

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) |
|------------|--|------------------------------------|----------|---|-----------------------------|-------------------------------------|
| H0001 | Alcohol and/or drug assessment | A4, 73 | | 99 | 29.58 | 28.10 |
| 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 | 20.76 | 19.72 |
| H0004 | Behavioral health counseling and therapy, per 15 minutes - Individual, Office | 73, 77, 85, 86, 87, A4 | | 4, 11, 20, 22, 50, 53, 72 | 17.65 | 16.77 |
| H0004 | Behavioral health counseling and therapy, per 15 minutes - Individual, Home | 73, 77, 85, 86, 87, A4 | | 12, 31, 32, 33, 99 | 33.74 | 32.05 |
| 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 | 7.58 | 7.20 |
| H0004 | Behavioral health counseling and therapy, per fifteen minutes - group, office (per attendee) | 73, 77, 85, 86, 87, A4 | HQ | 31, 32, 33, 99 | 7.58 | 7.20 |
| 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 | 17.65 | 16.77 |
| 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 | 36.85 | 35.01 |
| 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 | 17.65 | 16.77 |
| 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 | 36.85 | 35.01 |
| H0018 | Behavioral Health short-term residential (non-hospital residential treatment program), without room and board, per diem | 73, 74 | | 99 | 189.95 | 180.45 |
| H0019 | Behavioral Health long-term residential (non-medical, non-acute, residential), without room and board, per diem | 73, A2 | | 99 | 157.26 | 149.40 |
| 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 | 3.43 | 3.26 |
| 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 | 7.16 | 6.80 |
| 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 | 140.00 | 133.00 |
| 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 | 7.27 | 6.91 |
| H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes | 73, 77 | | 12, 53, 72, 99 | 5.71 | 5.42 |
| H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes | 73, 77 | TF | 12 | 6.36 | 6.04 |
| H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes | 73, 77 | TF | 53, 72, 99 | 6.64 | 6.31 |
| H0037 | Community psychiatric supportive treatment program, per diem | 73, 77 | | 12, 53, 72, 99 | 136.50 | 129.68 |
| H0038 | Self-help, peer services, per 15 minutes | 72, 73, 77, A3, A6 | | 4, 11, 12, 20, 23, 50, 53, 71, 72, 99 | 11.00 | 10.45 |
| H0038 | Self-help, peer services, per 15 minutes | 72, 73, 77, A3, A6 | HQ | 4, 11, 12, 20, 23, 50, 53, 71, 72, 99 | 2.91 | 2.76 |

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| H2010 | Comprehensive medication services, per 15 minutes | 8, 18, 19, 31, 73 | HG | 4, 11, 20, 50, 53, 72, 99 | 12.46 | 11.84 |
| H2011 | Crisis intervention service, per 15 minutes | 71, 73, 77, B5, B6, B7 | | 4, 11, 12, 20, 23, 50, 53, 71, 72, 99 | 32.18 | 30.57 |
| 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 | 48.79 | 46.35 |
| H2012 | Behavioral health day treatment, per hour (up to 5 hours) | 72, 73, 77, A3 | | 53, 71, 72, 99 | 12.14 | 11.53 |
| 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 | 13.29 | 12.63 |
| 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 | 3.11 | 2.95 |
| H2015 | Comprehensive community support services, per 15 minutes | 72, 73, 77, A3 | | 53, 71, 72, 99 | 2.91 | 2.76 |
| H2016 | Comprehensive community support services (peer support), per diem | 72, 73, 77, A3, A6 | | 4, 11, 12, 20, 50, 53, 71, 72, 99 | 243.93 | 231.73 |
| 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 | 13.29 | 12.63 |
| H2019 | Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours) | 73, 77 | | 53, 71, 72, 99 | 4.41 | 4.19 |
| H2019 | Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours) | 73, 77 | TF | 53, 71, 72, 99 | 4.98 | 4.73 |
| H2019 | Therapeutic behavioral services day program, per 15 minutes (up to 5 3/4 hours) | 73, 77 | TF | 12 | 4.98 | 4.73 |
| H2020 | Therapeutic behavioral health services, per diem | 73, 77 | | 53, 71, 72, 99 | 106.91 | 101.56 |
| H2020 | Therapeutic behavioral health services, per diem | 73, 77 | | 12 | 106.91 | 101.56 |
| 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 | 9.13 | 8.67 |
| 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 | 219.23 | 208.27 |
| 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 | 13.08 | 12.43 |
| S5109 | Home care training to home care client, per session (defined as per diem) | A5 | HA | 12, 99 | 130.79 | 124.25 |
| S5109 | Home care training to home care client, per session (defined as per diem) | A5 | HB | 12, 99 | 130.79 | 124.25 |
| S5109 | Home care training to home care client, per session (defined as per diem) | A5 | HC | 12, 99 | 130.79 | 124.25 |
| S5110 | Family Support | 39, 72, 73, 77, 85, 86, 87, A3, A4, A6 | | 4, 11, 12, 20, 50, 53, 71, 72, 99 | 17.02 | 16.17 |
| S5150 | Unskilled respite care, not hospice, per 15 minutes | 39, 72, 73, 74, 77, A2, A3, A5 | | 12, 99 | 7.89 | 7.50 |
| S5151 | Unskilled respite care, not hospice, per diem | 39, 72, 73, 74, 77, A2, A3, A5 | | 12, 99 | 222.58 | 211.45 |
| S9484 | Crisis intervention mental health service, per hour | 2, 71, 73, B5, B6, B7 | | 21, 51, 99 | 58.65 | 55.72 |

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| 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 | Modifier | POS | Rate (Effective 07/01/2008) | FY 2009 Rate (Effective 02/01/2009) |
|------------------------|---|---------------|----------|--------------------|-----------------------------|-------------------------------------|
| 0114, 0124, 0134, 0154 | Residential 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 Detoxification Facility - Secure | 78, B1 | | 111, 112, 113, 114 | 367.45 | 349.08 |
| 0114, 0124, 0134, 0154 | Psychiatric 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 |

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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