| Given the High Cost Behavioral Health Reinsurance program was discontinued for new members starting in 2007, and only continues to apply to certain members that were grandfathered in, AHCCCS will not be updating the original service list below.  |  |
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| **Service Type** | **Code** |
| LOA/Nursing Home  | 0185 |
| Subacute Care Level I | 0191 |
| Subacute Care Level II  | 0192 |
| Subacute Care Level III | 0193 |
| Subacute Care Level IV | 0194 |
| Other Subacute Care | 0199 |
| Ambulance Service, Basic Life Support (BLS), BLS Rate | A0010 |
| Non-Emergency Transportation, per mile – Vehicle provided by Volunteer | A0080 |
| Non-Emergency Transportation, per mile – Vehicle provided by Individual (Family) | A0090 |
| Non-Emergency Transportation: Taxi | A0100 |
| Non-Emergency Transportation: Mini-Bus, Mountain Area Transport, or Other | A0120 |
| Non-Emergency Transportation; Wheelchair Van | A0130 |
| Non-Emergency Transportation and Air Travel (Private or Commercial) Intra- or Inter-State | A0140 |
| Non-Emergency Transportation, per mile – Case Worker or Social Worker | A0160 |
| Ground Mileage, per statute mile | A0425 |
| Ambulance Service, Advanced Life Support (ALS), Non-Emergency Transport, Level 1 (ALS 1) | A0426 |
| Ambulance Service, Basic Life Support, Non-Emergency Transport (BLS) | A0428 |
| Fixed Wing Air Mileage, per statute mile | A0435 |
| Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room and Board, per diem | H0018 |
| Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care in a Residential Treatment Program where stay is typically longer than 30 days), Without Room and Board, per diem | H0019 |
| Behavioral Health Prevention Education Service (Delivery of Services with Target Population to Affect Knowledge, Attitude and/or Behavior) | H0025 |
| Medication Training and Support, per 15 minutes | H0034 |
| Mental Health Partial Hospitalization, Treatment, less than 24 hours | H0035 |
| Community Psychiatric Supportive Treatment, Face to Face, per 15 minutes | H0036 |
| Community Psychiatric Supportive Treatment Program, per diem | H0037 |
| Behavioral Health Day Treatment, per hour | H2012 |
| Skills Training and Development, per 15 minutes | H2014 |
| Comprehensive Community Support Services, per 15 minutes | H2015 |
| Comprehensive Community Support Services, per diem | H2016 |
| Psychosocial Rehabilitation Services, per 15 minutes | H2017 |
| Therapeutic Behavioral Services, per 15 minutes | H2019 |
| Therapeutic Behavioral Services, per diem | H2020 |
| Ongoing Support to Maintain Employment, per 15 minutes | H2025 |
| Ongoing Support to Maintain Employment, per diem | H2026 |
| Psychoeducational Service, per 15 minutes | H2027 |
| Wheelchair Van, Mileage, per mile | S0209 |
| Non-Emergency Transportation, Mileage, per mile | S0215 |
| Day Care Services, Adult, per 15 minutes | S5100 |
| Day Care Services, Adult, per half day | S5101 |
| Day Care Services, Adult, per diem | S5102 |
| Home Care Training to Home Care Client, per session | S5109 |
| Home Care Training, Family; per 15 minutes | S5110 |
| Attendant Care Services, per 15 minutes | S5125 |
| Homemaker Service, Not Otherwise Specified (NOS), per 15 minutes | S5130 |
| Foster Care, Adult, per diem | S5140 |
| Foster Care, Therapeutic, Child, per diem | S5145 |
| Unskilled Respite Care, Not Hospice, per 15 minutes | S5150 |
| Unskilled Respite Care, Not Hospice, per diem | S5151 |
| Home Delivered Meals, Including Preparation, per meal | S5170 |
| Nursing Care, In the Home, by Registered Nurse, per hour (Use for General Nursing Care only, not to be used when CPT Codes 99500-99602 can be used) | S9123 |
| Nursing Care, In the Home, by Licensed Practical Nurse, per hour | S9124 |
| Personal Care Services, per 15 minutes, Not for an inpatient or resident of a hospital, nursing facility, ICF/DD or IMD, Part of the Individualized Plan of Treatment (Code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant) | T1019 |
| Personal Care Services, per diem, Not for an inpatient or resident of a hospital, nursing facility, ICF/DD or IMD, Part of the Individualized Plan of Treatment, (Code may not be used to identify services provided by Home Health Aide or Certified Nurse Assistant) | T1020 |
| Home Health Aide or Certified Nurse Assistant, per visit | T1021 |
| Non-Emergency Transportation, Stretcher Van | T2005 |
| Habilitation, Residential, Waiver, per diem | T2016 |
| Habilitation, Residential, Waiver, per 15 minutes | T2017 |
| Day Habilitation, Waiver, per 15 minutes | T2021 |
| Assisted Living, Waiver, per diem | T2031 |
| Residential Care, Not Otherwise Specified (NOS), Waiver, per diem | T2033 |
| Non-Emergency Transportation, Stretcher Van, Mileage, per mile | T2049 |