

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

Procedure Code	Modifier	Place of Service	Procedure Code Description	FFS FY21 Rate	Effective Date
H0001			ALCOHOL AND/OR DRUG ASSESSMENT	\$36.73	10/1/2019
H0002			BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	\$28.61	10/1/2019
H0004			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$44.41	10/1/2019
H0004		11, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$27.32	10/1/2019
H0004	HQ	11, 12, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$10.94	10/1/2019
H0004	HR		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$45.71	10/1/2019
H0004	HR	11, 12, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$27.79	10/1/2019
H0004	HS		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$44.32	10/1/2019
H0004	HS	11, 12, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$27.79	10/1/2019
H0015			ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR	1/1/2001
H0018			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$255.29	10/1/2020
H0018	TF		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$267.23	10/1/2020
H0019			TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND	\$137.52	10/1/2014
H0020	HG		ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	\$4.31	10/1/2019
H0025			BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	\$19.87	10/1/2020
H0030			BEHAVIORAL HEALTH HOTLINE SERVICE	\$21.33	7/1/2020
H0031			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$214.64	10/1/2019
H0034			MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	\$11.03	10/1/2019
H0036			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$6.98	10/1/2019
H0036		12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$8.12	10/1/2019
H0036	TF		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$7.78	10/1/2019
H0036	TF	12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$8.12	10/1/2019
H0037		No POS and 12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	\$167.12	10/1/2019
H0038			SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$21.33	10/1/2020
H0038	HQ		SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$5.65	10/1/2020
H2010	HG		COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$15.64	10/1/2019
H2011			CRISIS INTERVENTION SERVICE, PER 15 MINUTES	\$48.64	10/1/2019
H2011	HT		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	\$71.88	10/1/2019
H2012			BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	\$15.42	10/1/2019
H2014			SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$19.87	10/1/2019
H2014	HQ		SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$4.79	10/1/2019
H2015			COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	\$3.48	10/1/2019
H2016			COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	\$322.08	10/1/2019
H2017			PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	\$16.29	10/1/2019
H2019			THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$5.42	10/1/2019
H2019	TF		THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$6.27	10/1/2019
H2020			THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$123.63	10/1/2019
H2020		12	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$130.92	10/1/2019
H2025			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$14.17	10/1/2019
H2025	HQ		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$3.19	10/1/2019
H2026			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	\$264.35	10/1/2019
H2027			PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$20.27	10/1/2019
H2027	HQ		PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$4.56	10/1/2019
H2033			MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	\$42.67	10/1/2019
S5109	HA		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$169.10	10/1/2020
S5109	HB		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$164.88	10/1/2020
S5109	HC		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$169.10	10/1/2020
S5110		04, 11, 12, 20, 50, 53, 71, 72, 99	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	\$24.11	10/1/2019
S5131			HOMEMAKER SERVICE, NOS; PER DIEM	BR	1/1/2003
S5136			COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	BR	1/1/2003
S5145	HA		FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	\$169.10	10/1/2020
S5145	HB		FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	\$164.88	10/1/2020
S5145	HC		FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	\$169.10	10/1/2020
S5150		12, 99	HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$10.56	1/1/2020
S5151		12, 99	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	\$303.48	1/1/2020
S5517			HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	BR	1/1/2002
S9359			HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G.	BR	1/1/2002
S9361			HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES,	BR	1/1/2002
S9480			INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	BR	1/1/2002
S9484			CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	\$88.66	10/1/2019
S9485			CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	\$490.71	10/1/2019
T1002			HOME RN SERVICES, UP TO 15 MINUTES	\$27.16	10/1/2019
T1003			HOME LPN/LVN SERVICES, UP TO 15 MINUTES	\$17.50	10/1/2019
T1016	HN		CASE MANAGEMENT, EACH 15 MINUTES	\$28.52	10/1/2019
T1016	HN	11, 20, 49, 50, 53, 71, 72, 99	CASE MANAGEMENT, EACH 15 MINUTES	\$19.17	10/1/2019
T1016	HO		CASE MANAGEMENT, EACH 15 MINUTES	\$41.46	10/1/2019

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T1016	HO	11, 20, 49, 50, 53, 71, 72, 99	CASE MANAGEMENT, EACH 15 MINUTES	\$27.22	10/1/2019
T1019		04, 11, 12, 20, 50, 53, 71, 72, 99	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	\$9.04	10/1/2019
T1020			PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	\$316.92	10/1/2019
T1503			ADMINISTRATION OF MEDICATION OTHER THAN ORAL AND/OR INJECTABLE BY HC AGENCY	BR	4/1/2007
T2020			DAY HABILITATION, WAIVER; PER DIEM	BR	10/1/2003
T2026			SPECIALIZED CHILDCARE, WAIVER; PER DIEM	BR	1/1/2004

BR For AHCCCS FFS claims, where reimbursement is BR or "By Report", the AHCCCS FFS rate is 58.66% of the covered billed charges. "Covered billed charges" are that portion of the claimed services that are found to be covered and reimbursable.

Modifier

HA CHILD/ADOLESCENT PROGRAM
 HB ADULT PROGRAM, NON GE
 HC ADULT PROGRAM, GERIATRIC
 HG OPIOID 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

Place of Service

04 HOMELESS SHELTER
 11 OFFICE
 12 HOME
 20 URGENT CARE FACILITY
 49 INDEPENDENT CLINIC
 50 FEDERALLY QUALIFIED HEALTH CENTER
 53 COMMUNITY MENTAL HEALTH CENTER
 71 STATE OR LOCAL PUBLIC HEALTH CLINIC
 72 RURAL HEALTH CLINIC
 99 OTHER UNLISTED FACILITY