

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Home and Community Based Services - Rates Effective October 1, 2010

HCPCS	Service	Provider Type	Rates FY 2011
S5100	Day Care Services, Adult; per 15 min.	27, 81	\$2.57
S5101	Day Care Services, Adult; per half day	27, 81	\$31.24
S5102	Day Care Services, Adult; per diem	27, 81	\$62.48
S5125	Attendant Care Services; 15 min.	2, 23, 40, 81, 95	\$4.18
		24	\$3.10
S5130	Homemaker Services, NOS; 15 min.	23, 37, 39, 40, 81, 95	\$5.27
		24	\$3.47
S5135	Companion Care, adult; 15 minutes	22, 36, 39, 40, 49, 50, 57	\$4.18
		24	\$3.47
S5136¹	Companion Care, adult, per diem	22, 24, 36, 39, 40, 49, 50, 57	By Report
S5150²	Unskilled Respite Care, not hospice; per 15 min.	2, 23, 37, 39, 40, 72, 77, 81, A3	\$4.18
		24	\$3.47
S5151²	Unskilled Respite Care, not hospice; per diem	2, 23, 36, 37, 39, 40, 49, 50, 72, 77, 81, A3	\$211.85
		24	\$175.75
S5170	Home Delivered Meals	70, 81	\$8.65
G0154	Services of a skilled nurse in a home health setting, each 15 minutes	2, 23	\$23.75
		46	\$18.10
		39, 81, 95	\$20.81
S9123	Nursing Care in the Home; RN, per hour (for general nursing care only, do not use when CPT codes 99500-99602 can be used)	2, 23	\$62.13
		46	\$36.75
		39, 81, 95	\$51.78
S9124	Nursing Care in the Home; LPN, per hour	2, 23	\$47.50
		46	\$28.60
		39, 81, 95	\$40.28
T1019²	Personal Care Services, per 15 min., not for an inpatient or resident of a hospital, NF, ICF/MR, or IMD (not to be used to identify services provided by home health aide or CAN)	2, 23, 39, 40, 72, 77, 81, 95	\$5.56
		24	\$3.28
T1021	Home Health Aide or Certified Nurse Assistant, per visit	2, 23	\$37.73
Rates for Self-Directed Attendant Care			
S5125-U2	Attendant Care provided through SDAC service	F1, 23, 24, 37, 39, 40, 81, 95	\$3.00
S5125-U2, U4	Attendant Care provided through SDAC service by family member not residing in member's home	F1, 23, 24, 37, 39, 40, 81, 95	\$3.00
S5125-U2, U5	Attendant Care provided through SDAC service by family member residing in member's home	F1, 23, 24, 37, 39, 40, 81, 95	\$3.00
S5108	Home care training to home care client (training of member through SDAC service)	F1, 23, 24, 37, 39, 40, 81, 95	\$3.90
S5110²	Home care training, family (training of home care worker through SDAC service)	A3, A5, F1, 23, 24, 37, 39, 40, 81, 95	\$3.90
S5115	Home care training, non-family (training of unrelated home care worker through SDAC service)	F1, 23, 24, 37, 39, 40, 81, 95	\$3.90
T2040-UA	Initiation of Fiscal/Employer Agent (FEA) service, per member	F1	\$54.65
T2040-UB	FEA service, monthly	F1	\$49.80
T1023	Initiation of FEA service per ACW, no background check	F1	\$26.15
T1023-UC	Initiation of FEA service per ACW, with background check	F1	\$30.90

1. Codes that pay By Report are reimbursed at 65% of billed covered Charges.

2. HCPCS Codes S5110, S5150, S5151, and T1019 are also used by providers of Behavioral Health Services. When processing claims, MCOs should use the rate in the claims reference tables that has no place of service listed.