

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**  
**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

DESCRIPTION	COS	CPT®		Place of Service	CRNA 12	
		Codes	Modifier			
<b>Medical Services</b>						
Anesthesia for ECT	01	00104		06, 08, 21, 22, 23, 24	\$27.70	
DESCRIPTION	COS	HCPCS		Place of Service	Master's Level Professional 85, 86, 87	LISAC A4
		Code	Modifier			
<b>Treatment Services</b>						
Alcohol/Drug Assessment	47	H0001		03,05, 06, 07, 08, 11, 12, 22, 49, 50, 71, 72, 99	N/B	\$26.66
Behavioral health screening to determine eligibility for admission	47	H0002	w/ or w/o GT	05, 06, 07, 08, 11, 12, 20, 21,22, 23, 34, 49, 50, 51, 53, 54, 71, 72, 99	\$21.55	\$21.55
Office, Individual behavioral health counseling/ therapy, per 15 min.	47	H0004	w/ or w/o GT	03,05, 06, 07, 08, 11, 20, 22, 49, 50, 53, 54, 71, 72	\$17.96	\$17.96
Home, individual behavioral health counseling/therapy, per 15 min.	47	H0004		12, 31, 32, 33, 99	\$32.76	\$32.76
Office, Family behavioral health counseling/ therapy w/ client present, per 15 min.	47	H0004	HR or HR, GT	03,05, 06, 07, 08, 11, 20, 22, 49, 50, 53, 54, 71, 72	\$19.82	\$19.82
Out of Office, Family behavioral health counseling/ therapy w/ client present, per 15 min.	47	H0004	HR	12, 31, 32, 33, 99	\$34.29	\$34.29
Office, Family behavioral health counseling/ therapy w/o client present, per 15 min.	47	H0004	HS or HS, GT	03,05, 06, 07, 08, 11, 20, 22, 49, 50, 53, 54, 71, 72	\$18.64	\$18.64
Out of Office, Family behavioral health counseling/ therapy w/o client present, per 15 min.	47	H0004	HS	12, 31, 32, 33, 99	\$34.29	\$34.29
Group behavioral health counseling/ therapy, per 15 min.	47	H0004	HQ	03,05, 06, 07, 08, 11, 20, 22, 49, 50, 53, 54, 71, 72	\$9.02	\$9.02
Intensive Outpatient, alcohol and/or drug services, per diem	47	H0015		11, 22, 49, 50, 53, 71, 72	\$107.40	\$107.40
Mental health assessment, by non physician, 1 unit per day	47	H0031	w/ or w/o GT	03, 05, 06, 07, 08, 11, 12, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 53, 54, 71, 72, 99	\$161.10	N/B
Mental health assessment, by non physician, 1 unit per day	47	H0031	HK or HK, GT	03, 05, 06, 07, 08, 11, 12, 20, 21, 22, 23, 31, 32, 34, 49, 50, 51, 53, 54, 71, 72, 99	\$161.10	N/B
Multi-systemic therapy for juveniles, per 15 min.	47	H2033		11, 22, 49, 50, 53, 71, 72	\$19.43	\$19.43
Multi-systemic therapy for juveniles, per 15 min.	47	H2033		12	\$34.96	\$34.96
<b>Support Services</b>						
Home care training, family, per 15 min.	47	S5110		11, 50, 53, 71, 72	\$15.83	\$15.83
Home care training, family, per 15 min.	47	S5110		12, 99	\$22.98	\$22.98
Case management, each 15 min.	47	T1016	HO or HO, GT	05, 06, 07, 08, 11, 20, 34, 49, 50, 53, 54, 71, 72	\$16.56	\$16.56
Case management, each 15 min.	47	T1016	HO	12, 22, 23, 99	\$30.40	\$30.40
<b>Rehabilitation Services</b>						
Behavioral health prevention/ promotion education service	47	H0025		05, 07, 11, 12, 20, 49, 50, 53, 54, 71, 72, 99	\$28.22	\$28.22
Medication training and support, per 15 min.	47	H0034	w/ or w/o GT	05, 07, 11, 12, 49, 50, 53, 54, 71, 72, 99	\$14.10	\$14.10
Skills training and development, per 15 min.	47	H2014	w/ or w/o HK	05, 07, 11, 12, 13, 20, 23, 49, 50, 53, 54, 71, 72, 99	\$13.60	\$13.60
Group skills training/development, per 15 min. per person	47	H2014	HQ or HQ, HK	05, 07, 11, 12, 13, 20, 23, 49, 50, 53, 54, 71, 72, 99	\$6.80	\$6.80
Psychosocial rehabilitation living skills training services, per 15 min.	47	H2017		05, 07, 11, 20, 49, 50, 53, 54, 71, 72	\$13.86	\$13.86

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**  
**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

DESCRIPTION	COS	HCPCS			Master's Level		
		Code	Modifier	Place of Service	Professional 85, 86, 87	LISAC A4	
Psychosocial rehabilitation living skills training services, per 15 min.	47	H2017		12, 99		\$22.98	\$22.98
Ongoing support to maintain employment, per 15 min.	47	H2025		05, 07, 11, 49, 50, 53, 54, 71, 72		\$15.49	\$15.49
Ongoing support to maintain employment, per 15 min.	47	H2025		12, 99		\$25.67	\$25.67
Ongoing support to maintain employment, per diem	47	H2026		05, 07, 11, 12, 49, 50, 53, 54, 71, 72, 99		\$756.38	\$756.38
Psycho educational service, per 15 min.	47	H2027		05, 07, 11, 49, 50, 53, 54, 71, 72		\$15.49	\$15.49
Psycho educational service, per 15 min.	47	H2027		12, 99		\$25.67	\$25.67
<b>Transportation Services</b>							
Non-emergency transport; mile	31	A0160		99		\$0.44	\$0.44

  

