

EXHIBIT B - MAGELLAN REIMBURSEMENT SCHEDULE

Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC)

IDAHO BEHAVIORAL HEALTH PLAN

Fee for Service (FFS)

DESCRIPTION	CPT®/ HCPCS CODE					Paraprofessional
	Mod 1	Mod 2	Mod 3	Mod 4	Rate	
Psychiatric Diagnostic Evaluation - no medical svcs	90791	UB			\$141.68	
Psychiatric Diagnostic Evaluation - no medical svcs	90791	GT	UB		\$141.68	
Psychotherapy w/ patient, 30 min	90832	UB			\$59.14	
Psychotherapy w/ patient, 30 min	90832	GT	UB		\$59.14	
Psychotherapy w/ patient, 45 min	90834	UB			\$88.72	
Psychotherapy w/ patient, 45 min	90834	GT	UB		\$88.72	
Psychotherapy w/ patient, 60 min	90837	UB			\$105.37	
Psychotherapy w/ patient, 60 min	90837	GT	UB		\$105.37	
Psychotherapy for Crisis, initial 60 min	90839	UB			\$149.63	
Psychotherapy for Crisis, initial 60 min	90839	GT	UB		\$149.63	
Psychotherapy for Crisis, addtl 30 min	+90840	UB			\$71.58	
Psychotherapy for Crisis, addtl 30 min	+90840	GT	UB		\$71.58	
Family Psychotherapy w/o patient, 50 min	90846	UB			\$95.77	
Family Psychotherapy w/o patient, 50 min	90846	GT	UB		\$95.77	
Family Psychotherapy w/ patient, 50 min	90847	UB			\$110.14	
Family Psychotherapy w/ patient, 50 min	90847	GT	UB		\$110.14	
Group Psychotherapy	90853	UB			\$27.43	
Group Psychotherapy	90853	GT	UB		\$27.43	
Office Outpatient Visit, New Patient, 15 min	99202	UB			\$63.88	
Office Outpatient Visit, New Patient, 15 min	99202	GT	UB		\$63.88	
Office Outpatient Visit, New Patient, 30 min	99203	UB			\$93.65	
Office Outpatient Visit, New Patient, 30 min	99203	GT	UB		\$93.65	
Office Outpatient Visit, New Patient, 45 min	99204	UB			\$144.13	
Office Outpatient Visit, New Patient, 45 min	99204	GT	UB		\$144.13	
Office Outpatient Visit, New Patient, 60 min	99205	UB			\$181.44	
Office Outpatient Visit, New Patient, 60 min	99205	GT	UB		\$181.44	
Office Outpatient Visit, Established patient	99211	UB			\$18.11	
Office Outpatient Visit, Established patient	99211	GT	UB		\$18.11	
Office Outpatient Visit, Established Patient, 10 min	99212	UB			\$38.06	
Office Outpatient Visit, Established Patient, 10 min	99212	GT	UB		\$38.06	
Office Outpatient Visit, Established Patient, 20 min	99213	UB			\$62.16	
Office Outpatient Visit, Established Patient, 20 min	99213	GT	UB		\$62.16	
Office Outpatient Visit, Established Patient, 30 min	99214	UB			\$93.54	
Office Outpatient Visit, Established Patient, 30 min	99214	GT	UB		\$93.54	
Office Outpatient Visit, Established Patient, 40 min	99215	UB			\$126.61	
Office Outpatient Visit, Established Patient, 40 min	99215	GT	UB		\$126.61	
Family Psychoeducation; per 15 min	H2027	UB			\$17.14	
Family Psychoeducation; per 15 min	H2027	GT	UB		\$17.14	
Multiple Family Group Psychoeducation; per 15 min	H2027	HQ	UB		\$8.70	
Crisis Services						
Crisis Intervention; per 15 min	H2011	UB			\$35.99	
Crisis Response (Telephonic); per call	H0030	UB			\$37.27	
Community Based Services						
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	UB			\$23.56	
Individualized Skills Building Treatment Plan - Billed by clinician and paraprofessional for teaming with patient present; per 15 min	H0032	GT	UB		\$23.56	
Functional Assessment Tool; per 15 min	H1011	UB			\$21.42	
Functional Assessment Tool; per 15 min	H1011	GT	UB		\$21.42	
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	UB			\$17.89	
Case Management, Behavioral Health w/ or w/o Care Coordination Activities; per 15 min	T1017	GT	UB		\$17.89	
Targeted Care Coordination w/ or w/o Care Coordination Activities; per 15 min	T1017	U3	UB		\$19.81	
Targeted Care Coordination w/ or w/o Care Coordination Activities; per 15 min	T1017	U3	GT	UB	\$19.81	
Targeted Care Coordination CCM w/ or w/o Care Coordination Activities; per 15 min	T1017	U2	UB		\$21.41	
Targeted Care Coordination CCM w/ or w/o Care Coordination Activities; per 15 min	T1017	U2	GT	UB	\$21.41	

