

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective May 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
SUPPORT COORDINATION (SC)					
08 (Case Management/ Support Coordination)	Transition Services	Community Transition, Waiver	T2038		\$1,500.00 lifetime cap
	Transition Intensive Support Coordination**	Targeted Case Management	T2023		\$224.00 per month
	Support Coordination**	Case Management	T2022		\$202.00 per month
ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)					
15 (Environmental Accessibility Adaptation – EAA) or SP (Organized Health Care Delivery System/Super Provider)	Environmental Accessibility Adaptation – Basic Assessment and Approval	Home Modifications	S5165	U5	\$600.00 per service
	Environmental Accessibility Adaptation – Final Inspection (1 visit only)	Home Modifications, Follow Up	S5165	TS	\$150.00 per service
	Environmental Accessibility Adaptation – Final Inspection (2 or more visits)	Home Modifications, Follow Up	S5165	TS, U9	\$250.00 per service
	Environmental Accessibility Adaptation – Ramp	Home Modifications	S5165	U1	Per service/ pay as approved
	Environmental Accessibility Adaptation – Lift	Home Modifications	S5165	U2	
	Environmental Accessibility Adaptation – Bathroom	Home Modifications	S5165	U3	
	Environmental Accessibility Adaptation – Other Adaptations	Home Modifications	S5165	U4	
PERSONAL ASSISTANCE SERVICES (PAS)					
01 (Fiscal Agent); 44 (Home Health Agency); 82 (Personal Care Attendant); or SP (Organized Health Care Delivery System/Super Provider)	Personal Assistance Services**	Attendant Care Services	S5125		\$4.63 per 15 minutes
	Personal Assistance Services – Self-Directed Overtime**	Attendant Care Services, Overtime rate	S5125	TU	\$6.26 per 15 minutes
	Personal Assistance Services Shared by 2 Participants	Attendant Care Services, 2 participants served	S5125	UN	\$4.07 per 15 minutes
	Personal Assistance Services Shared by 2 Participants - Self-Directed Overtime**	Attendant Care Services, per 15 minutes, 2 participants served, Overtime rate	S5125	UN, TU	\$5.42 per 15 minutes

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PERSONAL ASSISTANCE SERVICES (PAS) – continued					
01 (Fiscal Agent); 44 (Home Health Agency); 82 (Personal Care Attendant); or SP (Organized Health Care Delivery System/Super Provider)	Personal Assistance Services Shared by 3 Participants**	Attendant Care Services 3 participants served	S5125	UP	\$3.73 per 15 minutes
	Personal Assistance Services Shared by 3 Participants – Self-Directed Overtime**	Attendant Care Services, 3 participants served, Overtime rate	S5125	UP, TU	\$4.91 per 15 minutes
44 (Home Health Agency); 82 (Personal Care Attendant); or SP (Organized Health Care Delivery System/Super Provider)	Personal Assistance Services – am/pm, provided in the morning**	Attendant Care Services, per diem, provided in the morning	S5126	UF	\$39.12 per visit
	Personal Assistance Services – am/pm, provided in the evening**	Attendant Care Services, per diem, provided in the evening	S5126	UH	
ADULT DAY HEALTH CARE (ADHC)					
85 (Adult Day Health Care – ADHC) or SP (Organized Health Care Delivery System/Super Provider)	Adult Day Health Care (ADHC) Service**	Adult Day Care Services	S5100		\$3.48 per 15 minutes plus provider specific transportation rate - Maximum of 40 units/day or 200 units/week
85 (Adult Day Health Care – ADHC)	Adult Day Health Care (ADHC) Services – Health Status Monitoring*	Adult Day Care Per Diem	S5102		\$47.35 per day

