

** PROPOSED **
Arizona Health Care Cost Containment System
FFS Behavioral Health Outpatient Rates
Effective 10/01/2016

Proc	Mod	Site	Procedure Description	FFS Rate
H0001			Alcohol and/or Drug Assessment	\$31.81
H0002			Behavioral Health Screening to Determine Eligibility for Admission to Treatment	\$22.06
H0004		Office	Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)	\$20.25
H0004		Home	Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)	\$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 (Group)	\$19.85
H0004	HR	Out of Office	Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)	\$34.92
H0004	HS	Office	Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)	\$19.85
H0004	HS	Out of Office	Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)	\$33.86
H0018			Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment	\$195.09
H0020	HG		Alcohol and/or Drug Services; Methadone Administration and/or Service	\$3.75
H0025			Behavioral Health Prevention Education Service (Delivery of Services With	\$7.90
H0031			Mental Health Assessment, by Non-Physician	\$154.34
H0034			Medication Training and Support, Per 15 Minutes	\$7.93
H0036			Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$6.13
H0036		Home	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$6.13
H0036	TF		Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$6.83
H0036	TF	Home	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes	\$7.13
H0037			Community Psychiatric Supportive Treatment Program, Per Diem	\$146.72
H0037		Home	Community Psychiatric Supportive Treatment Program, Per Diem	\$146.72
H0038			Self-Help/Peer Services, Per 15 Minutes	\$12.12
H0038	HQ		Self-Help/Peer Services, Per 15 Minutes	\$3.21
H2010	HG		Comprehensive Medication Services, Per 15 Minutes	\$13.61
H2011			Crisis Intervention Service, Per 15 Minutes	\$34.58
H2011	HT		Crisis Intervention Service, Per 15 Minutes	\$51.11

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H2012			Behavioral Health Day Treatment, Per Hour	\$13.38
H2014			Skills Training and Development, Per 15 Minutes	\$14.28
H2014	HQ		Skills Training and Development, Per 15 Minutes	\$3.44
H2015			Comprehensive Community Support Services, Per 15 Minutes	\$3.03
H2016			Comprehensive Community Support Services, Per Diem	\$261.88
H2017			Psychosocial Rehabilitation Services, Per 15 Minutes	\$14.30
H2019			Therapeutic Behavioral Services, Per 15 Minutes	\$4.75
H2019	TF		Therapeutic Behavioral Services, Per 15 Minutes	\$5.50
H2019	TF	Home	Therapeutic Behavioral Services, Per 15 Minutes	\$5.50
H2020			Therapeutic Behavioral Services, Per Diem	\$108.53
H2020		Home	Therapeutic Behavioral Services, Per Diem	\$114.93
H2025			Ongoing Support to Maintain Employment, Per 15 Minutes	\$10.07
H2026			Ongoing Support to Maintain Employment, Per Diem	\$229.63
H2027			Psychoeducational Service, Per 15 Minutes	\$14.41
H2033			Multisystemic Therapy for Juveniles, Per 15 Minutes	\$16.88
S5109	HA		Home Care Training to Home Care Client, Per Session	\$144.20
S5109	HB		Home Care Training to Home Care Client, Per Session	\$140.60
S5109	HC		Home Care Training to Home Care Client, Per Session	\$144.20
S5110			Home Care Training, Family; Per 15 Minutes	\$17.31
S5150			Unskilled Respite Care, Not Hospice; Per 15 Minutes	\$7.58
S5151			Unskilled Respite Care, Not Hospice; Per Diem	\$219.79
S9484			Crisis Intervention Mental Health Services, Per Hour	\$63.04
S9485			Crisis Intervention Mental Health Services, Per Diem	\$348.83
T1002			RN Services, up to 15 Minutes	\$19.40
T1003			LPN/LVN Services, up to 15 Minutes	\$15.27

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T1016	HN	Office	Case Management, Each 15 Minutes	\$13.68
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