Arizona Health Care Cost Containment System
Proposed FFS Fee Schedule
FFS Behavioral Health Outpatient Rates
Effective 10/01/2020

Procedure Code	Modifier	Site	Place of Service	Procedure Code Description	FFS FY21 Rate
H0001				ALCOHOL AND/OR DRUG ASSESSMENT	$36.73
H0002				BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	$28.61
H0004		Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$27.32
H0004		Home	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$44.41
H0004	HQ	All	All	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$10.94
H0004	HR	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$27.79
H0004	HR	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$45.71
H0004	HS	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$27.79
H0004	HS	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$44.32
H0015				ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR
H0018				BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	$255.29
H0018	TF			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	$267.23
H0019				TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND	$137.52
H0020	HG			ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	$4.31
H0025				BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	$19.87
H0030				BEHAVIORAL HEALTH HOTLINE SERVICE	$21.33
H0031				MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	$214.64
H0034				MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	$11.03
H0036				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$6.98
H0036	TF			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$7.78
H0036	TF	Home	12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$8.12
H0037				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	$167.12
H0038				SELF-HELP/PEER SERVICES, PER 15 MINUTES	$21.33
H0038	HQ			SELF-HELP/PEER SERVICES, PER 15 MINUTES	$5.65
H2010	HG			COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	$15.64
H2011				CRISIS INTERVENTION SERVICE, PER 15 MINUTES	$48.64
H2011	HT			CRISIS INTERVENTION SERVICE, PER 15 MINUTES	$71.88
H2012				BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	$15.42
H2014				SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$19.87
H2014	HQ			SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$4.79
H2015				COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$3.48
H2016				COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$322.08
H2017				PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	$16.29
H2019				THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	$5.42
H2019	TF			THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	$6.27
H2020				THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$123.63
H2020		Home	12	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$130.92
H2025				ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$14.17
H2025	HQ			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$3.19
H2026				ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	$264.35
H2027				PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	$20.27
H2027	HQ			PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	$4.56
H2033				MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	$42.67
S5109	HA			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$169.10
S5109	HB			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$164.88
S5109	HC			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$169.10
S5110				HOME CARE TRAINING, FAMILY; PER 15 MINUTES	$24.11
S5131				HOMEMAKER SERVICE, NOS; PER DIEM	BR
S5136				COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	BR
S5150			All other	HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	$10.56
S5151		Office	All other	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	$303.48
S5517				HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	BR
S9359				HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G.	BR
S9361				HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES,	BR
S9480				INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	BR
S9484				CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	$88.66
S9485				CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	$490.71
T1002				HOME RN SERVICES, UP TO 15 MINUTES	$27.16
T1003				HOME LPN/LVN SERVICES, UP TO 15 MINUTES	$17.50
T1016	HN	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	$19.17
T1016	HN	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	$28.52
T1016	HO	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	$27.22
T1016	HO	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	$41.46
T1019				PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	$9.04
T1020				PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	$316.92
T1503				ADMINISTRATION OF MEDICATION OTHER THAN ORAL AND/OR INJECTABLE BY HC AGENCY	BR
T2020				DAY HABILITATION, WAIVER; PER DIEM	BR
T2026				SPECIALIZED CHILDCARE, WAIVER; PER DIEM	BR

Default Place of Service = no Place of service billed
All Other Place of Service = Includes all other POS that can be billed excluding default, 03, 06, 08

Modifier

HA	CHILD/ADOLESENT PROGRAM
HB	ADULT PROGRAM, NON GE
HC	ADULT PROGRAM, GERIATRIC
HG	OPIOD ADDICTION TREATMENT
HN	BACH DEG LEVEL/AMB HS
HO	MASTERS DEGREE LEVEL
HQ	GROUP SETTING
HR	FAM/COUPLE W CLIENT
HS	FAMILY/COUPLE WITHOUT
HT	MULTI-DISCIPLINARY TEAM
TF	INTERMEDIATE LEVEL OF CARE