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HOME DELIVERED MEALS					
AM (Home Delivered Meals) Or SP (Organized Health Care Delivery System/Super Provider)	Home Delivered Meals	Home Delivered Meals	S5170		Maximum of \$7.00 per service/meal – Maximum of 2 meals per day
	Medically Tailored Meals	Home Delivered Meals by Registered Dietician	S5170	AE	Maximum of \$7.49 per service/meal – Maximum of 2 meals per day
	Medically Tailored Meals (Gluten-free, renal and pureed)	Home Delivered Meals by Registered Dietician	S5170	AE, U1	Maximum of \$8.49 per service/meal – Maximum of 2 meals per day
	Nutritional Counseling	Nutritional Counseling, Dietician Visit	S9470		\$49.00 per service Maximum of 3 visits
PERMANENT SUPPORTIVE HOUSING (PSH)					
AW (Permanent Supportive Housing Agency)	Housing Stabilization Services	Other Specified Case Management Services	G9012	U7	\$15.11 per 15 minutes
	Housing Transition/Crisis Intervention Services	Other Specified Case Management Services	G9012	U8	
MONITORED IN-HOME CAREGIVING (MIHC)					
MI (Monitored In-Home Caregiving – MIHC)	Monitored In-Home Caregiving Level 1**	Adult Foster Care	S5140		\$78.63 per day
	Monitored In-Home Caregiving Level 2**	Adult Foster Care, Complex		TG	\$117.94 per day
	Monitored In-Home Caregiving – Intake and Assessment	Home Environment Assessment	T1028		\$250.00 per service
NURSING SERVICES					
44 (Home Health Agency) Or SP (Organized Health Care Delivery System/Super Provider)	Nursing Assessment by R.N.	Nursing Assessment by R.N.	T1001	TD	\$65.22 per service
	Nursing Assessment by L.P.N.	Nursing Assessment by L.P.N.		TE	\$58.00 per service
	Nursing Care by R.N.	Nursing Care, in the home by R.N.	T1030		\$65.22 per visit
	Nursing Care by L.P.N.	Nursing Care in the home by L.P.N.	T1031		\$58.00 per visit

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SKILLED MAINTENANCE THERAPY (SMT)					
44 (Home Health Agency) or SP (Organized Health Care Delivery System/Super Provider)	Skilled Maintenance Therapy – Physical Therapy	Physical Therapy in the home	S9131		\$77.50 per visit
	Skilled Maintenance Therapy – Physical Therapy Evaluation, outpatient	Physical Therapy Evaluation, Low Complex, outpatient (20 minutes)	97161	GP	\$77.50 per service
		Physical Therapy Evaluation, Moderate Complex, outpatient (30 minutes)	97162		
		Physical Therapy Evaluation, High Complex, outpatient (45 minutes)	97163		
	Skilled Maintenance Therapy – Physical Therapy Re-evaluation, outpatient	Physical Therapy Re-evaluation, outpatient	97164		
	Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Family, outpatient	Physical Therapy Home Care Training, Family, outpatient	S5111		\$77.50 per visit
	Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Non-Family, outpatient	Physical Therapy Home Care Training, Non-Family, outpatient	S5116		
	Skilled Maintenance Therapy – Occupational Therapy	Occupational Therapy in the home	S9129		
	Skilled Maintenance Therapy – Occupational Therapy, Evaluation, outpatient	Occupational Therapy Evaluation, Low Complex, outpatient (30 minutes)	97165	GO	\$77.50 per service
		Occupational Therapy Evaluation, Moderate Complex, outpatient (45 minutes)	97166		
		Occupational Therapy Evaluation, High Complex, outpatient (60 minutes)	97167		
	Skilled Maintenance Therapy – Occupational Therapy, Re-evaluation, outpatient	Occupational Therapy Re-evaluation, outpatient	97168		
	Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Family, outpatient	Occupational Therapy – Home Care Training, Family, outpatient	S5111		\$77.50 per visit

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SKILLED MAINTENANCE THERAPY (SMT) – continued					
44 (Home Health Agency) Or SP (Organized Health Care Delivery System/Super Provider)	Skilled Maintenance Therapy – Occupational Therapy - Home Care Training, Family, outpatient	Occupational Therapy - Home Care Training, Non-Family, outpatient	S5116	GO	\$77.50 per visit
	Skilled Maintenance Therapy – Speech/Language – Swallowing Function Evaluation, outpatient	Speech/Language - Swallowing Function Evaluation, outpatient	92610	GN	\$77.50 per service
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation – Speech Fluency, outpatient	Speech/Language - Evaluation of Speech Fluency, outpatient	92521		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation – Speech Sound Production, outpatient	Speech/ Language – Evaluation of Speech Production, outpatient	92522		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation – Speech Sound Production with Language Comprehension and Expression, outpatient	Speech/Language - Speech Sound Language Comprehension, outpatient	92523		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation – Behavioral and Qualitative Analysis of Voice and Resonance, outpatient	Speech/Language - Behavioral and Qualitative Analysis of Voice, outpatient	92524		
	Skilled Maintenance Therapy – Speech, Language, Hearing Therapy, outpatient	Speech/Language - Hearing Therapy, outpatient	92507		
	Skilled Maintenance Therapy – Speech/Language – Oral Function Therapy, outpatient	Speech/Language - Oral Function Therapy, outpatient	92526		

