

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type 77 - Outpatient Clinic

| DESCRIPTION | CPT® or | | Modifier | Place of Service | Rate |
|--|---------|------------|--------------|--|----------|
| | COS | HCPCS Code | | | |
| Treatment Services | | | | | |
| 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 |
| Office, individual behavioral health counseling and 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 |
| Home, individual behavioral health counseling and therapy, per 15 min. | 47 | H0004 | | 12, 31, 32, 33, 99 | \$32.76 |
| Office, family behavioral health counseling and therapy with 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 |
| Out of office, family behavioral health counseling and therapy with client present, per 15 min. | 47 | H0004 | HR | 12, 31, 32, 33, 99 | \$34.29 |
| Office, family behavioral health counseling and therapy without 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 |
| Out of office, family behavioral health counseling and therapy without client present, per 15 min. | 47 | H0004 | HS | 12, 31, 32, 33, 99 | \$34.29 |
| Office, group behavioral health counseling and therapy, per 15 min. | 47 | H0004 | HQ | 03, 05, 06, 07, 08, 11, 20, 22, 49, 50, 53, 54, 71, 72 | \$9.02 |
| Alcohol and/or drug services; IOP, per diem | 47 | H0015 | | 11, 22, 49, 50, 53, 71, 72 | \$107.40 |
| Multisystemic therapy for juveniles, per 15 min. | 47 | H2033 | | 11, 22, 49, 50, 53, 71, 72 | \$19.43 |
| Multisystemic therapy for juveniles, per 15 min. | 47 | H2033 | | 12 | \$34.96 |
| 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 |
| 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 |
| Acupuncture, one or more needles, with or without electrical stimulation, initial 15 min. of personal one-on-one contact with the patient; and each additional 15 min. | S | 97810 | | 05, 06, 07, 08, 11, 12, 21, 22, 31, 32, 49, 50, 71, 72, 99 | \$24.86 |
| Each additional 15 min. of personal one-on-one with patient, with reinsertion of needle(s). | S | 97811 | | 05, 06, 07, 08, 11, 12, 21, 22, 31, 32, 49, 50, 71, 72, 99 | \$20.93 |
| Acupuncture, one or more needles, with electrical stimulation, initial 15 min. of personal one-on-one contact with the patient | S | 97813 | | 05, 06, 07, 08, 11, 12, 21, 22, 31, 32, 49, 50, 71, 72, 99 | \$26.83 |
| Each additional 15 min. of personal one-on-one with patient, with reinsertion of needle(s). | S | 97814 | | 05, 06, 07, 08, 11, 12, 21, 22, 31, 32, 49, 50, 71, 72, 99 | \$22.90 |
| 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 | \$28.22 |
| Medication training and support (Health promotion), per 15 min. | 47 | H0034 | w/ or w/o GT | 05, 07, 11, 12, 20, 49, 50, 53, 54, 71, 72, 99 | \$14.10 |
| Skills training and development, per 15 min. | 47 | H2014 | w/ or w/o HK | 05, 07, 11, 13, 20, 23, 49, 50, 53, 54, 71, 72 | \$13.60 |
| Skills training and development, per 15 min. | 47 | H2014 | w/ or w/o HK | 12, 99 | \$22.53 |
| Group skills training and development, per 15 min. per person | 47 | H2014 | HQ or HQ, HK | 05, 07, 11, 13, 20, 23, 49, 50, 53, 54, 71, 72 | \$6.80 |
| Group skills training and development, per 15 min. per person | 47 | H2014 | HQ or HQ, HK | 12, 99 | \$11.26 |
| Psychosocial rehabilitation living skills training services, per 15 min. | 47 | H2017 | | 05, 07, 11, 20, 49, 50, 53, 54, 71, 72 | \$13.86 |
| Psychosocial rehabilitation living skills training services, per 15 min. | 47 | H2017 | | 12, 99 | \$22.98 |
| Ongoing support to maintain employment, per 15 min. | 47 | H2025 | | 05, 07, 11, 49, 50, 53, 54, 71, 72 | \$15.49 |
| Ongoing support to maintain employment, per 15 min. | 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 min. | 47 | H2027 | | 05, 07, 11, 49, 50, 53, 54, 71, 72 | \$15.49 |
| Psychoeducational service (pre-job training and development), per 15 min. | 47 | H2027 | | 12, 99 | \$25.67 |
| Medical Services | | | | | |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type 77 - Outpatient Clinic

