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

Proc	Mod	Site	Place of Service	Procedure Description	MCO Rate
H0001				ALCOHOL AND/OR DRUG ASSESSMENT	$32.06
H0002				BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	$22.14
H0004		Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$20.25
H0004		Home	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$31.72
H0004	HQ	Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$6.97
H0004	HQ	Out of Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$8.36
H0004	HR	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$19.85
H0004	HR	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$34.92
H0004	HS	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$19.85
H0004	HS	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$33.86
H0015				ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR
H0018				BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	$213.36
H0018	TF			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	$223.35
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	$3.76
H0025				BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	$9.93
H0030				BEHAVIORAL HEALTH HOTLINE SERVICE	$21.33
H0031				MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	$155.00
H0034				MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	$7.88
H0036				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$6.09
H0036	TF			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$6.79
H0036	TF	Home	12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$7.09
H0037				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	$145.86
H0038				SELF-HELP/PEER SERVICES, PER 15 MINUTES	$15.24
H0038	HQ			SELF-HELP/PEER SERVICES, PER 15 MINUTES	$4.03
H2010	HG			COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	$13.65
H2011				CRISIS INTERVENTION SERVICE, PER 15 MINUTES	$34.74
H2011	HT			CRISIS INTERVENTION SERVICE, PER 15 MINUTES	$51.34
H2012				BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	$13.46
H2014				SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$14.19
H2014	HQ			SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	$3.42
H2015				COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	$3.04
H2016				COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	$263.12
H2017				PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	$14.22
H2019				THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	$4.73
H2019	TF			THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	$5.47
H2020				THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$107.90
H2020		Home	12	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$114.26
H2025				ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$10.12
H2025	HQ			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$2.28
H2026				ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	$264.35
H2027				PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	$14.48
H2027	HQ			PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	$3.26
H2033				MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	$37.24
S5109	HA			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$147.58
S5109	HB			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$143.90
S5109	HC			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$146.55
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	$9.27
S5151		Office	All other	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	$266.52
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	$63.33
S9485				CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	$350.51
T1002				HOME RN SERVICES, UP TO 15 MINUTES	$19.40
T1003				HOME LPN/LVN SERVICES, UP TO 15 MINUTES	$15.27
T1016	HN	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	BR
T1016	HN	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	$21.33
T1016	HO	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	$19.44
T1016	HO	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	$31.01
T1019				PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	$7.69
T1020				PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	$264.72
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

TF