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IDAHO BEHAVIORAL HEALTH PLAN

Fee for Service (FFS)

DESCRIPTION	AGE	CPT®/ HCPCS CODE		Mod				Paraprofessional
		Mod 1	Mod 2	Mod 3	Mod 4	Rate		
Children's Services								
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	HA	UB				\$21.42
Infants and Toddler Assessment; Must have completed required training; per 15 min	0-5	H1011	HA	GT	UB			\$21.42
Day Treatment-mental health, per hour; all-inclusive payment generally 3-5 hours per day 4-5 days per week		H2012	UB					\$50.56
(CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	UB					\$21.42
(CFT) Interdisciplinary Team Meeting, scheduled and facilitated by a Targeted Care Coordinator; per 15 min	0-17	G9007	GT	UB				\$21.42
(CANS) Functional Assessment; per 15 min	0-17	H0031	UB					\$21.42
(CANS) Functional Assessment; per 15 min	0-17	H0031	GT	UB				\$21.42
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	UB				\$37.09
IHCBS - Therapeutic Behavioral Services (TBS) Intervention; per 15 min	0-17	H0036	U5	GT	UB			\$37.09
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	UB				\$37.09
IHCBS - Functional Family Therapy (FFT); per 15 min	0-17	H0036	U7	GT	UB			\$37.09
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	UB				\$37.09
IHCBS - Multidimensional Family Therapy (MDFT); per 15 min	0-17	H0036	U8	GT	UB			\$37.09
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	UB				\$37.09
IHCBS - other evidenced based practice modalities; per 15 min	0-17	H0036	U9	GT	UB			\$37.09
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	UB					\$46.81
IHCBS - Multisystemic Therapy; rendered by provider(s) with MST certification from MST Incorporated; per 15 min	0-17	H2033	GT	UB				\$46.81
Therapeutic After School and Summer Programs (TASSP)								
TASSP** - Psychotherapy w/ patient, 30 min	0-17	90832	UC	UB				\$59.14
TASSP** - Psychotherapy w/ patient, 30 min	0-17	90832	UC	GT	UB			\$59.14
TASSP** - Psychotherapy w/ patient, 45 min	0-17	90834	UC	UB				\$88.72
TASSP** - Psychotherapy w/ patient, 45 min	0-17	90834	UC	GT	UB			\$88.72
TASSP** - Psychotherapy w/ patient, 60 min	0-17	90837	UC	UB				\$105.37
TASSP** - Psychotherapy w/ patient, 60 min	0-17	90837	UC	GT	UB			\$105.37
TASSP** - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	UB				\$95.77
TASSP** - Family Psychotherapy w/o patient, 50 min	0-17	90846	UC	GT	UB			\$95.77
TASSP** - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	UB				\$110.14
TASSP** - Family Psychotherapy w/ patient, 50 min	0-17	90847	UC	GT	UB			\$110.14
TASSP** - Group Psychotherapy	0-17	90853	UC	UB				\$27.43
TASSP** - Group Psychotherapy	0-17	90853	UC	GT	UB			\$27.43
TASSP** - Family Psychoeducation; per 15 min	0-17	H2027	UC	UB				\$17.14
TASSP** - Family Psychoeducation; per 15 min	0-17	H2027	UC	GT	UB			\$17.14
TASSP** - Multiple Family Group Psychoeducation; per 15 min	0-17	H2027	UC	HQ	UB			\$8.70
Behavior Modification and Consultation (BMC) Services								
Behavior identification assessment, administered by a physician or other QHCP, each 15 min; face-to-face w/ patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings/recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	0-17	97151	UB					\$16.65
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other QHCP, face-to-face with the patient, each 15 min	0-17	97152	UB					\$14.06
Behavior identification supporting assessment, each 15 min of technicians' time face-to-face with a patient, requiring the following components: - administered by the physician or other QHCP who is on site; - with the assistance of two or more technicians; - for a patient who exhibits destructive behavior; - completed in an environment that is customized to the patient's behavior	0-17	0362T	UB					\$14.95
Adaptive behavior treatment w/ protocol modification admin by physician or other QHCP, which may include simultaneous direction of technician, face-to-face w/ one patient, each 15 min	0-17	97155	UB					\$13.24
Adaptive behavior treatment w/ protocol modification admin by physician or other QHCP, which may include simultaneous direction of technician, face-to-face w/ one patient, each 15 min	0-17	97155	GT	UB				\$13.24
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other QHCP, face-to-face with one patient, each 15 min	0-17	97153	UB					\$15.90

