

Agency for Persons with Disabilities

Home and Community Based Services Waiver, Consumer Directed Care and Family and Supported Living Waiver

Published Rates and Billing Code Matrix as of January 1, 2008

Revised December 1, 2007

Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	MEDICAID Maximum Allowable Number of Units Per Date of Service (Claim Line)	Staff to Consumer Ratio or Level of Care	Geographical Independent	Geographical Agency	Non- Geographical Independent	Non- Geographical Agency
							MAXIMUM Allowable Per Unit Rate (Areas 9,10 & 11)	MAXIMUM Allowable Per Unit Rate (Areas 9,10 & 11)	MAXIMUM Allowable Per Unit Rate (All Other Statewide Areas)	MAXIMUM Allowable Per Unit Rate (All Other Statewide Areas)
Home & Community Based Services										
Adult Day Training - Facility Based	S5102	U6		Q	552 QH / month	1:1	N/A	\$4.08	N/A	\$4.06
Adult Day Training - Facility Based	S5102	U6		Q	552 QH / month	1:3	N/A	\$2.32	N/A	\$2.30
Adult Day Training - Facility Based	S5102	U6		Q	552 QH / month	1:5	N/A	\$1.62	N/A	\$1.60
Adult Day Training - Facility Based	S5102	U6		Q	552 QH / month	1:6-10	N/A	\$1.27	N/A	\$1.25
Adult Dental Services	D0160	U6		U	10 units / day		** \$514.05 / unit	\$514.05 / unit	\$514.05 / unit	\$514.05 / unit
Behavioral Analysis Services Assessment	H2020	U6		U	1 unit / 365 days		** \$308.43/\$616.86	\$308.43/\$616.86	\$308.43/\$616.86	\$308.43/\$616.86
Behavior Analysis Level 1	H2019	HP	U6	Q	16 QH / day	1	\$15.69	\$23.25	\$15.22	\$21.38
Behavior Analysis Level 2	H2019	U6	HO	Q	16 QH / day	2	\$13.70	\$20.30	\$13.29	\$18.68
Behavior Analysis Level 3	H2019	U6	HN	Q	16 QH / day	3	\$8.52	\$12.63	\$8.27	\$11.62
Behavior Assistant Services	H2019	U6	HM	Q	1984 QH / month		\$3.82	\$5.08	\$3.75	\$4.84
Companion	S5135	U6		Q	24 QH / day	1:1	\$2.86	\$3.80	\$2.82	\$3.63
Companion	S5135	U6		Q	24 QH / day	1:2	\$1.92	\$2.55	\$1.89	\$2.43
Companion	S5135	U6		Q	24 QH / day	1:3	\$1.59	\$2.11	\$1.56	\$2.01
Consumable Medical Supplies	S5199	U6		U	10 units / day		** \$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit
Dietician Services	97802	U6		Q	12 QH / day		\$11.45	\$15.74	\$11.27	\$14.93
Durable Medical Equipment	E1399	U6		U	5 units / day		** \$5140.50 / Unit	\$5140.50 / Unit	\$5140.50 / Unit	\$5140.50 / Unit
