

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

ARIZONA - MARICOPA COUNTY MEDICAID

Provider Type B8 - Behavioral Health Residential Facility

DESCRIPTION	COS	HCPCS Code	Modifier	Place of Service	Rate
<u>Residential Services</u>					
Behavioral Health short term residential, without room and board	47	H0018		99	\$167.76
Mental Health Services NOS (Room & Board)	S	H0046	SE	99	\$21.28
<u>Support Services</u>					
Unskilled respite care, not hospice, per 15 minutes	26	S5150		12, 13, 99	\$7.11
Unskilled respite care, not hospice, per diem	26	S5151		12, 13, 99	\$200.50

Modifier	Description
SE	State and/or federally funded programs/services

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. 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.
3. Magellan or its claims payers will not accept expired or deleted Healthcare Common Procedure Coding System (HCPCS)HCPCS codes. Please use and submit current HCPCS codes for all services.
4. 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.
5. 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.
6. 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 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 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.