

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type A3 - Community Service Agency

| DESCRIPTION | COS | HCPCS | | Place of Service | Rate |
|--|-----|--------|--------------|--|----------|
| | | Code | Modifier | | |
| Rehabilitation Services | | | | | |
| Behavioral health prevention/promotion education service (services to target population to affect knowledge, attitude and/or behavior) | 47 | H0025 | | 05, 07, 11, 12, 49, 50, 53, 54, 71, 72, 99 | \$31.53 |
| Skills training and development, per 15 minutes | 47 | H2014 | w/ or w/o HK | 05, 07, 11, 13, 20, 23, 49, 50, 53, 54, 71, 72 | \$15.19 |
| Skills training and development, per 15 minutes | 47 | H2014 | w/ or w/o HK | 12, 99 | \$25.17 |
| Group skills training and development, per 15 minutes per person | 47 | H2014 | HQ or HQ, HK | 05, 07, 11, 13, 20, 23, 49, 50, 53, 54, 71, 72 | \$7.59 |
| Group skills training and development, per 15 minutes per person | 47 | H2014 | HQ or HQ, HK | 12, 99 | \$12.59 |
| Psychosocial rehabilitation living skills training services, per 15 minutes | 47 | H2017 | | 05, 07, 11, 12, 20, 49, 50, 53, 54, 71, 72, 99 | \$25.67 |
| Ongoing support to maintain employment, per 15 minutes | 47 | H2025 | | 05, 07, 11, 49, 50, 53, 54, 71, 72 | \$15.49 |
| Ongoing support to maintain employment, per 15 minutes | 47 | H2025 | | 12, 99 | \$25.67 |
| Ongoing support to maintain employment, per diem | 47 | H2026 | | 05, 07, 11, 12, 49, 50, 53, 54, 71, 72, 99 | \$756.38 |
| Psychoeducational service (pre-job training and development), per 15 minutes | 47 | H2027 | | 05, 07, 11, 49, 50, 53, 54, 71, 72 | \$15.49 |
| Psychoeducational service (pre-job training and development), per 15 minutes | 47 | H2027 | | 12, 99 | \$25.67 |
| Support Services | | | | | |
| Self-help/peer services (peer support), per 15 minutes | 47 | H0038 | | 05, 07, 11, 20, 23, 49, 50, 53, 54, 71, 72 | \$13.39 |
| Self-help/peer services (peer support), per 15 minutes | 47 | H0038 | | 12, 99 | \$22.13 |
| Self-help/peer services group, per 15 minutes | 47 | H0038 | HQ | 05, 07, 11, 20, 23, 49, 50, 53, 54, 71, 72 | \$6.76 |
| Self-help/peer services group, per 15 minutes | 47 | H0038 | HQ | 12, 99 | \$11.26 |
| Supported Housing, per diem | S | H0043 | | 99 | \$21.80 |
| Comprehensive community support services (peer support), per diem | 47 | H2016 | | 05, 07, 11, 12, 49, 50, 53, 54, 71, 72, 99 | \$226.91 |
| Home care training, family (family support), per 15 minutes | 47 | S5110 | | 11, 50, 53, 71, 72 | \$15.83 |
| Home care training, family (family support), per 15 minutes | 47 | S5110 | | 12, 99 | \$25.67 |
| Sign language or oral interpretive services, per 15 minutes | S | T1013 | | 99 | BR |
| Personal care services, per 15 minutes (not for inpatient or residential care) | 39 | T1019 | | 05, 07, 12, 53, 99 | \$23.20 |
| Personal care services, per diem (not for inpatient or residential care) | 39 | T1020 | | 05, 07, 12, 53, 99 | \$671.60 |
| Supervised Behavioral Health Day Programs | | | | | |
| Supervised behavioral health day treatment, per hour up to 5 hours | 47 | H2012 | | 11, 49, 50, 53, 71, 72, 99 | \$15.82 |
| Comprehensive community support services, supervised day program per 15 minutes, 5-10 hours | 47 | H2015 | | 11, 49, 50, 53, 71, 72, 99 | \$3.37 |
| Transportation Services | | | | | |
| Non-emergency transportation, per mile, vehicle provided by individual (family, neighbor, etc.) with vested interest | 31 | A0090 | | 99 | \$0.44 |