Environmental Accessibility Adaptations	S5165	U6		U	5 units / day		** \$771.08 / Unit	\$771.08 / Unit	\$771.08 / Unit	\$771.08 / Unit
Environmental Accessibility Assessment	S5165	U6	SC	U	1 unit / 365 days		** \$822.48 / Unit	\$822.48 / Unit	\$822.48 / Unit	\$822.48 / Unit
In - Home Supports (Awake Staff) Qtr. Hour	97537	U6		Q	992 QH / month	1:1	\$3.35	\$4.05	\$3.30	\$3.94
In - Home Supports (Awake Staff) Qtr. Hour	97537	U6		Q	992 QH / month	1:2	\$2.24	\$2.70	\$2.20	\$2.62
In - Home Supports (Awake Staff) Qtr. Hour	97537	U6		Q	992 QH / month	1:3	\$1.85	\$2.23	\$1.82	\$2.17
In - Home Supports (Live-In Staff) Day	97537	U6	SC	D	31 days / month	1:1	\$104.12	\$129.60	\$102.83	\$125.89
In - Home Supports (Live-In Staff) Day	97537	U6	SC	D	31 days / month	1:2	\$87.45	\$108.87	\$86.37	\$105.75
In - Home Supports (Live-In Staff) Day	97537	U6	SC	D	31 days / month	1:3	\$74.96	\$93.31	\$74.03	\$90.64
Medication Review	99499	U6		U	2 units / 365 days		\$71.97	\$71.97	\$71.97	\$71.97
Occupational Therapy Assessment	97003	U6		U	1 unit / 365 days		** \$143.93/\$164.50	\$143.93/\$164.50	\$143.93/\$164.50	\$143.93/\$164.50
Occupational Therapy	97530	U6		Q	8 QH / day		\$17.99	\$17.99	\$17.99	\$17.99
Personal Care Assistance	T1019	U6		Q	96 QH / day	Standard	\$3.45	\$3.81	\$3.45	\$3.81
Personal Care Assistance	T1019	U6		Q	96 QH / day	Moderate	\$3.96	\$4.24	\$3.96	\$4.24
Personal Care Assistance	T1019	U6		Q	96 QH / day	Intensive	\$4.50	\$4.97	\$4.50	\$4.97
Personal Emergency Response - Installation	S5160	U6		U	1 unit / 365 days		** \$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit
Personal Emergency Response - Service	S5161	U6		M	1 unit / month		** \$41.12 / Unit	\$41.12 / Unit	\$41.12 / Unit	\$41.12 / Unit
Physical Therapy - Assessment	97001	U6		U	1 unit / 365 days		** \$143.93/\$205.62	\$143.93/\$205.62	\$143.93/\$205.62	\$143.93/\$205.62
Physical Therapy	97110	U6		Q	8 QH / day		\$17.99	\$17.99	\$17.99	\$17.99
Private Duty Nursing - LPN	T1000	U6		Q	96 QH / day		\$5.24	\$7.21	\$5.16	\$6.84
Private Duty Nursing - RN - Assessment	T1000	U6	HN	Q	8 QH		\$7.57	\$10.39	\$7.44	\$9.86
Private Duty Nursing - RN	T1000	U6	HN	Q	96 QH / day		\$7.57	\$10.39	\$7.44	\$9.86

