

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

Proc	Mod	Site	Place of Service	Procedure Description	Rate
H0001				ALCOHOL AND/OR DRUG ASSESSMENT	\$32.06
H0002				BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	\$22.14
H0004		Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$20.25
H0004		Home	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$31.72
H0004	HQ	Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$6.97
H0004	HQ	Out of Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$8.36
H0004	HR	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.85
H0004	HR	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$34.92
H0004	HS	Office	All other	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.85
H0004	HS	Out of Office	Default	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$33.86
H0015				ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	BR
H0018				BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$207.15
H0018	TF			BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$216.84
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
H0034				MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	\$7.88
H0036				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	12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$7.09
H0037		Out of Office/Home	Default/12	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
H2020				THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$107.90
H2020		Home	12	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		Office	All other	HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$8.72
S5151		Office	All other	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	\$250.72
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	All other	CASE MANAGEMENT, EACH 15 MINUTES	\$13.69
T1016	HN	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	\$21.33
T1016	HO	Office	All other	CASE MANAGEMENT, EACH 15 MINUTES	\$19.44
T1016	HO	Out of Office	Default	CASE MANAGEMENT, EACH 15 MINUTES	\$31.01
T1019				PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	\$7.23
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

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

Please note: The rates effective 10/1/19 displayed here are applicable only to the MCO Capped Fee Schedule. Rate increases included on the separate FFS Program Capped Fee Schedule are not applicable to MCO reimbursement and so are not reflected on the MCO Capped Fee Schedule