

**COMMUNITY CHOICES WAIVER**  
**Waiver Eligibility Segment Code 0100866**

**SERVICES PROCEDURE CODES/RATES**  
**Effective October 1, 2011**

| Provider Type(s)       | Waiver Service Description   | HIPAA/Other Service Description  | Procedure Code | Modifier | Units                             |
|------------------------|--|--|----------------|----------|-----------------------------------|
| 08                     | Transition Service   | Community Transition, Waiver   | T2038          |          | Lifetime cap<br>\$1,500.00        |
|                        | Transition Intensive Support Coordination                                | Community Choices High Risk Case Management                              | Z0178          |          | Monthly<br>\$157.00               |
|                        | Support Coordination   | Community Choices Case Management  | Z0195          |          | Monthly<br>\$140.00               |
| 15                     | Environmental Accessibility Adaptation – Basic Assessment and Approval   | Environmental Accessibility Adaptation – Basic Assessment and Approval   | Z0640          |          | Per Service<br>\$600.00           |
|                        | Environmental Accessibility Adaptation – Complex Assessment and Approval | Environmental Accessibility Adaptation – Complex Assessment and Approval | Z0642          |          | Per Service<br>\$150.00           |
|                        | Environmental Accessibility Adaptation – Ramp                            | Environmental Accessibility Adaptation – Ramp                            | Z0060          |          | Per Service<br>Pay as<br>approved |
|                        | Environmental Accessibility Adaptation – Lift                            | Environmental Accessibility Adaptation – Lift                            | Z0061          |          |                                   |
|                        | Environmental Accessibility Adaptation – Bathroom                        | Environmental Accessibility Adaptation – Bathroom                        | Z0062          |          |                                   |
|                        | Environmental Accessibility Adaptation – Other Adaptations               | Environmental Accessibility Adaptation – Other Adaptations               | Z0063          |          |                                   |
| 01,<br>44,<br>or<br>82 | Personal Assistance Services   | Attendant Care Services, per 15 minutes                                  | S5125          |          | 15 Minutes<br>\$2.83              |
|                        | Personal Assistance Services Shared by 2 Participants                    | Attendant Care Services, per 15 minutes, 2 participants served           | S5125          | UN       | 15 Minutes<br>\$2.31              |
|                        | Personal Assistance Services Shared by 3 Participants                    | Attendant Care Services, per 15 minutes, 3 participants served           | S5125          | UP       | 15 Minutes<br>\$2.02              |
|                        | Personal Assistance Services – a.m./p.m., provided in the morning        | Attendant Care Services, provided in the morning                         | S5126          | UF       | Per Visit<br>\$30.00              |
|                        | Personal Assistance Services – a.m./p.m., provided in the evening        | Attendant Care Services, provided in the evening                         | S5126          | UH       | Per Visit<br>\$30.00              |

**COMMUNITY CHOICES WAIVER**  
**Waiver Eligibility Segment Code 0100866**

**SERVICES PROCEDURE CODES/RATES**  
**Effective October 1, 2011**

| Provider Type(s) | Waiver Service Description  | HIPAA/Other Service Description   | Procedure Code | Modifier | Units  |
|------------------|---|---|----------------|----------|--|
| 85               | Adult Day Health Care Service   | Medical Rehabilitation Day Program  | HR-932         |          | 15 Minutes<br>\$2.44 plus provider specific transportation rate<br>Max of 40 units/day or 200 units/week |
| 44 or 65         | Skilled Maintenance Therapy – Physical Therapy Evaluation, outpatient                           | Physical Therapy Evaluation, outpatient                                       | 97001          | GP       | Per Service \$77.50  |
|                  | Skilled Maintenance Therapy – Physical Therapy Re-evaluation, outpatient                        | Physical Therapy Re-evaluation, outpatient                                    | 97002          | GP       | Per Service \$77.50  |
|                  | Skilled Maintenance Therapy – Physical Therapy  | Physical Therapy  | S9131          |          | Per Visit \$77.50  |
|                  | Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Family, outpatient         | Physical Therapy Home Care Training, Family, per session, outpatient          | S5111          | GP       | Per Visit \$77.50  |
|                  | Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Non-Family, outpatient     | Physical Therapy Home Care Training, Non-Family, per session, outpatient      | S5116          | GP       | Per Visit \$77.50  |
| 44 or 65         | Skilled Maintenance Therapy – Occupational Therapy Evaluation, outpatient                       | Occupational Therapy Evaluation, outpatient                                   | 97003          | GO       | Per Service \$77.50  |
|                  | Skilled Maintenance Therapy – Occupational Therapy Re-evaluation, outpatient                    | Occupational Therapy Re-Evaluation, outpatient                                | 97004          | GO       | Per Service \$77.50  |
|                  | Skilled Maintenance Therapy – Occupational Therapy  | Occupational Therapy  | S9129          |          | Per Visit \$77.50  |
|                  | Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Family, outpatient     | Occupational Therapy- Home Care Training, Family, per session, outpatient     | S5111          | GO       | Per Visit \$77.50  |
|                  | Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Non-Family, outpatient | Occupational Therapy- Home care training, Non-Family, per session, outpatient | S5116          | GO       | Per Visit \$77.50  |