**

These rates are the maximum allowable by Medicaid or the HCBS fee schedule.

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Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	MEDICAID Maximum Allowable Number of Units Per Date of Service (Claim Line)	Staff to Consumer Ratio or Level of Care	Geographical Independent	Geographical Agency	Non- Geographical Independent	Non- Geographical Agency
							MAXIMUM Allowable Per Unit Rate (Areas 9,10 & 11)	MAXIMUM Allowable Per Unit Rate (Areas 9,10 & 11)	MAXIMUM Allowable Per Unit Rate (All Other Statewide Areas)	MAXIMUM Allowable Per Unit Rate (All Other Statewide Areas)
Residential Habilitation - Standard Program Daily Rates										
Basic Level (1-3 hrs/day)	H0043	U6	SC	D	23 days/month	Basic	N/A	\$41.44	N/A	\$39.66
Minimal Level (4-6 hrs/day)	H0043	U6	SC	D	23 days/month	Minimal	N/A	\$82.82	N/A	\$79.25
Moderate Level (7-9 hrs/day)	H0043	U6	SC	D	23 days/month	Moderate	N/A	\$124.27	N/A	\$118.92
Extensive Level (10-12 hrs/day)	H0043	U6	SC	D	23 days/month	Extensive	N/A	\$167.16	N/A	\$159.96
Intensive Level (13+ hrs/day)	H0043	U6	SC	D	23 days/month	Intensive	N/A	\$219.61	N/A	\$210.15
Residential Habilitation - Standard Program Monthly Rates										
Basic Level (1-3 hrs/day)	T2023	U6		M	1 unit/month	Basic	N/A	\$1,208.67	N/A	\$1,156.75
Minimal Level (4-6 hrs/day)	T2023	U6		M	1 unit/month	Minimal	N/A	\$2,415.58	N/A	\$2,311.46
Moderate Level (7-9 hrs/day)	T2023	U6		M	1 unit/month	Moderate	N/A	\$3,624.54	N/A	\$3,468.50
Extensive Level (10-12 hrs/day)	T2023	U6		M	1 unit/month	Extensive	N/A	\$4,875.50	N/A	\$4,665.50
Intensive Level (13+ hrs/day)	T2023	U6		M	1 unit/month	Intensive	N/A	\$6,405.29	N/A	\$6,129.38
Residential Habilitation - Behavior Focused Daily Rates										
Basic Level (1-3 hrs/day)	T2020	U6		D	23 days/month	Basic	N/A	N/A	N/A	N/A
Minimal Level (4-6 hrs/day)	T2020	U6		D	23 days/month	Minimal	N/A	\$87.80	N/A	\$84.02
Moderate Level (7-9 hrs/day)	T2020	U6		D	23 days/month	Moderate	N/A	\$131.75	N/A	\$126.08
Extensive Level (10-12 hrs/day)	T2020	U6		D	23 days/month	Extensive	N/A	\$177.23	N/A	\$169.59
Intensive Level (13+ hrs/day)	T2020	U6		D	23 days/month	Intensive	N/A	\$232.83	N/A	\$222.80
Residential Habilitation - Behavior Focused Monthly Rates										
Basic Level (1-3 hrs/day)	T2023	U6	SC	M	1 unit/month	Basic	N/A	N/A	N/A	N/A
Minimal Level (4-6 hrs/day)	T2023	U6	SC	M	1 unit/month	Minimal	N/A	\$2,560.83	N/A	\$2,450.58
Moderate Level (7-9 hrs/day)	T2023	U6	SC	M	1 unit/month	Moderate	N/A	\$3,842.71	N/A	\$3,677.33
Extensive Level (10-12 hrs/day)	T2023	U6	SC	M	1 unit/month	Extensive	N/A	\$5,169.21	N/A	\$4,946.38
Intensive Level (13+ hrs/day)	T2023	U6	SC	M	1 unit/month	Intensive	N/A	\$6,790.88	N/A	\$6,498.33
Residential Habilitation - Quarter Hour	H0043	U6		Q	992 QH / month	1:1	\$2.88	\$3.60	\$2.83	\$3.49
Residential Habilitation - Quarter Hour	H0043	U6		Q	992 QH / month	1:2	\$1.91	\$2.40	\$1.89	\$2.32
Residential Habilitation - Quarter Hour	H0043	U6		Q	992 QH / month	1:3	\$1.58	\$1.98	\$1.56	\$1.92
Residential Habilitation - Live In Staff - Day	H0043	U6	SC	D	31 days / month (Max 365 days / yr)	1:1	\$112.57	\$140.13	\$111.18	\$136.11
Residential Habilitation - Live In Staff - Day	H0043	U6	SC	D	31 days / month (Max 365 days / yr)	1:2	\$94.55	\$117.71	\$93.39	\$114.34
Residential Habilitation - Live In Staff - Day	H0043	U6	SC	D	31 days / month (Max 365 days / yr)	1:3	\$81.05	\$100.90	\$80.05	\$98.00
Residential Habilitation - (Day) Intensive Behavior in a Licensed Facility	T2016	U6		D	31 days / month (Max 365 days / yr)	Intensive	Rates are individually determined as part of Prior Service Authorization.			