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Fee for Service (FFS)

DESCRIPTION	AGE	CPT®/ HCPCS CODE		Paraprofessional			
		Mod 1	Mod 2	Mod 3	Mod 4	Rate	
Adaptive behavior treatment with protocol modification, each 15 min of technicians' time face-to-face with a patient, requiring the following components: - administered by the physician or other QHCP who is on site; - with the assistance of two or more technicians; - for a patient who exhibits destructive behavior; - completed in an environment that is customized to the patient's behavior	0-17	0373T	UB				\$23.31
Group adaptive behavior treatment with protocol modification, administered by physician or other QHCP, face-to-face w/ multiple patients, each 15 min	0-17	97158	UB				\$6.37
Group adaptive behavior treatment by protocol, administered by technician under the supervision of a physician or other QHCP, face-to-face w/ two or more patients, each 15 min	0-17	97154	UB				\$4.92
Family adaptive behavior treatment guidance, administered by physician or other QHCP, w/ or w/o patient present, face-to-face with guardian(s)/caregiver(s), each 15 min	0-17	97156	UB				\$12.85
Family adaptive behavior treatment guidance, administered by physician or other QHCP, w/ or w/o patient present, face-to-face with guardian(s)/caregiver(s), each 15 min	0-17	97156	GT	UB			\$12.85
Multiple family group adaptive behavior treatment guidance, administered by physician or other QHCP, w/o patient present, face-to-face with multiple sets of guardian(s)/caregiver(s),	0-17	97157	UB				\$7.92
Opioid Treatment Programs							
Medication Assisted Treatment (MAT), methadone - weekly bundle incl dispensing and/or admin, substance use cnslng & toxicology testing	18+	G2067	UB				\$186.74
Medication Assisted Treatment (MAT), buprenorphine (oral) - weekly bundle incl dispensing and/or admin, substance use cnslng & toxicology testing	18+	G2068	UB				\$232.62
Medication Assisted Treatment (MAT), weekly bundle not incl the drug-weekly bundle incl dispensing and/or admin, substance use cnslng & toxicology	18+	G2074	UB				\$145.54
Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol		H0003	HF	UB			\$13.50
Injection, naltrexone, depot form, 1 mg		J2315	UB				\$3.36
Safe and Sober Housing							
Adult Safe and Sober Housing (SSH), per diem	18+	H0044	UB				\$11.50
Adult Safe and Sober Housing Program Fees (SSH)(per unit not to exceed \$100 per 30 days)		H0044	SE	UB			\$1.00
Adult Enhanced Safe and Sober Housing (ESSH)(includes program fees), per diem	18+	H0044	HF	UB			\$80.00
Basic Housing Essentials (per unit not to exceed \$125 per treatment episode)		S5199	UB				\$1.00
Staffing (Planned Facilitation), per 15 min		H0022	UB				\$6.21
Substance Use Disorder							
Individual Assessment and Treatment Plan - Substance Use; per 15 min		H0001	UB				\$19.10
Individual Assessment and Treatment Plan - Substance Use; per 15 min		H0001	GT	UB			\$19.10
Individual Counseling - Substance Use; per 15 min		H0004	UB				\$20.05
Individual Counseling - Substance Use; per 15 min		H0004	GT	UB			\$20.05
Group Counseling - Substance Use; per 15 min		H0005	UB				\$9.42
Group Counseling - Substance Use; per 15 min		H0005	GT	UB			\$9.42
Case Management - Basic and Intensive		H0006	UB				\$15.25
Case Management - Basic and Intensive-Family w/o client present		H0006	HS	UB			\$15.25
Life Skills, individual, per 15 min		H2015	UB				\$6.56
Life Skills, w/o client present, per 15 min		H2015	HS	UB			\$6.56
Life Skills Group, per 15 min		H2015	HQ	UB			\$3.94
Life Skills Group, w/o client present, per 15 min		H2015	HQ	HS	UB		\$3.94
Transportation of Client, per mile		A0080	UB				\$1.17
Community Based Services							
Individual respite care; providers contracted to deliver the service; available to members eligible under the 1915(i) State Plan Option; per 15 min	0-17	S5150	UB				\$10.11
Group respite care; providers contracted to deliver the service; available to members eligible under the 1915(i) State Plan Option; per 15 min	0-17	S5150	HQ	UB			\$5.02
Skills Training and Development; per 15 min		H2014	UB				\$6.06
Skills Training and Development; per 15 min		H2014	GT	UB			\$6.06
Skills Building/Community-Based Rehabilitative Services (CBRS); per 15 min		H2017	UB				\$15.44
Skills Building/Community-Based Rehabilitative Services (CBRS); per 15 min		H2017	GT	UB			\$15.44
Adult Peer Support; per 15 min	18+	H0038	HB	UB			\$14.74
Adult Peer Support; per 15 min	18+	H0038	HB	GT	UB		\$14.74
Adult Peer Support, group; per 15 min	18+	H0038	HB	HQ	UB		\$7.37