Description	COS	CPT/ HCPCS			Physician 08, 31	Psychologist 11	Master's Level		Nurse Practitioner 19	Physician Assistant 18
		Code	Modifier	Place of Service			Professional 85, 86, 87	Professional 85, 86, 87		
<b>Medical Services</b>										
Anesthesia for ECT	01	00104		06, 08, 21, 22, 23, 24	\$27.70	N/B	N/B	N/B	N/B	N/B
Collection of venous blood by venipuncture	12	36415		05, 06, 07, 08, 11, 12, 13, 14, 15, 20, 22, 23, 24, 25, 31, 32, 33, 49, 50, 62, 65, 71, 72, 81, 99	\$2.69	N/B	N/B	\$2.69	\$2.69	
CT, head or brain scan w/o contrast	13	70450		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 61, 62, 71, 72, 81	\$203.40	N/B	N/B	N/B	N/B	
CT, head or brain with contrast material(s)	13	70460		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 61, 62, 71, 72, 81	\$254.58	N/B	N/B	N/B	N/B	
CT, head or brain: w/o contrast material & followed by	13	70470		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 61, 62, 71, 72, 81	\$311.35	N/B	N/B	N/B	N/B	
MRI, brain without contrast material	13	70551		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 61, 62, 71, 72, 81	\$468.47	N/B	N/B	N/B	N/B	
MRI, brain with contrast material	13	70552		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 61, 62, 71, 72, 81	\$562.07	N/B	N/B	N/B	N/B	
MRI, brain without contrast material & followed by contrast material	13	70553		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 61, 62, 71, 72, 81	\$996.90	N/B	N/B	N/B	N/B	
Basic metabolic panel	12	80048		05, 06, 07, 08, 11, 20, 22, 49, 50, 65, 71, 72, 81, 99	\$10.59	N/B	N/B	N/B	N/B	
General health panel	12	80050		05, 07, 21, 22, 81	\$43.03	N/B	N/B	N/B	N/B	
Electrolyte panel	12	80051		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81, 99	\$8.77	N/B	N/B	N/B	N/B	
Comprehensive metabolic panel	12	80053		05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$13.22	N/B	N/B	N/B	N/B	
Lipid Panel	12	80061		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$16.75	N/B	N/B	N/B	\$16.75	
Hepatic function panel	12	80076		05, 06, 07, 08, 21, 22, 71, 81, 99	\$10.22	N/B	N/B	N/B	N/B	
Drug screen; multiple drug class	12	80100		05, 07, 21, 22, 81	\$18.19	N/B	N/B	N/B	N/B	
Drug screen; single/each drug class	12	80101		05, 07, 11, 20, 21, 22, 49, 50, 71, 72, 81	\$15.34	N/B	N/B	N/B	N/B	
Drug, confirmation, each procedure	12	80102		05, 07, 21, 22, 81	\$15.82	N/B	N/B	N/B	N/B	
Amitriptyline	12	80152		05, 07, 21, 22, 81	\$22.38	N/B	N/B	N/B	N/B	
Benzodiazepines	12	80154		05, 07, 81	\$23.13	N/B	N/B	N/B	N/B	
Carbamazepine	12	80156		05, 07, 21, 22, 71, 81	\$18.20	N/B	N/B	N/B	N/B	
Desipramine	12	80160		05, 07, 21, 22, 81	\$21.52	N/B	N/B	N/B	N/B	
Valproic Acid	12	80164		05, 07, 71, 81	\$14.89	N/B	N/B	N/B	N/B	
Doxepin	12	80166		05, 07, 21, 22, 81	\$19.39	N/B	N/B	N/B	N/B	
Imipramine	12	80174		05, 07, 81	\$21.41	N/B	N/B	N/B	N/B	
Lithium	12	80178		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$8.27	N/B	N/B	N/B	N/B	
Nortriptyline	12	80182		05, 07, 21, 22, 81	\$14.89	N/B	N/B	N/B	N/B	
Quantitation of psychotropic drug, NOS	12	80299		05, 07, 21, 22, 81	\$15.70	N/B	N/B	N/B	N/B	
Dexamethasone suppression panel, 48 hr.	12	80420		05, 07, 81	\$90.07	N/B	N/B	N/B	N/B	

