

Given that 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.

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

SERVICE TYPE	CODE
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