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Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC)

IDAHO BEHAVIORAL HEALTH PLAN

Fee for Service (FFS)

DESCRIPTION	AGE	HCPCS CODE	Revenue				Paraprofessional
			Mod 1	Mod 2	Mod 3	Mod 4	Rate
Adult Peer Support, group; per 15 min	18+	H0038	HB	HQ	GT	UB	\$7.37
Youth Support; per 15 min	12-17	H0038	HA	UB			\$14.74
Youth Support; per 15 min	12-17	H0038	HA	GT	UB		\$14.74
Youth Support, group; per 15 min	12-17	H0038	HA	HQ	UB		\$7.37
Youth Support, group; per 15 min	12-17	H0038	HA	HQ	GT	UB	\$7.37
Family Support ; per 15 min	0-21	H0038	HR	UB			\$14.74
Family Support ; per 15 min	0-21	H0038	HR	GT	UB		\$14.74
Family Support , group; per 15 min	0-21	H0038	HR	HQ	UB		\$7.37
Family Support , group; per 15 min	0-21	H0038	HR	HQ	GT	UB	\$7.37
Recovery Coaching; per 15 min	18+	H0038	HF	UB			\$14.74
Recovery Coaching; per 15 min	18+	H0038	HF	GT	UB		\$14.74
Recovery Coaching, group; per 15 min	18+	H0038	HF	HQ	UB		\$7.37
Recovery Coaching, group; per 15 min	18+	H0038	HF	HQ	GT	UB	\$7.37
Travel for Professionals, per mile		S0215	UB				\$0.55
Transportation and mileage, per mile*		T2002	UB				\$0.68
Language Interpretation Services (sign language or oral interpretation); per 15 min		T1013	UB				\$12.36
Language Interpretation Services (sign language or oral interpretation); per 15 min		T1013	GT	UB			\$12.36

