

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Home and Community Based Services - Rates Effective October 1, 2009

HCPCS	Service	Provider Type	Rates FY 2010
S5100	Day Care Services, Adult; per 15 min.	27, 81	\$2.45
S5101	Day Care Services, Adult; per half day	27, 81	\$29.75
S5102	Day Care Services, Adult; per diem	27, 81	\$59.50
S5125	Attendant Care Services; 15 min.	2, 23, 40, 81, 95	\$4.30
		24	\$3.20
S5130	Homemaker Services, NOS; 15 min.	23, 37, 39, 40, 81, 95	\$5.55
		24	\$3.65
S5135	Companion Care, adult; 15 minutes	22, 24, 36, 39, 40, 49, 50, 57	\$4.40
S5136	Companion Care, adult, per diem	22, 24, 36, 39, 40, 49, 50, 57	By Report
S5150	Unskilled Respite Care, not hospice; per 15 min.	2, 23, 37, 39, 40, 72, 77, 81, A3	\$4.40
		24	\$3.65
S5151	Unskilled Respite Care, not hospice; per diem	2, 23, 24, 36, 37, 39, 40, 49, 50, 72, 77, 81, A3	\$223.00
S5170	Home Delivered Meals	70, 81	\$8.65
G0154	Services of a skilled nurse in a home health setting, each 15 minutes	2, 23	\$25.00
		46	\$19.05
		39, 81, 95	\$21.90
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	\$65.40
		46	\$35.00
		39, 81, 95	\$54.50
S9124	Nursing Care in the Home; LPN, per hour	2, 23	\$50.00
		46	\$27.25
		39, 81, 95	\$42.40
T1019	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	\$5.85
		24	\$3.45
T1021	Home Health Aide or Certified Nurse Assistant, per visit	2, 23	\$36.70
Rates for Self-Directed Attendant Care			
S5125-U2	Attendant Care provided through SDAC service	F1, 23, 24, 37, 39, 40, 81, 95	\$3.05
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	\$3.05
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	\$3.05
S5108	Home care training to home care client (training of member through SDAC service)	F1, 23, 24, 37, 39, 40, 81, 95	\$4.10
S5110	Home care training, family (training of home care worker through SDAC service)	A3, A5, F1, 23, 24, 37, 39, 40, 81, 95	\$4.10
S5115	Home care training, non-family (training of unrelated home care worker through SDAC service)	F1, 23, 24, 37, 39, 40, 81, 95	\$4.10
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.