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**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS Code	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
					08, 31	11	Professional 85, 86, 87	Practitioner 19	Assistant 18
Urinalysis non-automated with microscopy	12	81000		05, 07, 11, 20, 21, 22, 49, 50, 71, 72, 81	\$3.96	N/B	N/B	\$3.96	\$3.96
Urinalysis non-automated without microscopy	12	81002		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$3.20	N/B	N/B	\$3.20	\$3.20
Urinalysis without microscopy	12	81003		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$2.81	N/B	N/B	\$2.81	\$2.81
Urinalysis	12	81005		05, 07, 21, 22, 71, 81	\$2.71	N/B	N/B	\$2.71	\$2.71
Urine pregnancy test	12	81025		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$7.91	N/B	N/B	\$7.91	\$7.91
Alcohol (ethanol), blood, urine	12	82055		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$13.51	N/B	N/B	N/B	N/B
Alcohol (ethanol), breath	12	82075		05, 07, 11, 20, 21, 22, 49, 50, 71, 72, 81	\$15.07	N/B	N/B	\$15.07	\$15.07
Amphetamine or methamphetamine	12	82145		05, 07, 81	\$19.44	N/B	N/B	N/B	N/B
Barbiturate, not elsewhere specified	12	82205		05, 07, 21, 22, 81	\$14.33	N/B	N/B	N/B	N/B
Urinary catecholamines	12	82382		05, 07, 21, 22, 81	\$21.50	N/B	N/B	N/B	N/B
Cholesterol, serum or whole blood, total	12	82465		05, 07, 11, 20, 49, 50, 65, 71, 72, 81	\$5.44	N/B	N/B	N/B	\$5.44
Cocaine, quantitative	12	82520		05, 07, 21, 22, 81	\$18.95	N/B	N/B	N/B	N/B
Cortisol, free	12	82530		05, 07, 21, 22, 81	\$20.90	N/B	N/B	N/B	N/B
Cortisol, total	12	82533		05, 07, 21, 22, 81	\$20.39	N/B	N/B	N/B	N/B
Column Chromatography/mass spectrometry, analyte not elsewhere specified; quantative, single stationary and mobile phase	12	82542		05, 07, 21, 81	\$22.15	N/B	N/B	N/B	N/B
Creatinine; blood	12	82565		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$6.41	N/B	N/B	N/B	N/B
Creatinine (other than serum)	12	82570		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$6.47	N/B	N/B	N/B	N/B
Creatinine clearance	12	82575		05, 07, 21, 22, 81	\$11.81	N/B	N/B	N/B	N/B
Cyanocobalamin (Vitamin B12)	12	82607		05, 07, 21, 22, 81	\$18.85	N/B	N/B	N/B	N/B
Flurazepam	12	82742		05, 07, 81	\$24.76	N/B	N/B	N/B	N/B
Folic Acid	12	82746		05, 07, 81	\$45.23	N/B	N/B	N/B	N/B
Glucose, quantitative, blood	12	82947		05, 07, 11, 20, 49, 50, 65, 71, 72, 81	\$4.90	N/B	N/B	N/B	\$4.90
Glucose, blood, reagent strip	12	82948		05, 07, 81	\$3.96	N/B	N/B	\$3.96	\$3.96
Glutamyltransferase (GGT)	12	82977		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$2.11	N/B	N/B	N/B	N/B
Methadone	12	83840		05, 07, 81	\$20.41	N/B	N/B	N/B	N/B
Opiates (morphine, meperidine)	12	83925		05, 07, 21, 22, 81	\$24.34	N/B	N/B	N/B	N/B
Phencyclidine (PCP)	12	83992		05, 07, 21, 22, 81	\$11.86	N/B	N/B	N/B	N/B
Phenothiazines	12	84022		05, 07, 81	\$19.48	N/B	N/B	N/B	N/B
Potassium; blood	12	84132		05, 07, 11, 20, 65, 71, 72, 81	\$5.75	N/B	N/B	N/B	N/B
Prolactin	12	84146		05, 07, 81	\$24.24	N/B	N/B	N/B	N/B
Thyroxine; total	12	84436		05, 07, 71, 81	\$8.60	N/B	N/B	N/B	N/B
Thyroxine; free	12	84439		05, 07, 71, 81	\$11.28	N/B	N/B	N/B	N/B
Thyroid stimulating hormone(TSH), RIA or EIA	12	84443		05, 07, 11, 20, 49, 50, 65, 71, 72, 81	\$21.01	N/B	N/B	N/B	N/B
Urea nitrogen, blood (BUN); quantitative	12	84520		05, 07, 11, 20, 49, 50, 65, 71, 72, 81	\$4.93	N/B	N/B	N/B	N/B
Gonadotropin, chorionic (HCG),qualitative	12	84703		05, 07, 11, 20, 49, 50, 65, 71, 72, 81	\$9.39	N/B	N/B	N/B	N/B
Blood count; blood smear, microscopic examination w/ manual differential WBC count	12	85007		05, 07, 21, 22, 81	\$4.30	N/B	N/B	N/B	N/B
Blood count; blood smear, microscopic examination w/o manual differential WBC count	12	85008		05, 07, 21, 22, 81	\$4.30	N/B	N/B	N/B	N/B
Blood count; differential WBC count, buffy coat	12	85009		05, 07, 21, 22, 81	\$4.65	N/B	N/B	N/B	N/B
Blood count; spun microhematocrit	12	85013		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 81	\$2.96	N/B	N/B	\$2.96	\$2.96
Blood count; hematocrit	12	85014		05, 07, 11, 20, 49, 50, 65, 71, 81	\$2.96	N/B	N/B	N/B	N/B