| Non-emergency transport; taxi, intra-city, base rate | 31 | A0100 | | 99 | \$1.18 |
| Non-emergency transport via intra- or interstate carrier | 31 | A0110 | | 99 | BR |
| Non-emergency transportation: mini-bus, mountain area transports | 31 | A0120 | | 03, 99 | \$7.55 |
| Non-emergency transportation: mini-bus, mountain area transports | 31 | A0120 | TN | 03, 99 | \$8.27 |
| Non-emergency transport; wheel-chair van., base rate | 31 | A0130 | | 03, 99 | \$12.70 |
| Non-emergency transport; wheel-chair van., base rate | 31 | A0130 | TN | 03, 99 | \$9.85 |
| Non-emergency transport; and air travel (private or commercial) intra or interstate | 31 | A0140 | | 99 | \$250.85 |
| Non-emergency transport; mile - case worker or social worker | 31 | A0160 | | 99 | \$0.44 |
| Non-emergency transport; ancillary services-parking fees, tolls, other | 31 | A0170 | | 99 | BR |
| Non-emergency transport; recipient lodging | 31 | A0180 | | 99 | BR |
| Non-emergency transport; recipient meals | 31 | A0190 | | 99 | BR |
| Non-emergency transport; escort lodging | 31 | A0200 | | 99 | BR |
| Non-emergency transport; escort meals | 31 | A0210 | | 99 | BR |
| Unlisted ambulance service | 31 | A0999* | | 41, 42 | BR |
| Wheelchair van mileage, per mile | 31 | S0209 | | 03, 99 | \$1.54 |
| Wheelchair van, mileage, per mile | 31 | S0209 | TN | 03, 99 | \$1.66 |
| Non-emergency transportation mileage, per mile | 31 | S0215 | | 03, 99 | \$1.28 |
| Non-emergency transportation mileage, per mile | 31 | S0215 | TN | 03, 99 | \$1.53 |
| Non-emergency transportation, non ambulatory stretcher van | 31 | T2005 | | 99 | \$55.33 |
| Non-emergency transportation, non ambulatory stretcher van | 31 | T2005 | TN | 99 | \$97.72 |
| Transportation waiting time, air ambulance and non-emergency vehicle | 31 | T2007 | | 41, 42, 99 | \$5.56 |
| Mental Health Services NOS | S | H0046 | | 99 | BR |
| Mental Health Services NOS (Room & Board) | S | H0046 | SE | 99 | \$21.28 |
| Not medically necessary service, pt aware that services not medically necessary. | S | S9986 | HW | 99 | BR |
| Code will be used to report Medicare Part D Premium payments | | | | | |

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type A3 - Community Service Agency

| Modifier | Description |
|-----------------|--|
| HK | Specialized mental health programs for high-risk populations |
| HQ | Group setting |
| HW | Funded by state mental health agency |
| SE | State and/or federally funded programs/services |
| TN | Rural/out of service area |

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. BR indicates billed rate. Providers must retain records to support the billed rate.
3. 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.
4. Magellan or its claims payers will not accept expired or deleted Healthcare Common Procedure Coding System (HCPCS) codes. Please use and submit current HCPCS codes for all services.
5. This reimbursement schedule represents the most frequently utilized HCPCS codes for professional services. Rates for HCPCS codes not listed can be obtained from Magellan upon request and will be provided at the time services are authorized.
6. 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.
7. * Determine if an alternative national HCPCS level II code or CPT code better describes the service. This code should be used only if a more specific code is unavailable.
8. 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

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.