11, SKILLS 02, 03, 09, 52, 135, BR
For S5110 HC HOME COMMUNITY SERVICES, REHABILITATION, MANAGMENT, INTERVENTION TRAINING, RN MAINTAIN TO FAMILY; 15 MINUTES $17.22 10/1/2017
S5110 M4 HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION $147.58 10/1/2020
S5110 HB HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION $149.06 10/1/2020
S5110 HC HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION $147.58 10/1/2020
S5110 02, 03, 09, 11, 12, 50, 53, 72, 79, 99 HOME CARE TRAINING, FAMILY, PER 15 MINUTES $17.22 10/1/2019
S5131 HOMEMAKER SERVICES, NO, PER DIEM 88 1/1/2003
S5136 COMPANION CARE, ADULT (E.G. MOTHER/ADJ) PER DIEM 88 1/1/2003
S5150 12, 99 HOME UNSKILLED RESPIRATORY CARE, NOT HOSPITAL, PER 15 MINUTES $9.27 1/1/2003
S5151 12, 99 UNSKILLED RESPIRE CARE, NOT HOSPICE, PER 15 MINUTES $266.52 1/1/2020
S9480 INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM 88 1/1/2002
S9484 CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR $63.13 10/1/2017
S9485 CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM $150.51 10/1/2017
T1002 HOME RN SERVICES, UP TO 15 MINUTES $19.40 10/1/2017
T1003 HOME LPN/LVN SERVICES, UP TO 15 MINUTES $55.22 10/1/2017
T1016 MN 12, 99 CASE MANAGEMENT, EACH 15 MINUTES $21.33 12/2/2016
T1016 MN 11, 20, 22, 23, 24, 49, 50, 53, 54, 71, 72 CASE MANAGEMENT, EACH 15 MINUTES $13.69 10/1/2019
T1016 H0 12, 99 CASE MANAGEMENT, EACH 15 MINUTES $33.65 12/1/2016
T1016 H0 11, 20, 40, 50, 53, 71, 72 CASE MANAGEMENT, EACH 15 MINUTES $19.44 10/1/2016
T1019 04, 11, 12, 20, 50, 53, 71, 72, 99 PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A $7.69 1/1/2010
T1020 PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A $264.72 1/1/2010
T1503 ADMINISTRATION OF MEDICATION OTHER THAN ORAL AND/OR INJECTABLE BY HC AGENCY 88 4/1/2007
T2026 SPECIALIZED CHILDCARE, WAIVER, PER DIEM 88 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.
## Arizona Health Care Cost Containment System
### MCO Fee Schedule
Final MCO Behavioral Health Outpatient Rates
Effective 2/01/2021

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Place of Service</th>
<th>Procedure Code Description</th>
<th>MCO FY21 Rate</th>
<th>Effective Date</th>
</tr>
</thead>
</table>

### 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  FAMILY/CUPLE W CLIENT
- HS  FAMILY/CUPLE WITHOUT
- HT  MULTI-DISCIPLINARY TEAM
- TF  INTERMEDIATE LEVEL OF CARE

### Place of Service
- 04  HOMELESS SHELTER
- 11  OFFICE
- 12  HOME
- 20  URGENT CARE FACILITY
- 22  OUTPATIENT HOSPITAL
- 23  EMERGENCY ROOM - HOSPITAL
- 34  HOSPICE
- 49  INDEPENDENT CLINIC
- 50  FEDERALLY QUALIFIED HEALTH CENTER
- 53  COMMUNITY MENTAL HEALTH CENTER
- 54  INTERMEDIATE CARE FACILITY/MENTAL RETARD
- 71  STATE OR LOCAL PUBLIC HEALTH CLINIC
- 72  RURAL HEALTH CLINIC
- 99  OTHER UNLISTED FACILITY