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**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS Code	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
					08, 31	11	Professional 85, 86, 87	Practitioner 19	Assistant 18
Blood count; hemoglobin, colorimetric	12	85018		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 81	\$2.96	N/B	N/B	\$2.96	\$2.96
Blood count; hemogram and platelet count, automated and automated complete	12	85025		05, 07, 11, 21, 22, 49, 50, 71, 72, 81	\$8.03	N/B	N/B	N/B	N/B
Blood count; hemogram and platelet count, automated	12	85027		05, 07, 21, 22, 71, 81	\$8.03	N/B	N/B	N/B	N/B
White blood cell (WBC) count	12	85048		05, 07, 71, 81	\$3.18	N/B	N/B	N/B	N/B
Sedimentation rate, erythrocyte; non-automated	12	85651		05, 07, 11, 20, 21, 22, 49, 50, 65, 71, 72, 81	\$4.44	N/B	N/B	N/B	N/B
Sedimentation rate, erythrocyte; automated	12	85652		05, 07, 21, 22, 71, 81, 99	\$3.37	N/B	N/B	N/B	N/B
TB test (PPD)	12	86580		05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 71, 72, 81	\$9.08	N/B	N/B	\$9.08	\$9.08
Syphilis test; qualitative	12	86592		05, 07, 21, 22, 81	\$5.33	N/B	N/B	N/B	N/B
Syphilis test; quantitative	12	86593		05, 07, 21, 22, 81	\$5.51	N/B	N/B	N/B	N/B
Antibody; HTLV/HIV, confirmatory test	12	86689		05, 07, 21, 22, 81	\$24.21	N/B	N/B	N/B	N/B
Antibody; HIV-1	12	86701		05, 07, 11, 20, 21, 22, 49, 50, 71, 81	\$11.11	N/B	N/B	N/B	N/B
Antibody; HIV-2	12	86702		05, 07, 21, 22, 81	\$16.90	N/B	N/B	N/B	N/B
Antibody; HIV-1 and HIV2, single assay	12	86703		05, 07, 11, 20, 21, 22, 49, 50, 71, 81	\$17.16	N/B	N/B	N/B	N/B
Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1	12	87390		05, 07, 21, 22, 71, 81, 99	\$22.06	N/B	N/B	N/B	N/B
Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2	12	87391		05, 07, 21, 22, 71, 81, 99	\$22.06	N/B	N/B	N/B	N/B
Therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular	01	96372		05, 06, 07, 08, 11, 20, 21, 22, 23, 49, 50, 71, 72, 99	\$21.90	N/B	N/B	\$21.90	\$21.90
Electroconvulsive therapy	47	90870		05, 06, 07, 08, 11, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72	\$145.32	N/B	N/B	N/B	N/B
Electrocardiogram, complete	01	93000		05, 06, 07, 08, 11, 14, 20, 21, 22, 23, 24, 31, 32, 33, 49, 50, 56, 71, 72, 81, 99	\$26.83	N/B	N/B	N/B	N/B
Electrocardiogram, tracing	01	93005		05, 06, 07, 08, 11, 12, 14, 20, 21, 22, 31, 32, 33, 49, 50, 56, 71, 72, 81, 99	\$17.73	N/B	N/B	\$17.73	\$17.73
Electrocardiogram, report	01	93010		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 31, 32, 33, 49, 50, 71, 72, 81	\$8.95	N/B	N/B	N/B	N/B
Rhythm ECG, with interpretation and report	01	93040		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 71, 72, 81	\$14.39	N/B	N/B	N/B	N/B
Rhythm ECG, tracing only	01	93041		05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 71, 72, 81, 99	\$6.04	N/B	N/B	\$6.04	\$6.04
Rhythm ECG, interpretation and report only	01	93042		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 71, 72, 81	\$8.21	N/B	N/B	N/B	N/B
Electroencephalogram (EEG), awake and asleep	01	95819		05, 06, 07, 08, 11, 20, 21, 22, 23, 49, 50, 51, 71, 72	\$403.05	N/B	N/B	\$403.05	\$403.05
<b><u>New Patient Office Visit</u></b>									
Problem Focused; straightforward	01	99201	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$35.87	N/B	N/B	\$35.87	\$35.87
Expanded Problem Focused; straightforward	01	99202	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$64.15	N/B	N/B	\$64.15	\$64.15
Detailed; low complexity	01	99203	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$95.36	N/B	N/B	\$95.36	\$95.36
Comprehensive; moderate complexity	01	99204	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$134.70	N/B	N/B	\$134.70	\$134.70
Comprehensive; high complexity	01	99205	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$171.12	N/B	N/B	\$171.12	\$171.12
<b><u>Established Patient Office Visit</u></b>									
Office or other OP visit for the eval and mgt of an estab patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal.	01	99211	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$21.00	\$21.00	N/B	\$21.00	\$21.00
Problem Focused; straightforward	01	99212	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$37.33	N/B	N/B	\$37.33	\$37.33

This information is confidential and the proprietary information of Magellan.

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**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
		Code			08, 31	11	Professional	Practitioner	Assistant
					85, 86, 87	19	18		
Expanded Problem Focused; low complexity	01	99213	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$62.65	N/B	N/B	\$62.65	\$62.65
Detailed; moderate complexity	01	99214	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$97.74	N/B	N/B	\$97.74	\$97.74
Comprehensive; high complexity	01	99215	w/ or w/o GT	05, 06, 07, 08, 11, 15, 20, 22, 23, 24, 49, 50, 53, 62, 71, 72	\$141.92	N/B	N/B	\$141.92	\$141.92
<b><u>Nursing Facility Consultation</u></b>									
Initial Detailed or Comprehensive; straightforward or low complexity	01	99304		31, 32, 33, 56, 99	\$74.27	N/B	N/B	\$74.27	\$74.27
Initial Comprehensive; moderate complexity	01	99305		31, 32, 33, 56, 99	\$105.48	N/B	N/B	\$105.48	\$105.48
Initial Comprehensive; high complexity	01	99306		31, 32, 33, 56, 99	\$133.40	N/B	N/B	\$133.40	\$133.40
Nursing facility discharge day management, 30 min, or less	01	99315		31, 32, 33, 34, 56, 99	\$61.77	N/B	N/B	\$61.77	\$61.77
Nursing facility discharge day management, more than 30 min.	01	99316		31, 32, 33, 34, 56, 99	\$83.09	N/B	N/B	\$83.09	\$83.09
Annual nursing facility assessment; Detailed/ Comprehensive low to moderate complexity	01	99318		13, 31, 32, 33, 99	\$75.90	N/B	N/B	\$75.90	\$75.90
<b><u>Domiciliary, Rest Home, Custodial Care Services</u></b>									
<b>New Patient:</b>									
Problem Focused; straightforward	01	99324		13, 14, 31, 32, 33, 34, 54, 55, 99	\$58.72	N/B	N/B	\$58.72	\$58.72
Expanded Problem Focused; low complexity	01	99325		13, 14, 31, 32, 33, 34, 54, 55, 99	\$86.00	N/B	N/B	\$86.00	\$86.00
Detailed; moderate complexity	01	99326		13, 14, 31, 32, 33, 34, 54, 55, 99	\$124.67	N/B	N/B	\$124.67	\$124.67
Comprehensive; moderate complexity	01	99327		13, 14, 31, 32, 33, 34, 54, 55, 99	\$164.08	N/B	N/B	\$164.08	\$164.08
Comprehensive; high complexity	01	99328		13, 14, 31, 32, 33, 34, 54, 55, 99	\$203.12	N/B	N/B	\$203.12	\$203.12
<b>Established Patient:</b>									
Problem Focused; straightforward	01	99334		13, 14, 31, 32, 33, 34, 54, 55, 99	\$48.03	N/B	N/B	\$48.03	\$48.03
Expanded Problem Focused; low complexity	01	99335		13, 14, 31, 32, 33, 34, 54, 55, 99	\$75.09	N/B	N/B	\$75.09	\$75.09
Detailed; moderate complexity	01	99336		13, 14, 31, 32, 33, 34, 54, 55, 99	\$111.03	N/B	N/B	\$111.03	\$111.03
Comprehensive; moderate to high complexity	01	99337		13, 14, 31, 32, 33, 34, 54, 55, 99	\$163.33	N/B	N/B	\$163.33	\$163.33
<b><u>Home Psychotherapy</u></b>									
<b>New Patient:</b>									
Problem Focused; straightforward	01	99341		12	\$58.35	N/B	N/B	\$58.35	\$58.35
Expanded Problem Focused; low complexity	01	99342		12	\$86.00	N/B	N/B	\$86.00	\$86.00
Detailed; moderate complexity	01	99343		12	\$125.42	N/B	N/B	\$125.42	\$125.42
Comprehensive; moderate complexity	01	99344		12, 99	\$161.10	N/B	N/B	\$161.10	\$161.10
Comprehensive; high complexity	01	99345		12, 99	\$203.49	N/B	N/B	\$203.49	\$203.49
<b>Established Patient:</b>									
Problem Focused; straightforward	01	99347		12, 99	\$45.46	N/B	N/B	\$45.46	\$45.46
Expanded Problem Focused; low complexity	01	99348		12, 99	\$75.01	N/B	N/B	\$75.01	\$75.01
Detailed; moderate complexity	01	99349		12, 99	\$116.25	N/B	N/B	\$116.25	\$116.25
Comprehensive; moderate to high complexity	01	99350		12, 99	\$169.14	N/B	N/B	\$169.14	\$169.14
Prolonged Service, Office OP direct contact 1 <sup>st</sup> hr.	01	99354	w/ or w/o GT	05, 06, 07, 08, 11, 20, 22, 23, 24, 25, 49, 50, 62, 65, 71, 72	\$99.27	N/B	N/B	\$99.27	\$99.27
Prolonged Service, Office OP direct contact each 30 min.	01	99355	w/ or w/o GT	05, 06, 07, 08, 11, 20, 22, 23, 24, 25, 49, 50, 62, 65, 71, 72	\$98.11	N/B	N/B	\$98.11	\$98.11
Prolonged Service, Inpatient direct contact 1st hr	01	99356		06, 08, 13, 21, 31, 32, 33, 51, 61	\$90.95	N/B	N/B	\$90.95	\$90.95
Prolonged Service, Inpatient direct contact each 30 min.	01	99357		06, 08, 13, 21, 31, 32, 33, 51, 61	\$91.73	N/B	N/B	\$91.73	\$91.73
Prolonged Service, w/o contact, first hour	01	99358	w/ or w/o GT	05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 25, 49, 50, 61, 62, 65, 71, 72	\$94.43	N/B	N/B	\$94.43	\$94.43
Prolonged Service, w/o contact, each 30 min.	01	99359	w/ or w/o GT	05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 25, 49, 50, 61, 62, 65, 71, 72	\$64.75	N/B	N/B	\$45.50	\$45.50