**COMMUNITY CHOICES WAIVER**  
**Waiver Eligibility Segment Code 0100866**

**SERVICES PROCEDURE CODES/RATES**  
**Effective October 1, 2011**

| Provider Type(s) | Waiver Service Description   | HIPAA/Other Service Description                  | Procedure Code | Modifier | Units                              |
|------------------|--|--|----------------|----------|------------------------------------|
| 44<br>or<br>65   | Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation, outpatient             | Speech, Language, Hearing Evaluation, outpatient | 92506          | GN       | Per Service<br>\$77.50             |
|                  | Skilled Maintenance Therapy – Speech/Language – Swallowing Function Evaluation, outpatient | Swallowing Function Evaluation, outpatient       | 92610          | GN       | Per Service<br>\$77.50             |
|                  | Skilled Maintenance Therapy – Speech, Language, Hearing Therapy, outpatient                | Speech, Language, Hearing Therapy, outpatient    | 92507          | GN       | Per Visit<br>\$77.50               |
|                  | Skilled Maintenance Therapy-Speech/Language – Oral Function Therapy, outpatient            | Oral Function Therapy, outpatient                | 92526          | GN       | Per Visit<br>\$77.50               |
| 44               | Nursing Assessment by R.N.   | Nursing Assessment by R.N.                       | T1001          | TD       | Per Service<br>\$65.22             |
|                  | Nursing Assessment by L.P.N.   | Nursing Assessment by L.P.N.                     | T1001          | TE       | Per Service<br>\$58.00             |
|                  | Nursing Care by R.N.   | Nursing Care, in the home by R.N.                | T1030          |          | Per Visit<br>\$65.22               |
|                  | Nursing Care by L.P.N.   | Nursing Care, in the home by L.P.N.              | T1031          |          | Per Visit<br>\$58.00               |
| 16               | Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Installation     | Personal Emergency Response (PERS), Installation | Z0058          |          | Initial<br>Installation<br>\$30.00 |
|                  | Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Monthly          | Personal Emergency Response (PERS), Monthly      | Z0059          |          | Monthly<br>Maintenance<br>\$27.00  |

**COMMUNITY CHOICES WAIVER**  
**Waiver Eligibility Segment Code 0100866**

**SERVICES PROCEDURE CODES/RATES**  
**Effective October 1, 2011**

| Provider Type(s) | Waiver Service Description   | HIPAA/Other Service Description   | Procedure Code | Modifier | Units   |
|------------------|--|---|----------------|----------|---|
| 17               | TeleCare – Activity and Sensor Monitoring – Equipment Installation and Removal (by home health agency)         | Emergency Response System, Installation & Testing                                 | S5160          |          | One Time at Installation<br>\$200.00                      |
|                  | TeleCare – Activity and Sensor Monitoring – Monitoring, Routine Maintenance and Rental (by home health agency) | Emergency Response system, Per Month (Excludes installation & testing)            | S5161          |          | Monthly<br>\$130.00                                       |
| AM               | Home Delivered Meals   | Home Delivered Meals  | S5170          |          | Max of \$7.00 per service/meal and Max of 2 meals per day |
| 82 or AN         | Caregiver Temporary Support Service, in home   | Respite Care Services   | T1005          |          | 15 Minutes<br>\$2.83                                      |
| AN               | Caregiver Temporary Support Service, Center Based, Not Overnight (by ADHC)                                     | Respite Care Services, group setting  | T1005          | HQ       | 15 Minutes<br>\$2.66<br>Max of 40 units per day           |
|                  | Caregiver Temporary Support Service, Center Based, Overnight (by assisted living facility)                     | Respite Care Services, not in the home  | H0045          |          | Daily with Overnight Stay<br>\$95.00                      |
|                  | Caregiver Temporary Support Service, Center Based, Overnight (by nursing facility)                             | Respite Care Services, not in the home, group setting                             | H0045          | HQ       | Daily with Overnight Stay<br>\$141.36                     |
| 83               | Caregiver Temporary Support Service, Center Based, Overnight (by respite care center)                          | Respite Care Services, not in the home, group setting, services provided at night | H0045          | HQ, UJ   | Daily with Overnight Stay<br>\$141.36                     |