

Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Provider Type																							* Represents rates set by AHCCCS. Providers should contact RBHA for specific contracted rates. TRBHA providers may view rates on the AHCCCS Web site. www.ahcccs.state.az.us/RatesCodes												
										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	74	77	78	85	86	87	97	A2		A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3
										DBHS Units	Max Units	Non Facility Rate	Facility Rate																																
H0037	Community psychiatric supportive treatment medical day program, per diem	47		53, 72, 99	000/999		10/01/03										X	X																			1		\$129.67						
H0037	Home community psychiatric supportive medical treatment program, per diem	47		12	000/999		10/01/03										X	X																			1		\$129.67						
H0038	Self-help/peer services (peer support), per 15 minutes	47		04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03										X	X	X						X												11	27	\$10.45						
H0038	Self-help/peer services group, per 15 minutes	47	HQ	04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03										X	X	X					X												16	\$2.76								
H2010	Comprehensive medication services, per 15 minutes	01	HG	04, 11, 20, 50, 53, 72, 99	000/999		10/01/03																														1		\$11.83						
H2011	Crisis intervention service, per 15 minutes	47		04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03		N									X	X	X																	32	40	\$30.57						
H2011	Crisis intervention service via 2 person team, per 15 minutes	47	HT	04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03		N									X	X	X																40	\$46.35								
H2012	Supervised behavioral health day treatment, per hour up to 5 hours	47		53, 71, 72, 99	000/999		10/01/03											X	X	X																	5		\$11.54						
H2014	Skills training and development, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03											X	X	X					X												32	32	\$12.62						
H2014	Group skills training and development, per 15 minutes per person	47	HQ	04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03											X	X	X					X											16	\$2.96								
H2015	Comprehensive community support services, supervised day program per 15 minutes, 5-10 hours	47		53, 71, 72, 99	000/999		10/01/03											X	X	X					X												40		\$2.76						
H2016	Comprehensive community support services (peer support), per diem	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03											X	X	X					X												1		\$231.73						
H2017	Psychosocial rehabilitation living skills training services, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03											X	X	X					X												96		\$12.62						
H2019	Therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	47		53, 71, 72, 99	000/999		10/01/03											X	X																		23	23	\$4.19						
H2019	Therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	47	TF	53, 71, 72, 99	000/999		10/01/03											X	X																	23	\$4.73								
H2019	Home therapeutic behavioral services day program, per 15 minutes up to 5 3/4 hours	47	TF	12	000/999		10/01/03											X	X																	23	\$4.73								
H2020	Therapeutic behavioral services, per diem	47		53, 71, 72, 99	000/999		10/01/03											X	X																		1		\$101.57						
H2020	Home therapeutic behavioral health day services, per diem	47		12	000/999		10/01/03											X	X																		1		\$101.57						

M = Procedure may only be billed by these provider types if Medicare has paid the claim
 Telemedicine/Non-registered ID Column: T= Telemedicine available, N= Non-registered ID OK, B=both Telemedicine and Non-registered ID available

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										Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Certified Registered Nurse Anesthetist (CRNA)	Physician Assistant	Nurse Practitioner	Non-Emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level I Psych. Hospital	TRBHA/RBHA	Out of State 1 Time Provider	Level II B/H Residence (non IMD)	Behavioral Health Outpatient Clinic	Level I Residential Treatment Center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family Therapist	Licensed Professional Counselor	Air Transportation	Level III B/H Residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LISAC)	Behavioral Health Therapeutic Home	Rural Substance Abuse Transitional Center		Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Crisis Services Provider	Other	Tribal Traditional Service Practitioner	Current Rate			
										02	03	04	06	08	11	12	18	19	28	31	39	71	72	73	74	77	78	85	86	87	97	A2	A3	A4	A5	A6		B1	B2	B3	B5	B6	B7	S2	S3	DBHS Units	Max Units	Non Facility Rate	Facility Rate
S9986	Not medically necessary service, pt aware that services not medically necessary. Code will be used to report Medicare Part D Premium payments	S	HW	11, 12, 22, 50, 53, 55, 71, 72, 99	000/999		01/01/06			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1		BR										
T1013	Sign language or oral interpretive services, per 15 minutes	S		11, 12, 22, 50, 53, 55, 71, 72, 99	000/999		01/01/02									X	X	X							X	X								X	X	NA		BR											

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