

COMMUNITY CHOICES WAIVER

Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES

Provider Types (PT)	Waiver Service Descriptions	HIPAA/Other Service Descriptions	Procedure Codes	Modifiers	Units
SUPPORT COORDINATION (SC)					
08 (Case Management/ Support Coordination)	Transition Service	Community Transition, Waiver	T2038		\$1,500.00 lifetime cap
	Transition Intensive Support Coordination	Community Choices High Risk Case Management	Z0178		\$157.00 per month
	Support Coordination	Community Choices Case Management	Z0195		\$140.00 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	Environmental Accessibility Adaptation – Basic Assessment and Approval	Z0640		\$600.00 per service
	Environmental Accessibility Adaptation – Final Inspection (1 visit only)	Environmental Accessibility Adaptation – Final Inspection	Z0642		\$150.00 per service
	Environmental Accessibility Adaptation – Final Inspection (2 or more visits)	Environmental Accessibility Adaptation – Final Inspection	Z0641		\$250.00 per service
	Environmental Accessibility Adaptation – Ramp	Environmental Accessibility Adaptation – Ramp	Z0060		Per service/ pay as 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		
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, per 15 minutes	S5125		\$2.79 per 15 minutes
	Personal Assistance Services Shared by 2 Participants	Attendant Care Services, per 15 minutes, 2 participants served	S5125	UN	\$2.31 per 15 minutes
	Personal Assistance Services Shared by 3 Participants	Attendant Care Services, per 15 minutes, 3 participants served	S5125	UP	\$2.02 per 15 minutes
	Personal Assistance Services – am/pm, provided in the morning	Attendant Care Services, provided in the morning	S5126	UF	\$30.00 per visit
	Personal Assistance Services – am/pm, provided in the evening	Attendant Care Services, provided in the evening	S5126	UH	

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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	Medical Rehabilitation Day Program	HR-932		\$2.40 per 15 minutes plus provider specific transportation rate - Max of 40 units/day or 200 units/week
HOME DELIVERED MEALS					
AM (Home Delivered Meals) or SP (Organized Health Care Delivery System/Super Provider)	Home Delivered Meals	Home Delivered Meals	S5170		Max of \$7.00 per service/meal - Max of 2 meals per day
PERMANENT SUPPORTIVE HOUSING (PSH)					
AW (Permanent Supportive Housing Agency)	Permanent Supportive Housing	Housing Stabilization Services	Z0648		\$15.11 per 15 minutes
	Permanent Supportive Housing	Housing Transition/Crisis Intervention Services	Z0649		
MONITORED IN-HOME CAREGIVING (MIHC)					
MI (Monitored In Home Caregiving – MIHC)	Monitored In-Home Caregiving	Monitored In-Home Caregiving, level 1	S5140		\$59.60 per day
	Monitored In-Home Caregiving	Monitored In-Home Caregiving, level 2		TG	\$89.40 per day
	Monitored In-Home Caregiving	Monitored In-Home Caregiving, Intake and assessment	T1028		\$250.00 per service

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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
SKILLED MAINTENANCE THERAPY (SMT)					
44 (Home Health Agency) or SP (Organized Health Care Delivery System/Super Provider)	Skilled Maintenance Therapy – Physical Therapy	Physical Therapy	S9131		\$77.50 per visit
	Skilled Maintenance Therapy – Physical Therapy Evaluation, outpatient	Physical Therapy Evaluation, outpatient	97001	GP	\$77.50 per service
	Skilled Maintenance Therapy – Physical Therapy Re-evaluation, outpatient	Physical Therapy Re-evaluation, outpatient	97002		
	Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Family, outpatient	Physical Therapy Home Care Training, Family, per session, outpatient	S5111		
	Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Non-Family, outpatient	Physical Therapy Home Care Training, Non-Family, per session, outpatient	S5116		\$77.50 per visit
	Skilled Maintenance Therapy – Occupational Therapy	Occupational Therapy	S9129		
	Skilled Maintenance Therapy – Occupational Therapy Evaluation, outpatient	Occupational Therapy Evaluation, outpatient	97003	GO	\$77.50 per service
	Skilled Maintenance Therapy – Occupational Therapy Re-evaluation, outpatient	Occupational Therapy Re-Evaluation, outpatient	97004		
Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Family, outpatient	Occupational Therapy- Home Care Training, Family, per session, outpatient	S5111			

