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.	3.20	3.28
S5101			Day Care Services, Adult; per half day	38.75	39.70
S5102			Day Care Services, Adult; per diem	77.49	79.38
S5125			Attendant Care Services; 15 min.	5.19	5.32
S5130			Homemaker Services, NOS; 15 min.	6.53	6.70
S5135			Companion Care, adult; 15 minutes	5.19	5.32
S5136			Companion Care, adult, per diem	BR	BR
S5140			Foster Care, adult; per diem	74.99	76.81
S5150			Unskilled Respite Care, not hospice; per 15 min.	5.19	5.32
S5151			Unskilled Respite Care, not hospice; per diem	262.69	269.10
S5170			Home Delivered Meals	10.72	10.97
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
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

HCPCS	Mod	Prov Type	Procedure Description	FFS Rate	Flagstaff Rate
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	6.89	7.08
T1021			Home Health Aide or Certified Nurse Assistant, per visit	46.79	47.94
T2016			Habilitation, Residential, Waiver; Per Diem	BR	BR
T2017			Habilitation, Residential, Waiver; 15 minutes	BR	BR
T2018			Habilitation, supported employment, waiver; per diem	27.00	27.64
T2019			Habilitation, supported employment, waiver; per 15 minutes	4.48	4.62
T2021			Day Habilitation, Waiver; Per 15 Minutes	BR	BR
T2031			Assisted Living; Waiver,Per Diem	BR	BR
T2033			Residential Care, Not Otherwise Specified (NOS), 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	$3.75	$3.84
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