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PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)					
16 (Personal Emergency Response System – PERS)	Personal Emergency Response System (PERS) – Assistive Devices and Medical Supplies – Installation	Emergency Response System, Installation and Testing, New Equipment	S5160	NU	\$30.00 initial installation
	Personal Emergency Response System (PERS) – Assistive Devices and Medical Supplies – Monthly	Emergency Response System, Monthly Service Fee	S5161	FQ	\$27.00 monthly maintenance
ASSISTIVE DEVICES AND MEDICAL SUPPLIES (ADMS)					
16 (Personal Emergency Response System – PERS) or 17 (Assistive Devices) or SP (Organized Health Care Delivery System/Super Provider)	Telecare – Activity and Sensor Monitoring – Equipment Installation and Removal	Emergency Response System, Installation and Testing	S5160		\$200.00 one time at installation
	Telecare – Activity and Sensor Monitoring – Monitoring, Routine Maintenance, and Rental	Emergency Response System, Monthly Service Fee	S5161		\$130.00 monthly
	Telecare – Health Status Monitoring – Equipment Installation and Removal	Emergency Response System, Installation and Testing, New Equipment	S5160	NU, U5	\$200.00 one time at installation
	Telecare – Health Status Monitoring – Monitoring, Routine Maintenance, and Rental	Telemonitoring in the home, Monthly Rental	S9110	RR	\$165.00 monthly
	Telecare – Medication Dispensing and Monitoring – Equipment Installation and Removal	Emergency Response System, Installation and Testing	S5160	U6	\$25.00 one time at installation
	Telecare – Medication Dispensing and Monitoring	Medication Reminder Service, Non-Face-to-Face	S5185		\$40.00 monthly
17 (Assistive Devices) or SP (Organized Health Care Delivery System/Super Provider)	Assistive Device/Equipment Rental including Routine Repair and Maintenance	Specialized Medical Equipment, Not Otherwise Specified, Waiver, Rental	T2029	RR	Pay as approved

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ASSISTIVE DEVICES AND MEDICAL SUPPLIES (ADMS) – continued					
17 (Assistive Devices) or SP (Organized Health Care Delivery System/Super Provider)	Assistive Device/ Equipment Repair	Repair of Non-Routine Service, Replacement Part	K0739	RB	Pay as approved
08 (Case Management/ Support Coordination); 17 (Assistive Devices); or SP (Organized Health Care Delivery System/Super Provider)	Assistive Device/ Equipment Purchase	Miscellaneous Supply or Accessory, Not Otherwise Specified	A9999		Per service/ pay as approved
	Medical Supply Purchase – Recurring	Specialized Supply, Not Otherwise Specified, Waiver	T2028	SC	
17 (Assistive Devices) or SP (Organized Health Care Delivery System/Super Provider)	Assistive Devices and Medical Supplies Procurement	Waiver Services, Not Otherwise Specified	T2025		Per service/ pay as approved: \$0 - \$300 - \$0 \$301 - \$600 - \$50 \$601 - \$900 - \$75 \$901 - \$1,200 - \$100 \$1,201 and over - \$125
ASSISTIVE TECHNOLOGY (AT)					
08 (Case Management/ Support Coordination)	Assistive Technology Service	Utility services to support medical equipment and assistive technology/devices, waiver	T2035		Per service (one-time, lifetime maximum of \$250.00)
	Assistive Technology Service Procurement	Waiver Services, Not Otherwise Specified	T2025	SE	Per service (one-time, lifetime maximum of \$50.00)

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CAREGIVER TEMPORARY SUPPORT					
82 (Personal Care Attendant – PCA); AN (Caregiver Temporary Support); or SP (Organized Health Care Delivery System/Super Provider)	Caregiver Temporary Support Service (in the home)**	Respite Care Services	T1005		\$4.63 per 15 minutes
AN (Caregiver Temporary Support) or SP (Organized Health Care Delivery System/Super Provider)	Caregiver Temporary Support Service, Center-Based, Overnight (Assisted Living Facility)	Respite Care Services, not in the home	H0045		\$95.00 daily with overnight stay
	Caregiver Temporary Support Service, Center-Based, Not Overnight (ADHC Center)**	Respite Care Services, group setting	T1005	HQ	\$4.02 per 15 minutes and maximum of 40 units per day
	Caregiver Temporary Support Service, Center-Based, Overnight (Nursing Facility)	Respite Care Services, not in the home, group setting	H0045		\$141.36 daily with overnight stay
83 (Center-Based Respite) or SP (Organized Health Care Delivery System/Super Provider)	Caregiver Temporary Support Service, Center-Based, Overnight (Respite Center)	Respite Care Services, not in the home, group setting, services provided at night	H0045	HQ, UJ	\$141.36 daily with overnight stay

***This service code will be effective until the PHE extension end date.**

****Due to the funding received from the American Rescue Plan Act (ARPA) of 2021, the rates for this service was retroactively increased effective 10/1/21.**