, 12, 20, 50, 53, 71, 72, 99	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	6.20	6.90	0.70	11.29%
H0031		4, 11, 12, 20, 21, 22, 23, 50, 51, 53, 71, 72, 99	Mental Health Assessment, by non-physician, per 30 minutes	72, 73, 77, 85, 86, 87, A6	50.00	50.00	0.00	0.00%
H0034		4, 11, 12, 20, 50, 53, 71, 72, 99	Medication training and support, per 15 minutes	72, 73, 77, 85, 86, 87, A4, A6	3.60	7.00	3.40	94.44%
H0036		12, 53, 72, 99	Community psychiatric supportive treatment, face-to-face, per 15 minutes	73, 77	5.50	5.50	0.00	0.00%
H0036	TF	12	Community psychiatric supportive treatment, face-to-face, per 15 minutes	73, 77	6.13	6.13	0.00	0.00%
H0036	TF	53, 72, 99	Community psychiatric supportive treatment, face-to-face, per 15 minutes	777	6.40	6.40	0.00	0.00%
H0037		12, 53, 72, 99	Community psychiatric supportive treatment program, per diem	73, 77	131.50	131.50	0.00	0.00%
H0038		4, 11, 12, 20, 23, 50, 53, 71, 72, 99	Self-help, peer services, per 15 minutes	72, 73, 77, A3, A6	6.20	10.60	4.40	70.97%
H0038	HQ	4, 11, 12, 20, 23, 50, 53, 71, 72, 99	Self-help, peer services, per 15 minutes	72, 73, 77, A3, A6	2.10	2.80	0.70	33.33%

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H2010		4, 11, 20, 50, 53, 72, 99	Comprehensive medication services, per 15 minutes	8, 18, 19, 31, 73	11.00	11.00	0.00	0.00%
H2011		4, 11, 12, 20, 23, 50, 53, 71, 72, 99	Crisis intervention service, per 15 minutes	71, 73, 77, B5, B6, B7	31.00	31.00	0.00	0.00%
H2011	HT	4, 11, 12, 20, 23, 50, 53, 71, 72, 99	Crisis intervention service, per 15 minutes (per two person team)	71, 73, 77, B5, B6, B7	47.00	47.00	0.00	0.00%
H2012		53, 71, 72, 99	Behavioral health day treatment, per hour (up to 5 hours)	72, 73, 77, A3	11.70	11.70	0.00	0.00%
H2014		4, 11, 12, 20, 50, 53, 71, 72, 99	Skills training and development, per 15 minutes (Individual)	39, 72, 73, 77, 85, 86, 87, A3, A6	11.40	12.80	1.40	12.28%
H2014	HQ	4, 11, 12, 20, 50, 53, 71, 72, 99	Skills training and development, per 15 minutes (group)	39, 72, 73, 77, 85, 86, 87, A3, A6	2.60	3.00	0.40	15.38%
H2015		53, 71, 72, 99	Comprehensive community support services, per 15 minutes	72, 73, 77, A3	2.80	2.80	0.00	0.00%
H2016		4, 11, 12, 20, 50, 53, 71, 72, 99	Comprehensive community support services (peer support), per diem	72, 73, 77, A3, A6	235.00	235.00	0.00	0.00%
H2017		4, 11, 12, 20, 50, 53, 71, 72, 99	Psychosocial rehabilitation services, per 15 minutes	39, 72, 73, 77, 85, 86, 87, A3, A6	11.40	12.80	1.40	12.28%
H2019		53, 71, 72, 99	Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours)	73, 77	4.25	4.25	0.00	0.00%
H2019	TF	53, 71, 72, 99	Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours)	73, 77	4.80	4.80	0.00	0.00%
H2019	TF	12	Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours)	73, 77	4.80	4.80	0.00	0.00%
H2020		53, 71, 72, 99	Therapeutic behavioral health services, per diem	73, 77	103.00	103.00	0.00	0.00%
H2020		12	Therapeutic behavioral health services, per diem	73, 77	103.00	103.00	0.00	0.00%
H2025		4, 11, 12, 20, 50, 53, 71, 72, 99	Ongoing support to maintain employment, per 15 minutes	72, 73, 77, 85, 86, 87, A3, A4, A6	6.70	8.80	2.10	31.34%
H2026		4, 11, 12, 20, 50, 53, 71, 72, 99	Ongoing support to maintain employment, per diem	72, 73, 77, 85, 86, 87, A3, A4, A6	160.80	211.20	50.40	31.34%
H2027		4, 11, 12, 20, 50, 53, 71, 72, 99	Psychoeducational service (pre-job training and development), per 15 minutes	72, 73, 77, 85, 86, 87, A3, A4, A6	8.30	12.60	4.30	51.81%
S5109	HA	12, 99	Home care training to home care client, per session (defined as per diem)	A5	126.00	126.00	0.00	0.00%
S5109	HB	12, 99	Home care training to home care client, per session (defined as per diem)	A5	126.00	126.00	0.00	0.00%
S5109	HC	12, 99	Home care training to home care client, per session (defined as per diem)	A5	126.00	126.00	0.00	0.00%
S5110		4, 11, 12, 20, 50, 53, 71, 72, 99	Family Support	39, 72, 73, 77, 85, 86, 87, A3, A4, A6	10.90	16.40	5.50	50.46%
S5150		12, 99	Unskilled respite care, not hospice, per 15 minutes	39, 72, 73, 74, 77, A2, A3, A5	4.18	7.60	3.42	81.82%
S5151		12, 99	Unskilled respite care, not hospice, per diem	39, 72, 73, 74, 77, A2, A3, A5	214.43	214.43	0.00	0.00%
S9484		21, 51, 99	Crisis intervention mental health service, per hour	2, 71, 73, B5, B6, B7	56.50	56.50	0.00	0.00%