| DESCRIPTION | CPT® or | | Modifier | Place of Service | Rate |
|--|---------|------------|--------------|--|----------|
| | COS | HCPCS Code | | | |
| 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 |
| RN services, up to 15 min. | 01 | T1002 | | 03, 05, 07 | \$18.54 |
| RN services, up to 15 min. | 01 | T1002 | | 12, 99 | \$30.85 |
| LPN Services, up to 15 min. | 01 | T1003 | | 03, 05, 07 | \$14.10 |
| LPN Services, up to 15 min. | 01 | T1003 | | 12, 99 | \$23.49 |
| Support Services | | | | | |
| Self-help/peer services (peer support), per 15 min. | 47 | H0038 | | 05, 07, 11, 20, 23, 49, 50, 53, 54, 71, 72 | \$11.98 |
| Self-help/peer services (peer support), per 15 min. | 47 | H0038 | | 12, 99 | \$19.82 |
| Self-help/peer services group, per 15 min. | 47 | H0038 | HQ | 05, 07, 11, 20, 23, 49, 50, 53, 54, 71, 72 | \$6.06 |
| Self-help/peer services group, per 15 min. | 47 | H0038 | HQ | 12, 99 | \$10.08 |
| 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 min. | 47 | S5110 | | 11, 50, 53, 71, 72 | \$15.83 |
| Home care training, family (family support), per 15 min. | 47 | S5110 | | 12, 99 | \$22.98 |
| 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 |
| Sign language or oral interpretive services, per 15 min. | S | T1013 | | 99 | BR |
| Office case management by behavioral health professional, each 15 min. | 47 | T1016 | HO or HO, GT | 05, 06, 07, 08, 11, 20, 34, 49, 50, 53, 54, 71, 72 | \$16.56 |
| Out of office case management by behavioral health professional, each 15 min. | 47 | T1016 | HO | 12, 22, 23, 99 | \$30.40 |
| Office case management, each 15 min. | 47 | T1016 | HN or HN, GT | 05, 06, 07, 08, 11, 20, 34, 49, 50, 53, 54, 71, 72 | \$12.53 |
| Out of office case management by BHT, each 15 min. | 47 | T1016 | HN | 12, 22, 23, 99 | \$21.55 |
| Personal care services, per 15 min. (not for inpatient or residential care) | 39 | T1019 | | 05, 07, 53 | \$12.53 |
| Personal care services, per 15 min. (not for inpatient or residential care) | 39 | T1019 | | 12, 99 | \$20.76 |
| Personal care services, per diem (not for inpatient or residential care) | 39 | T1020 | | 05, 07, 12, 53, 99 | \$601.08 |
| Crisis Intervention Services | | | | | |
| Crisis intervention service, per 15 min. | 47 | H2011 | | 05, 07, 11, 12, 20, 23, 49, 50, 53, 54, 71, 72, 99 | \$29.06 |
| Crisis intervention service, per 15 min. | 47 | H2011 | HT | 05, 07, 11, 20, 23, 49, 50, 53, 54, 71, 72 | \$44.06 |
| Crisis intervention service, per 15 min. | 47 | H2011 | HT | 12, 99 | \$69.39 |
| Behavioral Health Day Program | | | | | |
| Community psychiatric supportive treatment day program, face-to-face, per 15 min. | 47 | H0036 | | 53, 72, 99 | \$5.81 |
| Community psychiatric supportive treatment day program, face-to-face, per 15 min. | 47 | H0036 | TF | 12, 53, 72, 99 | \$5.81 |
| Community psychiatric supportive treatment medical day program, per diem | 47 | H0037 | | 53, 72, 99 | \$122.95 |
| Home community psychiatric supportive medical treatment program, per diem | 47 | H0037 | | 12 | \$167.22 |
| Supervised behavioral health day treatment, per hour up to 5 hours | 47 | H2012 | | 11, 49, 50, 53, 71, 72, 99 | \$14.16 |
| Comprehensive community support services, supervised day program per 15 min., 5-10 hours | 47 | H2015 | | 11, 49, 50, 53, 71, 72, 99 | \$3.02 |
| Therapeutic behavioral services day program, per 15 min. up to 5 ¼ hours | 47 | H2019 | | 11, 12, 49, 50, 53, 71, 72, 99 | \$5.11 |
| Therapeutic behavioral services day program, per 15 min. up to 5 ¼ hours | 47 | H2019 | TF | 11, 49, 50, 53, 71, 72, 99 | \$5.37 |
| Home therapeutic behavioral services day program, per 15 min. up to 5 ¼ hours | 47 | H2019 | TF | 12 | \$5.59 |
| Therapeutic behavioral services, per diem | 47 | H2020 | | 11, 49, 50, 53, 71, 72, 99 | \$111.88 |
| Home therapeutic behavioral health day services, per diem | 47 | H2020 | | 12 | \$96.31 |
| 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 |

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type 77 - Outpatient Clinic

| DESCRIPTION | CPT® or | | Modifier | Place of Service | Rate |
|--|---------|------------|----------|------------------|---------|
| | COS | HCPCS Code | | | |
| 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 |
| Ground mileage, per mile | 14 | A0425 | | 41, 99 | \$5.57 |
| 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 | \$52.84 |
| Non-emergency transportation, non ambulatory stretcher van | 31 | T2005 | TN | 99 | \$93.32 |
| Transportation waiting time, air ambulance and non-emergency vehicle | 31 | T2007 | | 41, 42, 99 | \$5.31 |

| Modifier | Description | Modifier | Description |
|----------|--|----------|--------------------------------------|
| GT | Interactive telecommunication | HR | Family/Couple with client present |
| HK | Specialized mental health programs for high-risk populations | HS | Family/Couple without client present |
| HN | Bachelors degree level | HT | Multi-disciplinary team |
| HO | Masters degree level | TF | Intermediate level of care |
| HQ | Group setting | TN | Rural/out of service area |

Notes:

- 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.
- 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.
- Magellan or its claims payers will not accept expired or deleted Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Please use and submit current CPT/HCPCS codes for all services.
- This reimbursement schedule represents the most frequently utilized CPT/HCPCS codes for professional services. Rates for CPT/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.
- ** 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.
- 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.