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**  
**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS Code	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
					08, 31	11	Professional 85, 86, 87	Practitioner 19	Assistant 18
Alcohol/Drug services; methadone administration/service	01	H0020	HG	05, 06, 07, 08, 11, 20, 22, 23, 49, 50, 53, 71, 72, 99	\$3.09	N/B	N/B	\$3.09	\$3.09
Comprehensive medication services, per 15 min.	01	H2010	HG	05, 07, 11, 20, 49, 50, 53, 71, 72, 99	\$13.86	N/B	N/B	\$13.86	\$13.86
Injection, Benztropine Mesylate, per 1mg	01	J0515		05, 06, 07, 08, 11, 12, 20, 22, 23, 24, 25, 26, 31, 32, 33, 34, 49, 50, 51, 52, 53, 54, 55, 56, 62, 65, 71, 72, 99	\$26.83	N/B	N/B	\$26.83	\$26.83
Injection, Diphenhydramine HCL, up to 50 mg	01	J1200		05, 06, 07, 08, 11, 12, 20, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 49, 50, 51, 52, 53, 54, 55, 56, 62, 65, 71, 72, 99	\$0.72	N/B	N/B	\$0.72	\$0.72
Injection, Haloperidol, up to 5 mg	01	J1630		05, 06, 07, 08, 11, 12, 20, 22, 23, 24, 25, 26, 31, 32, 33, 34, 49, 50, 51, 52, 53, 54, 55, 56, 62, 65, 71, 72, 99	\$8.45	N/B	N/B	\$8.45	\$8.45
Injection, aloperidol decanoate, per 50 mg.	01	J1631		05, 06, 07, 08, 11, 12, 20, 22, 23, 24, 25, 26, 31, 32, 33, 34, 49, 50, 51, 52, 53, 54, 55, 56, 62, 65, 71, 72, 99	\$22.63	N/B	N/B	\$22.63	\$22.63
Injection, fluphenazine decanoate, up to 25 mg.	01	J2680		05, 06, 07, 08, 11, 12, 20, 22, 23, 24, 25, 26, 31, 32, 33, 34, 49, 50, 51, 52, 53, 54, 55, 56, 62, 65, 71, 72, 99	\$18.77	N/B	N/B	\$18.77	\$18.77
Risperidone Injection, long lasting 0.5 MG	01	J2794		05, 06, 07, 08, 11, 22, 24, 31, 32, 33, 49, 50, 71, 72, 99	\$18.77	N/B	N/B	\$18.77	\$18.77
Injection, Hydroxyzine HCL, up to 25 mg	01	J3410		05, 06, 07, 08, 11, 12, 20, 22, 23, 24, 25, 26, 31, 32, 33, 34, 49, 50, 51, 52, 53, 54, 55, 56, 62, 65, 71, 72, 99	\$1.30	N/B	N/B	\$1.30	\$1.30
<b>Treatment Services</b>									
Psychiatric diagnostic evaluation, no medical services	01	90791	w/ or w/o GT	03, 05, 06, 07, 08, 11, 12, 13, 20, 21, 22, 23, 31, 32, 33, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$232.80	\$232.80	\$232.80	\$232.80	\$232.80
Psychotherapy w/ patient and/or family member, 30 min.	47	90832	w/ or w/o GT	03, 05, 06, 07, 08, 11, 13, 31, 32, 49, 50, 51, 52, 54, 55, 56, 71, 72, 99	\$70.19	\$70.19	\$70.19	\$70.19	\$70.19
Psychotherapy w/ patient and/or family member, 45 min.	47	90834	w/ or w/o GT	05, 06, 07, 08, 11, 49, 50, 51, 52, 54, 55, 56, 71, 72, 99	\$108.20	\$108.20	\$108.20	\$108.20	\$108.20
Psychotherapy w/ patient and/or family member, 60 min.	47	90837	w/ or w/o GT	03, 05, 06, 07, 08, 11, 13, 31, 32, 49, 50, 51, 52, 54, 55, 56, 71, 72, 99	\$108.20	\$108.20	\$108.20	\$108.20	\$108.20
Psychiatric diagnostic evaluation with medical services	01	90792	w/ or w/o GT	03, 05, 06, 07, 08, 11, 12, 13, 20, 21, 22, 23, 31, 32, 33, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$232.80	N/B	N/B	\$232.80	\$232.80
Psychotherapy w/ patient and/or family member, 30 min., E&M services	47	+90833	w/ or w/o GT	05, 06, 07, 08, 11, 13, 31, 32, 49, 50, 51, 52, 54, 55, 56, 71, 72, 99	\$70.33	N/B	N/B	\$70.33	\$70.33
Psychotherapy w/ patient and/or family member, 45 min., E&M services	47	+90836	w/ or w/o GT	05, 06, 07, 08, 11, 13, 31, 32, 49, 50, 51, 52, 54, 55, 56, 71, 72, 99	\$81.14	N/B	N/B	\$81.14	\$81.14
Psychotherapy w/ patient and/or family member, 60 min., E&M services	47	+90838	w/ or w/o GT	05, 06, 07, 08, 11, 13, 31, 32, 49, 50, 51, 52, 54, 55, 56, 71, 72, 99	\$92.87	N/B	N/B	\$92.87	\$92.87
Medical psychoanalysis, no units specified	47	90845	w/ or w/o GT	05, 06, 07, 08, 11, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72	\$96.13	N/B	N/B	N/B	N/B
Family psychotherapy, w/o patient present	47	90846	w/ or w/o GT	03, 05, 06, 07, 08, 11, 12, 21, 22, 23, 49, 50, 51, 52, 53, 55, 56, 71, 72, 99	\$102.09	\$102.09	\$102.09	\$102.09	\$102.09
Family psychotherapy, w/ patient present	47	90847	w/ or w/o GT	03, 05, 06, 07, 08, 11, 12, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$124.67	\$124.67	\$124.67	\$124.67	\$124.67
Multiple-family group psychotherapy	47	90849		03, 05, 06, 07, 08, 11, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$33.32	\$33.32	\$33.32	\$33.32	\$33.32
Group psychotherapy	47	90853		03, 05, 06, 07, 08, 11, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$34.26	\$34.26	\$34.26	\$34.26	\$34.26
Individual psychophysiological therapy, 20-30 min.	47	90875		03, 05, 06, 07, 08, 11, 12, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$80.93	\$80.93	N/B	\$80.93	\$80.93
Individual psychophysiological therapy, 45-50	47	90876		03, 05, 06, 07, 08, 11, 12, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$115.33	\$115.33	N/B	\$115.33	\$115.33