DESCRIPTION	HCPCS Code	Revenue			Paraprofessional	
		Code	Mod 1	Mod 2	Mod 3	Rate
Administratively Necessary Days (AND)		0671	UB			\$308.75
Residential Treatment Services						
Adult Halfway House (ASAM Level 3.1) clinically managed, low-intensity residential treatment services, per diem	H0018		UB			\$52.09
Adolescent Transitional (ASAM Level 3.1) clinically managed, low-intensity residential treatment services, per diem	H0043		UB			\$150.50
Adult Social Detox (ASAM Level 3.2) clinically managed, residential withdrawal management services (IDAPA), per diem	H0008		UB			\$185.22
Subacute Care, Substance Use Disorders-Level II (ASAM 3.5), clinically managed, high-intensity residential services, per diem; Note: only Substance Abuse Rehab facilities may bill this service	H0017		UB			\$399.17
Subacute Care, Substance Use Disorders-Level II (ASAM 3.5), clinically managed, high-intensity residential services, per diem; Note: only Substance Abuse Rehab facilities may bill this service	H0017	0192	UB			\$399.17
Subacute Care, Substance Use Disorders-Level III (ASAM 3.7), medically monitored intensive inpatient per diem	H0017		HC	UB		\$510.90
Subacute Care, Substance Use Disorders-Level III (ASAM 3.7), medically monitored intensive inpatient per diem	H0017	0193	HC	UB		\$510.90
Partial Hospitalization Program						
(PHP), Substance Use Disorders (ASAM 2.5), all inclusive payment three to five hours (half day)	H0035		HF	UB		\$301.28
(PHP), Substance Use Disorders (ASAM 2.5), all inclusive payment three to five hours (half day)	H0035	0912	HF	UB		\$301.28
(PHP), Substance Use Disorders (ASAM 2.5), all-inclusive payment of six or more hours (full day)	H0035		HF	U6	UB	\$417.15
(PHP), Substance Use Disorders (ASAM 2.5), all-inclusive payment of six or more hours (full day)	H0035	0913	HF	U6	UB	\$417.15
(PHP), all inclusive payment three to five hours (half day)	H0035		UB			\$301.28
(PHP), all inclusive payment three to five hours (half day)	H0035	0912	UB			\$301.28
(PHP), all-inclusive payment of six or more hours (full day)	H0035		U6	UB		\$417.15
(PHP), all-inclusive payment of six or more hours (full day)	H0035	0913	U6	UB		\$417.15
(PHP) - Eating Disorder, all inclusive payment three to five hours (half day)	H0035		U4	UB		\$392.44
(PHP) - Eating Disorder, all inclusive payment three to five hours (half day)	H0035	0912	U4	UB		\$392.44
(PHP) - Eating Disorder, all inclusive payment of six or more hours (full day)	H0035		U4	U6	UB	\$543.37
(PHP) - Eating Disorder, all inclusive payment of six or more hours (full day)	H0035	0913	U4	U6	UB	\$543.37
Intensive Outpatient Program						
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnsIng; crisis intervention, and activity therapies or education	H0015		UB			\$171.47
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnsIng; crisis intervention, and activity therapies or education	H0015	0906	UB			\$171.47
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnsIng; crisis intervention, and activity therapies or education	H0015		GT	UB		\$171.47
(IOP) - Substance Use Disorder (ASAM 2.1); incl assessment, cnsIng; crisis intervention, and activity therapies or education	H0015	0906	GT	UB		\$171.47

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Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC)

IDAHO BEHAVIORAL HEALTH PLAN

Fee for Service (FFS)