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Residential Nursing - LPN	T1001	U6		Q	96 QH / day		\$5.24	\$7.21	\$5.16	\$6.84
Residential Nursing - RN - Assessment	T1002	U6		Q	8 QH		\$7.57	\$10.39	\$7.44	\$9.86
Residential Nursing - RN	T1002	U6		Q	96 QH / day		\$7.57	\$10.39	\$7.44	\$9.86
Respiratory Therapy Assessment	S5180	U6		U	2 units / 365 days	**	\$205.62 / unit	\$205.62 / unit	\$205.62 / unit	\$205.62 / unit
Respiratory Therapy	S5181	U6		Q	8 QH / day		\$17.99	\$17.99	\$17.99	\$17.99
Respite Care - Quarter Hour	S5151	U6		Q	96 QH / day	1:1	\$3.12	\$3.28	\$3.08	\$3.25
Respite Care - Quarter Hour	S5151	U6		Q	96 QH / day	1:2	\$2.08	\$2.19	\$2.06	\$2.17
Respite Care - Quarter Hour	S5151	U6		Q	96 QH / day	1:3	\$1.72	\$1.81	\$1.70	\$1.79
Respite Care - Day	S5151	U6	SC	D	30 days / year	1:1	\$124.50	\$131.19	\$123.37	\$130.05
Respite Care - Day	S5151	U6	SC	D	30 days / year	1:2	\$83.07	\$87.49	\$82.35	\$86.77
Respite Care - Day	S5151	U6	SC	D	30 days / year	1:3	\$68.57	\$72.28	\$67.96	\$71.66
Skilled Nursing - LPN	T1001	U6	HM	Q	32 QH / day		\$5.24	\$7.21	\$5.16	\$6.84
Skilled Nursing - RN - Assessment	T1001	U6	HN	Q	8 QH		\$8.03	\$11.03	\$7.90	\$10.47
Skilled Nursing - RN	T1001	U6	HN	Q	32 QH / day		\$8.03	\$11.03	\$7.90	\$10.47
Special Medical Home Care In a Licensed Facility	S9122	U6		D	31 days / month (Max 365 days / yr)		Rates are individually determined as part of Prior Service Authorization.			
Specialized Mental Health - Assessment	H0031	U6		U	1 unit / 365 days	**	\$143.93/\$308.43	\$143.93/\$308.43	\$143.93/\$308.43	\$143.93/\$308.43
Specialized Mental Health - Therapy	H0046	U6		Q	8 QH / day		\$12.29	\$16.34	\$12.09	\$15.57
Speech Therapy - Assessment	92506	U6		U	1 unit / 365 days	**	\$143.93/\$164.50	\$143.93/\$164.50	\$143.93/\$164.50	\$143.93/\$164.50
Speech Therapy	92507	U6		Q	8 QH / day		\$17.99	\$17.99	\$17.99	\$17.99
Support Coordination - Limited	T2022	U6		M	1 unit / month		\$67.50	\$67.50	\$67.50	\$67.50
Support Coordination - Full	G9012	U6		M	1 unit / month		\$135.00	\$135.00	\$135.00	\$135.00
Support Coordination - Transitional	G9012	U6	SC	M	1 unit / month Max. number of units is 6 (3 months prior to move and 3 months after move)		\$326.70	\$326.70	\$326.70	\$326.70
Supported Employment	H2023	U6		Q	704 QH / month	1:1	\$3.43	\$4.17	\$3.40	\$4.07
Supported Employment	H2023	U6		Q	704 QH / month	1:2	\$1.72	\$2.09	\$1.70	\$2.04
Supported Employment	H2023	U6		Q	704 QH / month	1:3	\$1.23	\$1.50	\$1.22	\$1.47
Supported Employment	H2023	U6		Q	704 QH / month	1:4	\$1.15	\$1.40	\$1.13	\$1.36
Supported Employment	H2023	U6		Q	704 QH / month	1:5	\$1.10	\$1.34	\$1.09	\$1.31
Supported Employment	H2023	U6		Q	704 QH / month	1:6	\$1.07	\$1.30	\$1.06	\$1.26
Supported Employment	H2023	U6		Q	704 QH / month	1:7	\$1.05	\$1.27	\$1.04	\$1.24
Supported Employment	H2023	U6		Q	704 QH / month	1:8	\$1.03	\$1.25	\$1.02	\$1.22
Supported Employment - Individual Model	H2023	U6		Q	704 QH / month		\$8.65	\$10.58	\$8.37	\$10.02
Supported Living Coaching	97535	U6		Q	24 QH / day		\$6.71	\$9.00	\$6.57	\$8.52
Transportation - Trip	T2003	U6		T	80 trips / month		Rates are negotiated by local APD and approved by Central Office.			
Transportation - Month	T2002	U6		M	1 unit / month					
Transportation - Mile	A0425	U6		I	200 miles / day					

