

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type 39 - Habilitation Provider

DESCRIPTION	HCPCS		Modifier	Place of Service	Rate
	COS	Code			
Rehabilitation Services					
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	\$22.53
Group skills training and 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	\$11.26
Psychosocial rehabilitation living skills training services, per 15 min	47	H2017		05, 07, 11, 12, 20, 49, 50, 53, 54, 71, 72, 99	\$12.36
Support Services					
Home care training, family (family support), per 15 min	47	S5110		11, 12, 50, 53, 71, 72, 99	\$15.83
Unskilled respite care, not hospice, per 15 min	26	S5150		12, 13, 99	\$7.11
Unskilled respite care, not hospice, per diem	26	S5151		12, 13, 99	\$200.50
Personal care services, per 15 min (not for inpatient or residential care)	39	T1019		05, 07, 12, 53, 99	\$20.76
Personal care services, per diem (not for inpatient or residential care)	39	T1020		05, 07, 12, 53, 99	\$490.24
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	\$1.13
Non-emergency transport via intra- or interstate carrier	31	A0110		99	BR
Non-emergency transportation: mini-bus, mountain area transports	31	A0120		03, 99	\$7.21
Non-emergency transportation: mini-bus, mountain area transports	31	A0120	TN	03, 99	\$7.90
Non-emergency transport; wheel-chair van., base rate	31	A0130		03, 99	\$12.13
Non-emergency transport; wheel-chair van., base rate	31	A0130	TN	03, 99	\$9.41
Non-emergency transport; and air travel (private or commercial) intra or interstate	31	A0140		99	\$239.56
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
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
Transportation waiting time, air ambulance and non-emergency vehicle	31	T2007		41, 42, 99	\$5.31

Modifier	Description
HQ	Group setting
HK	Specialized mental health programs for high-risk populations
TN	Rural/out of service area

Notes:

- 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.
- BR indicates billed rate. Providers must retain records to support the billed rate.
- 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.
- 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.
- 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.
- 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.
- 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.