Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
Proposed FFS Behavioral Health Outpatient Rates
Effective 10/01/2019

Proc	Mod		Procedure Description	FFS Rate 10/01/2019
H0001			ALCOHOL AND/OR DRUG ASSESSMENT	$36.73
H0002			BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	$25.37
H0004		Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$26.50
H0004		Home	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	$41.52
H0004	HQ	Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (GROUP)	$10.94
H0004	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (GROUP)	$10.94
H0004	HR	Out of Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAM/COUPLE W CLIENT P)	$45.71
H0004	HR	Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAM/COUPLE W CLIENT P)	$25.98
H0004	HS	Out of Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAMILY/COUPLE WITHOUT)	$44.32
H0004	HS	Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAMILY/COUPLE WITHOUT)	$25.98
H0015			ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR
H0018			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	$241.57
H0020	HG		ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	$4.31
H0025			BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	$9.06
H0031			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	$177.60
H0034			MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	$9.03
H0036			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$6.98
H0036		Home	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	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	$8.12
H0037			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	$167.12
H0037		Home	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	$167.12
H0038			SELF-HELP/PEER SERVICES, PER 15 MINUTES	$13.93
H0038	HQ		SELF-HELP/PEER SERVICES, PER 15 MINUTES	$3.69
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	$301.48
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
H2019	TF	Home	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	$6.27
H2020			THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$123.63
H2020		Home	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	$130.92
H2025			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$11.60
H2025	HQ		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	$2.61
H2026			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	$264.35
H2027			PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	$16.59
H2027	HQ		PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	$3.74
H2033			MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	$42.67
S5109	HA		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$164.17

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Proc	Mod		Procedure Description	FFS Rate 10/01/2019
S5109	HB		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$160.08
S5109	HC		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	$164.17
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		Home	HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	$9.93
S5151			UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	$285.51
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	$22.23
T1003			HOME LPN/LVN SERVICES, UP TO 15 MINUTES	$17.50
T1016	HN	Office	CASE MANAGEMENT, EACH 15 MINUTES	$18.30
T1016	HN	Out of Office	CASE MANAGEMENT, EACH 15 MINUTES	$28.52
T1016	HO	Office	CASE MANAGEMENT, EACH 15 MINUTES	$25.99
T1016	HO	Out of Office	CASE MANAGEMENT, EACH 15 MINUTES	$41.46
T1019			PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	$8.23
T1020			PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	$303.31
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

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