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**  
**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS Code	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
					08, 31	11	Professional 85, 86, 87	Practitioner 19	Assistant 18
Hypnotherapy	47	90880		05, 06, 07, 08, 11, 21, 22, 49, 50, 71, 72	\$124.25	\$124.25	N/B	\$124.25	\$124.25
Biofeedback training by any modality	01	90901		03, 05, 06, 07, 08, 11, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$40.78	\$40.78	N/B	\$40.78	\$40.78
Psychological Testing	01	96101	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 51, 52, 53, 54, 55, 56, 61, 62, 71, 72, 99	\$96.95	\$96.95	N/B	N/B	N/B
Psych Testing Admin by Technician	01	96102	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 51, 52, 53, 54, 55, 56, 61, 62, 71, 72, 99	\$44.17	\$44.17	N/B	N/B	N/B
Psych Testing Admin by Computer	01	96103	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 51, 52, 53, 54, 55, 56, 61, 62, 71, 72, 99	\$28.03	\$28.03	N/B	N/B	N/B
Developmental Testing	01	96110		03, 05, 06, 07, 08, 11, 21, 22, 49, 50, 61, 62, 71, 72, 99	\$14.06	\$14.06	N/B	\$14.06	\$14.06
Developmental testing: extended	01	96111		03, 05, 06, 07, 08, 11, 21, 22, 49, 50, 61, 62, 71, 72, 99	\$143.47	\$143.47	N/B	\$143.47	\$143.47
Neurobehavioral Status Exam	01	96116	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 51, 52, 53, 54, 55, 56, 61, 62, 71, 72, 99	\$108.98	\$108.98	N/B	N/B	N/B
Neuropsychological Testing	01	96118	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 23, 49, 50, 51, 52, 53, 54, 55, 56, 61, 62, 71, 72, 99	\$130.04	\$130.04	N/B	N/B	N/B
Neuropsych Testing Admin by Technician	01	96119	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 51, 52, 53, 54, 55, 56, 61, 62, 71, 72, 99	\$66.48	\$66.48	N/B	N/B	N/B
Neuropsych Testing Admin by Computer	01	96120	w/ or w/o GT	03, 05, 06, 07, 08, 11, 20, 21, 22, 49, 50, 51, 52, 53, 54, 55, 71, 72, 99	\$47.96	\$47.96	N/B	N/B	N/B
<b>Outpatient Consultation</b>									
Problem Focused; straightforward	01	99241	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 25, 34, 49, 50, 62, 65, 71, 72	\$49.67	N/B	N/B	\$49.67	\$49.67
Expanded Problem Focused; straightforward	01	99242	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 25, 34, 49, 50, 62, 65, 71, 72	\$90.98	N/B	N/B	\$90.98	\$90.98
Detailed; low complexity	01	99243	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 25, 34, 49, 50, 62, 65, 71, 72	\$119.86	N/B	N/B	\$119.86	\$119.86
Comprehensive; moderate complexity	01	99244	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 25, 34, 49, 50, 62, 65, 71, 72	\$169.67	N/B	N/B	\$169.67	\$169.67
Comprehensive; high complexity	01	99245	w/ or w/o GT	05, 06, 07, 08, 11, 12, 15, 20, 22, 23, 24, 25, 34, 49, 50, 62, 65, 71, 72	\$219.05	N/B	N/B	\$219.05	\$219.05
Unlisted evaluation and management service	01	99499		05, 06, 07, 08, 11, 12, 20, 21, 22, 23, 24, 25, 34, 49, 50, 55, 56, 61, 62, 65, 71, 72, 99	\$41.00	N/B	N/B	\$41.00	\$41.00
<b>Inpatient Services</b>									
Observation care; Discharge Day Management	01	99217		06, 08, 21, 22, 23, 25	\$70.86	N/B	N/B	\$70.86	\$70.86
Detailed or Comprehensive; straightforward or low complexity	01	99218		06, 08, 21, 22, 23, 25	\$68.84	N/B	N/B	\$68.84	\$68.84
Comprehensive; moderate complexity	01	99219		06, 08, 21, 22, 23, 25	\$112.22	N/B	N/B	\$112.22	\$112.22
Comprehensive; high complexity	01	99220		06, 08, 21, 22, 23, 25	\$157.71	N/B	N/B	\$157.71	\$157.71
<b>Initial Hospital Care</b>									
Detailed or Comprehensive; straightforward or low complexity	01	99221		06, 08, 21, 51, 52, 61	\$80.74	N/B	N/B	\$80.74	\$80.74
Comprehensive; moderate complexity	01	99222		06, 08, 21, 51, 52, 61	\$110.99	N/B	N/B	\$110.99	\$110.99
Comprehensive; high complexity	01	99223		06, 08, 21, 51, 52, 61	\$160.87	N/B	N/B	\$160.87	\$160.87
<b>Subsequent Hospital Care</b>									
Problem Focused; straightforward or low complexity	01	99231		06, 08, 21, 51, 52, 61	\$33.11	N/B	N/B	\$33.11	\$33.11