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Consumer Directed Care Plus										
CDC Consultant Services - Limited	T2022	U5	U6	M	1 unit / month		\$67.50	\$67.50	\$67.50	\$67.50
CDC Consultant Services - Full	G9012	U5	U6	M	1 unit / month		\$135.00	\$135.00	\$135.00	\$135.00
Family and Supported Living Waiver										
Adult Day Training Facility Based	S5102	U9		Q	552 QH / month	1:1	N/A	\$4.08	N/A	\$4.06
Adult Day Training Facility Based	S5102	U9		Q	552 QH / month	1:3	N/A	\$2.32	N/A	\$2.30
Adult Day Training Facility Based	S5102	U9		Q	552 QH / month	1:5	N/A	\$1.62	N/A	\$1.60
Adult Day Training Facility Based	S5102	U9		Q	552 QH / month	1:6-10	N/A	\$1.27	N/A	\$1.25
Behavioral Analysis Services Assessment	H2020	U9		U	1 unit / 365 days		\$308.43/\$616.86	\$308.43/\$616.86	\$308.43/\$616.86	\$308.43/\$616.86
Behavior Analysis Level 1	H2019	HP	U9	Q	16 QH / day	1	\$15.69	\$23.25	\$15.22	\$21.38
Behavior Analysis Level 2	H2019	U9	HO	Q	16 QH / day	2	\$13.70	\$20.30	\$13.29	\$18.68
Behavior Analysis Level 3	H2019	U9	HN	Q	16 QH / day	3	\$8.52	\$12.63	\$8.27	\$11.62
Behavior Assistant Services	H2019	U9	HM	Q	64 QH / day		\$3.82	\$5.08	\$3.75	\$4.84
Consumable Medical Supplies	S5199	U9		U	10 units / day		** \$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit
Durable Medical Equipment	E1399	U9		U	5 units / day		** \$5140.50 / Unit	\$5140.50 / Unit	\$5140.50 / Unit	\$5140.50 / Unit
Environmental Accessibility Adaptations	S5165	U9		U	5 units / day		** \$771.08 / Unit	\$771.08 / Unit	\$771.08 / Unit	\$771.08 / Unit
Environmental Accessibility Assessment	S5165	U9	SC	U	1 unit / 365 days		** \$822.48 / Unit	\$822.48 / Unit	\$822.48 / Unit	\$822.48 / Unit
In - Home Supports (Awake Staff) Qtr. Hour	97537	U9		Q	992 QH / month	1:1	\$3.35	\$4.05	\$3.30	\$3.94
In - Home Supports (Awake Staff) Qtr. Hour	97537	U9		Q	992 QH / month	1:2	\$2.24	\$2.70	\$2.20	\$2.62
In - Home Supports (Awake Staff) Qtr. Hour	97537	U9		Q	992 QH / month	1:3	\$1.85	\$2.23	\$1.82	\$2.17
In - Home Supports (Live-In Staff) Day	97537	U9	SC	D	31 days / month	1:1	\$104.12	\$129.60	\$102.83	\$125.89
In - Home Supports (Live-In Staff) Day	97537	U9	SC	D	31 days / month	1:2	\$87.45	\$108.87	\$86.37	\$105.75
In - Home Supports (Live-In Staff) Day	97537	U9	SC	D	31 days / month	1:3	\$74.96	\$93.31	\$74.03	\$90.64
Personal Emergency Response - Installation	S5160	U9		U	1 unit / 365 days		** \$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit	\$257.03 / Unit
Personal Emergency Response Service	S5161	U9		M	1 unit / month		** \$41.12 / Unit	\$41.12 / Unit	\$41.12 / Unit	\$41.12 / Unit
Respite Care - Quarter Hour	S5151	U9		Q	96 QH / day	1:1	\$3.12	\$3.28	\$3.08	\$3.25
Respite Care - Quarter Hour	S5151	U9		Q	96 QH / day	1:2	\$2.08	\$2.19	\$2.06	\$2.17
Respite Care - Quarter Hour	S5151	U9		Q	96 QH / day	1:3	\$1.72	\$1.81	\$1.70	\$1.79
Respite Care - Day	S5151	U9	SC	D	30 days / year	1:1	\$124.50	\$131.19	\$123.37	\$130.05
Respite Care - Day	S5151	U9	SC	D	30 days / year	1:2	\$83.07	\$87.49	\$82.35	\$86.77
Respite Care - Day	S5151	U9	SC	D	30 days / year	1:3	\$68.57	\$72.28	\$67.96	\$71.66
Support Coordination - Limited	T2022	U9		M	1 unit / month		\$67.50	\$67.50	\$67.50	\$67.50
Support Coordination - Full	G9012	U9		M	1 unit / month		\$135.00	\$135.00	\$135.00	\$135.00

