

AHCCCS/ALTCS Services, Service Codes and Applicable Units of Service

*FORMERLY HOUSED IN AMPM POLICY 1230, EXHIBIT 1230-1

| SERVICE TYPE | CODE | UNIT INCREMENTS |
|--|----------------------------------|---|
| INSTITUTIONAL SERVICES | | |
| INTERMEDIATE CARE FACILITY NOTE: DD MEMBERS ONLY | 0190 | Per diem |
| NURSING FACILITY – LEVEL I | 0191 | Per diem |
| NURSING FACILITY – LEVEL II | 0192 | Per diem |
| NURSING FACILITY – LEVEL III | 0193 | Per diem |
| NURSING FACILITY – LEVEL IV | 0194 | Per diem |
| NURSING FACILITY – RESPITE | 0199 | Per diem. Limited to 25 days per benefit year |
| BED HOLD – THERAPEUTIC LEAVE | 0183 | Per diem. Limited to 9 days per benefit year |
| BED HOLD – HOSPITAL ADMISSION | 0185 | Per diem. Limited to 12 days per benefit year |
| ALTERNATIVE RESIDENTIAL SETTINGS NOTE: Modifiers may be used to distinguish levels of care. TF modifier means intermediate level of care. TG modifier means complex/high level of care. | | |
| ASSISTED LIVING HOME | T2031 | Per diem |
| ASSISTED LIVING CENTER | T2033 | Per diem |
| ADULT FOSTER CARE | S5140 | Per diem |
| HABILITATION – RESIDENTIAL (USED FOR DD GROUP HOME) | T2016 | Per diem |
| BEHAVIORAL HEALTH RESIDENTIAL FACILITY NOTE: Behavioral Health Residential may be appropriate for stays of any length. The code is the same. | H0018 | Per diem |
| BEHAVIORAL HEALTH THERAPEUTIC HOME <ul style="list-style-type: none"> • Home Care Training to Home Care Client (Child) • Home Care Training to Home Care Client (Adult) • Home Care Training to Home Care Client (Adult Geriatric) | S5109 HA S5109 HB S5109 HC | Per diem Per diem Per diem |
| HOSPICE SERVICES | | |
| ROUTINE HOME CARE | 0651 | Per diem |
| CONTINUOUS HOME CARE | 0652 | Per diem |

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| INPATIENT RESPITE CARE | 0655 | Per diem |
| GENERAL INPATIENT CARE | 0656 | Per diem |
| SERVICE TYPE | CODE | UNIT INCREMENTS |
| HOME AND COMMUNITY BASED SERVICES | | |
| ADULT DAY HEALTH CARE | S5100 S5101 S5102 | 15 Minutes (up to 11 units) Half Day (12 – 23 units) Per Diem (24+ units) |
| SERVICE TYPE | CODE | UNIT INCREMENTS |
| HOME AND COMMUNITY BASED SERVICES **Continued** | | |
| ATTENDANT CARE For purposes of modifier U4 or U5, family member means: <ul style="list-style-type: none"> • Adult children/Step children of member • Son/Daughter-in-law of member • Grandchildren of the member • Siblings /Step Siblings of member • Parents /Step Parents of members • 18 years (per Federal policy, parents of members < 18 cannot be paid caregivers) • Grandparents • Mother/Father-in-law • Brother/Sister-in-law | S5125 S5125 / U3 S5125 / U4 S5125 / U5 S5125 / U2 S5125 / U6 S5125 / U7 | 15 Minutes Provided by spouse, limited to maximum of 40 hours/week Provided by family member, non-spouse, not residing in member's home Provided by family member, non-spouse, residing in member's home Self-Directed Attendant Care (SDAC) SDAC – skilled services Agency With Choice (AWC) |
| COMPANION CARE | S5135 S5136 | 15 Minutes Per Diem |
| COMMUNITY TRANSITION SERVICE | T2038 | 1 Unit per episode (once per 5 years) |
| EMERGENCY ALERT SYSTEM | S5160/NU S5161/RR | 1 Unit per Service Installation 1 Unit per Service Maintenance |
| HABILITATION DAY TREATMENT & TRAINING | T2021 T2020 | 15 Minutes (up to 20 units) Per Diem (21+ units) |
| SUPPORTED EMPLOYMENT | T2019 T2018 | 15 Minutes (up to 23 units) Per Diem (24+ units) |
| HOME DELIVERED MEALS | S5170 | 1 Unit per Meal |
| HOME HEALTH SERVICES/NURSING | G0154 S9123 S9124 | Home Health Nurse (Intermittent) Home Health Nurse (Continuous) – Registered Nurse Home Health Nurse (Continuous) – Licensed Practical Nurse |

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| HOME HEALTH SERVICES/HOME HEALTH AIDE | T1021 | 1 Unit per Visit |
| HOMEMAKER | S5130 S5131 | 15 minutes Per Diem (Pest Control) |
| HOME MODIFICATION | S5165 | 1 Unit per Home Modification Project |
| PERSONAL CARE | T1019 | 15 Minutes |
| RESPIRE - SHORT TERM IN-HOME CONTINUOUS IN-HOME GROUP RESPIRE | S5150 S5151 S5150/HQ | 15 Minutes (48 units and under) Per Diem (49 units and over) 15 Minutes |

REVISION HISTORY

| Date | Description of changes | Page(s) |
|-------------|---|----------------|
| 7/26/2019 | EXHIBIT CREATION – THIS EXHIBIT WAS MOVED FROM AMPM 1230, WHERE IT EXISTED AS EXHIBIT 1230-1. IT HAS BEEN MOVED TO THE BILLING MANUAL. | 1 |