

Arizona Health Care Cost Containment System  
MCO Fee Schedule  
Final MCO Behavioral Health Outpatient Rates  
Effective 2/01/2021

Procedure Code	Modifier	Place of Service	Procedure Code Description	MCO FY21 Rate	Effective Date
H0001			ALCOHOL AND/OR DRUG ASSESSMENT	\$32.06	10/1/2019
H0002			BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	\$22.14	10/1/2019
H0004			BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$31.72	10/1/2019
H0004		11, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$20.25	10/1/2019
H0004	HQ		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$6.97	10/1/2014
H0004	HQ	11, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$8.36	10/1/2016
H0004	HR		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$34.92	10/1/2016
H0004	HR	11, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.85	10/1/2016
H0004	HS		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$33.86	10/1/2016
H0004	HS	11, 20, 49, 50, 53, 71, 72	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$19.85	10/1/2016
H0006		04, 11, 12, 20, 50, 53, 71, 72,	ALCOHOL AND /OR DRUG SERVICES; CASE MANAGEMENT	\$7.69	2/1/2021
H0014			ALCOHOL AND /OR DRUG SERVICES; AMBULATORY DETOXIFICATION	\$264.72	2/1/2021
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	\$213.36	10/1/2020
H0018	TF		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$223.35	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	\$3.76	10/1/2017
H0025			BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	\$9.93	10/1/2020
H0030			BEHAVIORAL HEALTH HOTLINE SERVICE	\$21.33	7/1/2020
H0031			MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$155.00	10/1/2017
H0034			MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	\$7.88	10/1/2017
H0036			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$6.09	10/1/2017
H0036		12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$7.09	10/1/2019
H0036	TF		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$6.79	10/1/2017
H0036	TF	12	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$7.09	10/1/2019
H0037			COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	\$145.86	10/1/2017
H0038			SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$15.24	10/1/2020
H0038	HQ		SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$4.03	10/1/2020
H2010	HG		COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$13.65	10/1/2017
H2011			CRISIS INTERVENTION SERVICE, PER 15 MINUTES	\$34.74	10/1/2017
H2011	HT		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	\$51.34	10/1/2017
H2012			BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	\$13.46	10/1/2017
H2014			SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$14.19	10/1/2017
H2014	HQ		SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$3.42	10/1/2017
H2015			COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	\$3.04	10/1/2017
H2016			COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	\$263.12	10/1/2017
H2017			PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	\$14.22	10/1/2017
H2019			THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$4.73	10/1/2017
H2019	TF		THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$5.47	10/1/2017
H2020			THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$107.90	10/1/2017
H2020		12	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$114.26	10/1/2017
H2025			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$10.12	10/1/2017
H2025	HQ		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$2.28	10/1/2017
H2026			ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	\$230.72	10/1/2017
H2027			PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$14.48	10/1/2017
H2027	HQ		PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$3.26	10/1/2017
H2033			MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	\$37.24	10/1/2018
S5109	HA		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$147.58	10/1/2020
S5109	HB		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$143.90	10/1/2020
S5109	HC		HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$147.58	10/1/2020
S5110		02, 03, 09, 11, 12, 50, 53, 71, 72, 99	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	\$17.22	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
S5150		12, 99	HOME UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$9.27	1/1/2020
S5151		12, 99	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	\$266.52	1/1/2020
S9480			INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	BR	1/1/2002
S9484			CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	\$63.33	10/1/2017
S9485			CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	\$350.51	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	\$15.27	10/1/2017
T1016	HN	12, 99	CASE MANAGEMENT, EACH 15 MINUTES	\$21.33	12/1/2016
T1016	HN	11, 20, 22, 23, 34, 49, 50, 53, 54, 71, 72	CASE MANAGEMENT, EACH 15 MINUTES	\$13.69	10/1/2019
T1016	HO	12, 99	CASE MANAGEMENT, EACH 15 MINUTES	\$31.01	12/1/2016
T1016	HO	11, 20, 49, 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	1/1/2020
T1020			PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	\$264.72	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.

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**Modifier**

HA CHILD/ADOLESENT PROGRAM  
HB ADULT PROGRAM, NON GE  
HC ADULT PROGRAM, GERIATRIC  
HG OPIOD 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  
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