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Supported Employment	H2023	U9		Q	704 QH / month	1:1
Supported Employment	H2023	U9		Q	704 QH / month	1:2
Supported Employment	H2023	U9		Q	704 QH / month	1:3
Supported Employment	H2023	U9		Q	704 QH / month	1:4
Supported Employment	H2023	U9		Q	704 QH / month	1:5
Supported Employment	H2023	U9		Q	704 QH / month	1:6
Supported Employment	H2023	U9		Q	704 QH / month	1:7
Supported Employment	H2023	U9		Q	704 QH / month	1:8
Supported Employment - Individual Model	H2023	U9		Q	704 QH / month	
Supported Living Coaching	97535	U9		Q	24 QH / day	
Transportation (Trip)	T2003	U9		T	80 trips / month	
Transportation (Month)	T2002	U9		M	1 unit / month	
Transportation (Mile)	A0425	U9		I	200 miles / day	

Geographical Independent	Geographical Agency	Non- Geographical Independent	Non- Geographical Agency
MAXIMUM Allowable Per Unit Rate (Areas 9,10 & 11)	MAXIMUM Allowable Per Unit Rate (Areas 9,10 & 11)	MAXIMUM Allowable Per Unit Rate Other Statewide Areas)	MAXIMUM Allowable Per Unit Rate (All Other Statewide Areas)
\$3.43	\$4.17	\$3.40	\$4.07
\$1.72	\$2.09	\$1.70	\$2.04
\$1.23	\$1.50	\$1.22	\$1.47
\$1.15	\$1.40	\$1.13	\$1.36
\$1.10	\$1.34	\$1.09	\$1.31
\$1.07	\$1.30	\$1.06	\$1.26
\$1.05	\$1.27	\$1.04	\$1.24
\$1.03	\$1.25	\$1.02	\$1.22
\$8.65	\$10.58	\$8.37	\$10.02
\$6.71	\$9.00	\$6.57	\$8.52
Rates are negotiated by local APD and approved by Central Office.			