				10/1/19 Rates*	
HCPCS	Mod	Prov Type	Procedure Description	FFS Rate	Flagstaff Rate
G0151			Services performed by a qualified physical therapist in the home	\$29.18	\$29.18
G0152			Services performed by a qualified occupational therapist in the home	\$29.18	\$29.18
G0153			Services performed by a qualified speech-language pathologist in home	\$29.18	\$29.18
G0299			Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$18.86	\$18.86
G0299		02	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$24.73	\$24.73
G0299		23	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$24.73	\$24.73
G0299		39	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$21.69	\$21.69
G0299		81	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$21.69	\$21.69
G0299		95	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$21.69	\$21.69
G0300			Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$18.86	\$18.86
G0300		02	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$24.73	\$24.73
G0300		23	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$24.73	\$24.73
G0300		39	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$21.69	\$21.69
G0300		81	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$21.69	\$21.69
G0300		95	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$21.69	\$21.69
S5100			Day Care Services, Adult; per 15 min.	\$3.12	\$3.21
S5101			Day Care Services, Adult; per half day	\$37.76	\$38.77
S5102			Day Care Services, Adult; per diem	\$75.51	\$77.52
S5125			Attendant Care Services; 15 min.	\$5.05	\$5.19
S5130			Homemaker Services, NOS; 15 min.	\$6.37	\$6.54
S5135			Companion Care, adult; 15 minutes	\$5.05	\$5.19
S5136			Companion Care, adult, per diem	BR	BR
S5140			Foster Care, adult; per diem	\$73.08	\$75.01
S5150			Unskilled Respite Care, not hospice; per 15 min.	\$5.05	\$5.19
S5151			Unskilled Respite Care, not hospice; per diem	\$255.98	\$262.80
S5170			Home Delivered Meals	\$10.44	\$10.71
S5180			Home health respiratory therapy, initial evaluation	\$48.79	\$48.79
S5181			Home health respiratory therapy, nos, per diem	\$292.77	\$292.77
S9123			Nursing Care in the Home; RN, per hour	\$38.29	\$38.29
S9123		02	Nursing Care in the Home; RN, per hour	\$64.72	\$64.72

				10/1/19 Rates*	
HCPCS	Mod	Prov Type	Procedure Description	FFS Rate	Flagstaff Rate
S9123		23	Nursing Care in the Home; RN, per hour	\$64.72	\$64.72
S9123		39	Nursing Care in the Home; RN, per hour	\$53.94	\$53.94
S9123		81	Nursing Care in the Home; RN, per hour	\$53.94	\$53.94
S9123		95	Nursing Care in the Home; RN, per hour	\$53.94	\$53.94
S9124			Nursing Care in the Home; LPN, per hour	\$29.81	\$29.81
S9124		02	Nursing Care in the Home; LPN, per hour	\$49.47	\$49.47
S9124		23	Nursing Care in the Home; LPN, per hour	\$49.47	\$49.47
S9124		39	Nursing Care in the Home; LPN, per hour	\$41.96	\$41.96
S9124		81	Nursing Care in the Home; LPN, per hour	\$41.96	\$41.96
S9124		95	Nursing Care in the Home; LPN, per hour	\$41.96	\$41.96
S9128			Speech therapy, in the home, per diem	\$116.70	\$116.70
S9129			Occupational therapy, in the home, per diem	\$116.70	\$116.70
S9131			Physical therapy; in the home, per diem	\$116.70	\$116.70
T1019			Personal Care Services, per 15 min. (not for inpatient or resident of a hospital, NF, ICF/MR, or IMD; not to be used for services provided by home health aide or CNA)	\$6.72	\$6.91
T1021			Home Health Aide or Certified Nurse Assistant, per visit	\$45.60	\$46.81
T2018			Habilitation, supported employment, waiver; per diem	\$26.31	\$26.99
T2019			Habilitation, supported employment, waiver; per 15 minutes	\$4.37	\$4.51
T2031			Assisted Living; Waiver,Per Diem	BR	BR

SELF-DIRECTED ATTENDANT CARE							
S5108		Home care training to home care client (training of member through SDAC service)	\$4.06	\$4.06			
S5110		Home care training, family (training of home care worker through SDAC service)	\$4.06	\$4.06			
S5115		Home care training, non-family (training of unrelated home care worker through SDAC service)	\$4.06	\$4.06			
S5125	U2	Attendant Care provided through SDAC service	\$3.65	\$3.75			
T1023		Initiation of FEA service per ACW, no background check	\$27.25	\$27.25			
T1023	UC	Initiation of FEA service per ACW, with background check	\$32.19	\$32.19			
T2040	UA	Initiation of Fiscal/Employer Agent (FEA) service, per member	\$56.92	\$56.92			
T2040	UB	FEA service, monthly	\$51.89	\$51.89			

\*10/19/2019 rates include Prop 206 increase