**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**  
**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS Code	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
					08, 31	11	Professional 85, 86, 87	Practitioner 19	Assistant 18
Expanded Problem Focused; moderate complexity	01	99232		06, 08, 21, 51, 52, 61	\$56.93	N/B	N/B	\$56.93	\$56.93
Detailed; high complexity	01	99233		06, 08, 21, 51, 52, 61	\$82.08	N/B	N/B	\$82.08	\$82.08
<b><u>Observation or Inpatient Hospital Care</u></b>									
Detailed or Comprehensive; straightforward or low complexity	01	99234		06, 08, 21, 22, 23, 51, 99	\$137.39	N/B	N/B	\$137.39	\$137.39
Comprehensive; moderate complexity	01	99235		06, 08, 21, 22, 23, 51, 99	\$180.94	N/B	N/B	\$180.94	\$180.94
Comprehensive; high complexity	01	99236		06, 08, 21, 22, 23, 51, 99	\$225.66	N/B	N/B	\$225.66	\$225.66
Hospital discharge day management	01	99238		06, 08, 21, 25, 51, 61	\$69.55	N/B	N/B	\$69.55	\$69.55
Hospital discharge day management; more than 30 min.	01	99239		06, 08, 21, 51, 61, 99	\$94.80	N/B	N/B	\$94.80	\$94.80
<b><u>Initial Inpatient Consultation</u></b>									
Problem Focused; straightforward	01	99251	w/ or w/o GT	06, 08, 21, 31, 32, 51, 52, 61	\$38.48	N/B	N/B	\$38.48	\$38.48
Expanded Problem Focused; straightforward	01	99252	w/ or w/o GT	06, 08, 21, 31, 32, 51, 52, 61	\$71.61	N/B	N/B	\$71.61	\$71.61
Detailed; low complexity	01	99253	w/ or w/o GT	06, 08, 21, 31, 32, 51, 52, 61	\$97.26	N/B	N/B	\$97.26	\$97.26
Comprehensive; moderate complexity	01	99254	w/ or w/o GT	06, 08, 21, 31, 32, 51, 52, 61	\$140.01	N/B	N/B	\$140.01	\$140.01
Comprehensive; high complexity	01	99255	w/ or w/o GT	06, 08, 21, 31, 32, 51, 52, 61	\$161.99	N/B	N/B	\$161.99	\$161.99
<b><u>Nursing Facility Consultation</u></b>									
Subsequent Problem Focused; straightforward	01	99307		31, 32, 33, 56, 99	\$35.30	N/B	N/B	\$35.30	\$35.30
Subsequent Expanded Problem Focused; low complexity	01	99308		31, 32, 33, 56, 99	\$56.44	N/B	N/B	\$56.44	\$56.44
Subsequent Detailed; moderate complexity	01	99309		31, 32, 33, 56, 99	\$79.55	N/B	N/B	\$79.55	\$79.55
Subsequent Comprehensive; high complexity	01	99310		05, 07, 31, 32, 33, 56, 99	\$107.32	N/B	N/B	\$107.32	\$107.32
<b><u>Emergency Department Visit</u></b>									
Problem Focused; straightforward	01	99281		06, 08, 21, 22, 23	\$16.89	N/B	N/B	\$16.89	\$16.89
Expanded Problem Focused; low complexity	01	99282		06, 08, 21, 22, 23	\$32.93	N/B	N/B	\$32.93	\$32.93
Expanded Problem Focused; moderate complexity	01	99283		06, 08, 21, 22, 23	\$61.69	N/B	N/B	\$61.69	\$61.69
Detailed; moderate complexity	01	99284		06, 08, 22, 23	\$95.67	N/B	N/B	\$95.67	\$95.67
Comprehensive; high complexity	01	99285		06, 08, 21, 22, 23	\$149.90	N/B	N/B	\$149.90	\$149.90
<b><u>Support Services</u></b>									
Consultation with Family	01	90887	w/ or w/o GT	03, 05, 06, 07, 08, 11, 13, 21, 22, 23, 31, 32, 33, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$86.83	\$86.83	N/B	\$86.83	\$86.83
Preparation of report	01	90889		03, 05, 06, 07, 08, 11, 13, 21, 22, 23, 31, 32, 33, 49, 50, 51, 52, 53, 54, 55, 56, 71, 72, 99	\$64.34	\$64.34	N/B	\$64.34	\$64.34
Physician/Team Conference	01	99367		06, 08, 11, 21, 22, 49, 50, 56, 71, 72	\$45.38	N/B	N/B	N/B	N/B
Non-physician/Team Conference	01	99368		06, 08, 11, 21, 22, 49, 50, 56, 71, 72	N/B	N/B	N/B	\$31.00	N/B
Telephone Assessment, 5-10 min. of medical discussion	01	98966		06, 08, 11, 21, 22, 49, 50, 71, 72	N/B	\$11.05	N/B	N/B	N/B
Telephone Assessment, 11-20 min. of medical discussion	01	98967		06, 08, 11, 21, 22, 49, 50, 71, 72, 99	N/B	\$21.31	N/B	N/B	N/B
Telephone Assessment, 21-30 min. of medical discussion	01	98968		06, 08, 11, 21, 22, 49, 50, 71, 72, 99	N/B	\$31.55	N/B	N/B	N/B
Telephone Call, 5-10 min. of medical discussion	01	99441		06, 08, 11, 21, 22, 49, 50, 52, 53, 54, 55, 56, 57, 71, 72	BR	N/B	N/B	BR	BR
Telephone Call, 11-20 min. of medical discussion	01	99442		06, 08, 11, 21, 22, 49, 50, 52, 53, 54, 55, 56, 57, 71, 72	BR	N/B	N/B	BR	BR
Telephone Call, 21-30 min. of medical discussion	01	99443		06, 08, 11, 21, 22, 49, 50, 52, 53, 54, 55, 56, 57, 71, 72	BR	N/B	N/B	BR	BR
<b><u>Rehabilitation Services</u></b>									
Cognitive skills development	06	97532		03, 05, 06, 07, 08, 11, 21, 22, 31, 32, 33, 49, 50, 61, 62, 71, 72, 99	\$24.60	\$24.60	N/B	\$24.60	\$24.60
Unlisted special service report	01	99199		05, 06, 07, 08, 11, 20, 21, 22, 23, 24, 49, 50, 71, 72, 81, 99	BR	N/B	N/B	N/B	N/B



**EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE**  
**ARIZONA - MARICOPA COUNTY MEDICAID - Independent Biller**

Description	COS	CPT/ HCPCS	Modifier	Place of Service	Physician	Psychologist	Master's Level	Nurse	Physician
		Code			08, 31	11	Professional	Practitioner	Assistant
							85, 86, 87	19	18
<b>Modifier</b>		<b>Description</b>							
GT		Interactive telecommunication							
HG		Opioid addiction treatment program							
HK		Specialized mental health programs for high-risk populations							
HO		Masters degree level							
HR		Family/couple with client present							
HS		Family/couple without client present							
HQ		Group setting							

**Notes:**

1. Providers must be registered with Arizona Health Care Cost Containment System (AHCCCS) for the provider type and category of service to be eligible to perform and receive reimbursement for services.
2. Discipline levels will vary from state to state. N/B indicates a non-billable service for this discipline level.
3. BR indicates billed rate. Providers must retain records to support the billed rate in order to receive reimbursement.
4. In order to be reimbursed correctly when billing a code with two modifiers, bill with the modifiers in order as they appear on the schedule.
5. This reimbursement schedule represents the most frequently utilized Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for professional services.  
A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code. Rates for CPT/HCPCS codes not listed can be obtained from Magellan upon request and will be provided at the time services are authorized.
6. Magellan or its claims payers will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
7. Rates for all services are subject to the provisions and limitations of the enrollee's benefit plan including authorization requirements. Nothing in this schedule should be construed as altering enrollee's benefits.
8. Nurses may only provide services and bill for CPT/HCPCS codes that fall within the scope of practice allowed by their professional training and state licensure.
9. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.

**Payor: Maricopa County, AZ - Regional Behavioral Health Authority (RBHA)**

If specified, this exhibit applies only to the Payor/Client Organization listed above.

In accordance with Section 2.4 of the Agreement, the reimbursement rates set forth on this Exhibit apply to Medically Necessary Covered Services rendered to Enrollees of Payors in the Medicaid category, unless this Exhibit applies to a specific Payor as indicated above, or a separate Exhibit attached hereto applies to a specific Payor as indicated therein.

This reimbursement rates set forth in this Exhibit are applicable to Payors in the Medicaid category that generally serves persons eligible to receive benefits under a federal program administered by state welfare or health departments, or by a department of the federal government in its administrative capacity, to provide health services, through a health maintenance organization [HMO] or otherwise, to the indigent and underserved. Provider will be notified of the applicable reimbursement rate at the time of reimbursement.

Provider may be eligible to receive referrals of Enrollees for one or more Payors or one or more categories of Payors, therefore, the applicable reimbursement schedule for an Enrollee may be set forth on a separate Exhibit attached hereto.

The fact that a particular category is indicated above does not signify that Provider meets the special account requirements that may exist for a particular Payor or that Provider is eligible to receive referrals from such Payors.