

Arizona Health Care Cost Containment System
FFS Behavioral Health Outpatient Rates
Effective 10/01/2018

Proc	Mod	Site	Procedure Description	FFS Rate
H0001			ALCOHOL AND/OR DRUG ASSESSMENT	\$32.06
H0001	U9		ALCOHOL AND/OR DRUG ASSESSMENT	\$28.30
H0002			BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	\$22.14
H0004		Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$20.25
H0004		Home	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$31.72
H0004	HQ	Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (GROUP)	\$8.36
H0004	HR	Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAM/COUPLE W CLIENT P)	\$19.85
H0004	HR	Out of Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAM/COUPLE W CLIENT P)	\$34.92
H0004	HS	Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAMILY/COUPLE WITHOUT)	\$19.85
H0004	HS	Out of Office	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES (FAMILY/COUPLE WITHOUT)	\$33.86
H0015			ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR
H0018			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$201.90
H0020	HG		ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	\$3.76
H0025			BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	\$7.91
H0031			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$155.00
H0031	U9		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$28.30
H0034			MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	\$7.88
H0036			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$6.09
H0036		Home	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	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$7.09
H0037			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	\$145.86
H0037		Home	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	\$145.86
H0038			SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$12.16
H0038	HQ		SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$3.22
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
H2019	TF	Home	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$5.47
H2020			THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$107.90
H2020		Home	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	\$230.72
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

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S5109	HA		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$143.28
S5109	HB		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$139.71
S5109	HC		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$143.28
S5110			HOME CARE TRAINING, FAMILY; PER 15 MINUTES	\$17.22
S5131			HOMEMAKER SERVICE, NOS; PER DIEM	BR
S5136			COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	BR
S5150			HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$7.91
S5151			UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	\$227.49
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	CASE MANAGEMENT, EACH 15 MINUTES	\$13.69
T1016	HN	Out of Office	CASE MANAGEMENT, EACH 15 MINUTES	\$21.33
T1016	HO	Office	CASE MANAGEMENT, EACH 15 MINUTES	\$19.44
T1016	HO	Out of Office	CASE MANAGEMENT, EACH 15 MINUTES	\$31.01
T1019			PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	\$6.07
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