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S9485		21, 51, 99	Crisis intervention mental health services, per diem	2, 71, 73, B5, B6, B7	332.50	332.50	0.00	0.00%
T1002		4,11, 12, 20, 33, 99	RN services, up to 15 minutes	73, 77, A6	17.00	17.00	0.00	0.00%
T1003		4,11, 12, 20, 33, 99	LPN Services, up to 15 minutes	73, 77, A6	13.35	13.35	0.00	0.00%
T1016	HO	4, 11, 20, 50, 53, 71, 72	Case management, each 15 minutes (in office by behavioral health professional, each 15 minutes)	72, 73, 77, 85, 86, 87, A4	24.00	17.00	-7.00	-29.17%
T1016	HO	12, 22, 23, 99	Case management, each 15 minutes (out of office by behavioral health professional)	72, 73, 77, 85, 86, 87, A4	28.00	32.50	4.50	16.07%
T1016	HN	4, 11, 20, 50, 53, 71, 72	Office case management, each 15 minutes	72, 73, 77	8.30	11.30	3.00	36.14%
T1016	HN	12, 22, 23, 99	Case management, each 15 minutes (out of office by BHT)	72, 73, 77	12.40	23.00	10.60	85.48%
T1019		4, 11, 12, 20, 50, 53, 71, 72, 99	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	5.59	5.59	0.00	0.00%
T1020		4, 11, 12, 20, 50, 53, 71, 72, 99	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	243.50	243.50	0.00	0.00%
<b>Inpatient Rates</b>								
Revenue Codes	Modifier	POS	Description	Provider Type	Rate07	Rate08	Change \$	Change %
0114, 0124, 0134, 0154		111, 112, 113, 114	Residential Treatment Center - Non Secure	B2, B3	314.15	330.00	15.85	5.05%
0114, 0124, 0134, 0154		111, 112, 113, 114	Residential Treatment Center - Secure	78, B1	338.00	354.00	16.00	4.73%
0114, 0124, 0134, 0154		111, 112, 113, 114	Subacute Facility (IMD)	B6	363.50	368.50	5.00	1.38%
0114, 0124, 0134, 0154		111, 112, 113, 114	Subacute Facility (non-IMD)	B5	261.50	313.00	51.50	19.69%
0116, 0126, 0136, 0156		111, 112, 113, 114	Detoxification Facility (Hospital or IMD)	2, 71, B6	316.50	367.00	50.50	15.96%
0116, 0126, 0136, 0156		111, 112, 113, 114	Detoxification Facility (non-IMD)	B5	254.50	313.00	58.50	22.99%
0116, 0126, 0136, 0156		111, 112, 113, 114	RTC Detoxification Facility - Non-Secure	B2, B3	299.00	330.00	31.00	10.37%
0116, 0126, 0136, 0156		111, 112, 113, 114	RTC Detoxification Facility - Secure	78, B1	322.50	354.00	31.50	9.77%
0114, 0124, 0134, 0154		111, 112, 113, 114	Psychiatric Hospital	02, 71	710.22	710.22	0.00	0.00%
0183, 0189		111, 112, 113, 114	Bed Hold/Home Pass, Secure Facility	78, B1	128.00	134.50	6.50	5.08%
0183, 0189		111, 112, 113, 114	Bed Hold/Home Pass Non-secure Facility	B2, B3	122.00	125.50	3.50	2.87%

1. For a more detailed listing of allowable codes and rates by Provider Type go to Arizona Department of Health Services Division of Behavioral Health Services, Covered Services Guide Appendix B-2