DESCRIPTION	HCPCS Code	Revenue			Paraprofessional Rate	
		Code	Mod 1	Mod 2		Mod 3
(IOP) - Psychiatric Services	S9480		UB		\$171.47	
(IOP) - Psychiatric Services	S9480	0905	UB		\$171.47	
(IOP) - Psychiatric Services	S9480		GT	UB	\$171.47	
(IOP) - Psychiatric Services	S9480	0905	GT	UB	\$171.47	
(IOP) - Eating Disorder Program	S9480		U4	UB	\$339.90	
(IOP) - Eating Disorder Program	S9480	0905	U4	UB	\$339.90	
(IOP) - Eating Disorder Program	S9480		U4	GT	UB	\$339.90
(IOP) - Eating Disorder Program	S9480	0905	U4	GT	UB	\$339.90

Modifier	Description	Modifier	Description
EP ¹	Early and Periodic Screening, Diagnostic, and Testing (EPSDT)	UC	Service rendered as a component of the Therapeutic and After School Program
GT	Via interactive audio and video telecommunication systems	U2	Service rendered by a Certified Case Manager
HA	Child/adolescent program	U3	Service rendered by an endorsed Targeted Care Coordinator
HB	Adult program, nongeriatric	U4	Eating disorder program
HC	Adult program, geriatric	U5	Therapeutic Behavioral Services (TBS) Intervention
HF	Substance abuse program	U6	Full day (six or more hours)
HQ	Group setting	U7	Functional Family Therapy (FFT)
HR	Family/couple with client present	U8	Multidimensional Family Therapy (MDFT)
HS	Family/couple without client present	U9	Other evidenced based practice modalities for IHCBS
SE	State and/or federally-funded programs/services		
UB	Paraprofessional		

¹Early and Periodic Screening, Diagnostic, and Testing (EPSDT) benefits are available to Medicaid eligible individuals under the age of 21. Prior authorization is required and must be billed with modifier "EP" with every service authorized as EPSDT

Notes:

- The rates contained on this schedule may differ from the rates on a provider's contract. The rates on Provider's Exhibit B will control for that provider's contract.
- Modifiers must be billed in the order that they appear to be reimbursed.
- Reimbursement is based on the treating provider's licensure and Magellan credentialing requirements for that discipline, and is not based on provider's academic credentials alone.
- Providers may only provide services and bill for Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Revenue (Rev) codes that fall within the scope of practice allowed by their professional training and state licensure.
- Rates for all services are subject to the provisions and limitations of the Member's Benefit Plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
- This reimbursement schedule represents the most frequently utilized CPT/HCPCS/Rev codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code. Rates for CPT/HCPCS/Rev codes not listed can be obtained from Magellan upon request and will be provided at the time services are authorized.
- Magellan or its claims payers will not accept expired or deleted CPT/HCPCS/Rev codes. Please use and submit current CPT/HCPCS/Rev codes for all services.
- One professional visit per authorized inpatient day may be billed when the facility per diem is exclusive of this charge.
- *Transportation and mileage, per mile, only reimbursable in conjunction with the following services: 90791, 90846, 90847, 90832, 90834, 90837, H1011, H0031, H0036, H2033, S5150 and T1017.
- ** Services rendered as a component of a Therapeutic After School and Summer Program (TASSP) for ages 0-17.
- If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.
- Medically Necessary Covered Services rendered by non-Credentialed Providers in the Group to Members with a Benefit Plan that permits self-referral to providers shall be reimbursed in accordance with this reimbursement schedule if the Medically Necessary Covered Services rendered by Credentialed Providers in the Group to Members covered under the same Benefit Plan are reimbursed in accordance with this Schedule.

Payor: Idaho Department of Health & Welfare (IDHW)

IF SPECIFIED, THIS EXHIBIT APPLIES ONLY TO THE PAYOR/CLIENT ORGANIZATION LISTED.

In accordance with Section 4 of the Network Provider Agreement, this Exhibit is intended to apply to services rendered to Members of the specific Provider may be eligible to receive referrals of Members for one or more Payors or one or more categories of Payors. Therefore, the applicable reimbursement schedule for a Member may be set forth on a separate Exhibit attached hereto. Provider will be notified of the applicable The fact that a particular category is indicated above does not signify that Provider meets the special account requirements, which may exist for particular Payors, or that Provider is eligible to receive referrals from such Payors.