

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

Proc	Mod	Site	Place of Service	Procedure Description	FFS Rate
H0001				ALCOHOL AND/OR DRUG ASSESSMENT	\$36.73
H0002				BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	\$28.61
H0004		Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$27.32
H0004		Home	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$44.41
H0004	HQ	All	All	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$10.94
H0004	HR	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$27.79
H0004	HR	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$45.71
H0004	HS	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$27.79
H0004	HS	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$44.32
H0015				ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR
H0018				BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$247.85
H0018	TF			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$259.45
H0019				BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDICAL, NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND BOARD, PER DIEM	\$137.52
H0020	HG			ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	\$4.31
H0025				BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	\$15.82
H0031				MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$214.64
H0034				MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	\$11.03
H0036				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	12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$8.12
H0037				COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	\$167.12
H0038				SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$17.02
H0038	HQ			SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$4.51
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	\$322.08
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
H2020				THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$123.63
H2020		Home	12	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$130.92
H2025				ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$14.17
H2025	HQ			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$3.19
H2026				ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	\$264.35
H2027				PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$20.27
H2027	HQ			PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$4.56
H2033				MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	\$42.67
S5109	HA			HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$164.17

\*Please note: Rate increases effective 10/1/19 displayed here are applicable only to the FFS Program Fee Schedule.  
Rate increases are not applicable to the MCO Capped Fee Schedule for Behavioral Health Rates.

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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			All other	HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$10.29
S5151		Office	All other	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	\$295.79
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	\$27.16
T1003				HOME LPN/LVN SERVICES, UP TO 15 MINUTES	\$17.50
T1016	HN	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	\$19.17
T1016	HN	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	\$28.52
T1016	HO	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	\$27.22
T1016	HO	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	\$41.46
T1019				PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	\$8.81
T1020				PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	\$316.92
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

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