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44 (Home Health Agency) or SP (Organized Health Care Delivery System/Super Provider)	Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Non-Family, outpatient	Occupational Therapy- Home care training, Non-Family, per session, outpatient	S5116	GO	\$77.50 per visit
	Skilled Maintenance Therapy – Speech/Language – Swallowing Function Evaluation, outpatient	Swallowing Function Evaluation, outpatient	92610	GN	\$77.50 per service
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation-Speech Fluency, outpatient	Speech, Language, Hearing Evaluation-Speech Fluency, outpatient	92521		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation-Speech Sound Production, outpatient	Speech, Language, Hearing Evaluation-Speech Sound Production, outpatient	92522		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation- Speech Sound Production with Language Comprehension and Expression, outpatient	Speech, Language, Hearing Evaluation - Speech Sound Production with Language Comprehension and Expression, outpatient	92523		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation-Behavioral and Qualitative Analysis of Voice and Resonance, outpatient	Speech, Language, Hearing Evaluation-Behavioral and Qualitative Analysis of Voice and Resonance, 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	Oral Function Therapy, outpatient	92526		
PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)					
16 (Personal Emergency Response System – PERS)	Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Installation	Personal Emergency Response (PERS), Installation	Z0058		\$30.00 Initial installation
	Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Monthly	Personal Emergency Response (PERS), Monthly	Z0059		\$27.00 monthly maintenance

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ASSISTIVE DEVICES AND MEDICAL SUPPLIES					
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 & Testing	S5160		\$200.00 one time at installation
	Telecare – Activity and Sensor Monitoring – Monitoring, Routine Maintenance and Rental	Emergency Response system, Per Month (Excludes installation & testing)	S5161		\$130.00 monthly
	Telecare - Health Status Monitoring -Equipment Installation & Removal	Telecare - Health Status Monitoring -Equipment Installation & Removal	Z0643		\$200.00 one time at installation
	Telecare - Health Status Monitoring - Monitoring, Routine Maintenance & Rental	Telecare - Health Status Monitoring - Monitoring, Routine Maintenance & Rental	Z0644		\$165.00 monthly
	Telecare - Medication Dispensing & Monitoring - Equipment Installation & Removal	Telecare - Medication Dispensing & Monitoring - Equipment Installation & Removal	Z0647		\$25.00 one time at Installation
	Telecare - Medication Dispensing & Monitoring	Medication Reminder Service, Non-Face-To-Face; Per Month	S5185		\$40.00 monthly
	Assistive Device/Equipment Rental including Routine Repair and Maintenance	Specialized Medical Equipment, Not Otherwise Specified, Waiver	T2029	RR	Pay as approved
08 (Case Management/Support Coordination); 17 (Assistive Devices); or SP (Organized Health Care Delivery System/Super Provider)	Assistive Device/Equipment Purchase	Specialized Medical Equipment/Other	Z0624		Per service/ pay as approved* *For PT 08, pay up to \$300.00
	Medical Supply Purchase - Recurring	Supply Purchase - Recurring	Z0645		

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17 (Assistive Devices) or SP (Organized Health Care Delivery System/Super Provider)	Assistive Device/ Equipment Repair	Equipment Repair	Z0646		Pay as approved
	Assistive Devices & Medical Supplies Procurement	Waiver Services, NOS	T2025		Per service/ pay as approved: \$0 - \$300 - \$0 \$301 - \$600 - \$50; \$601 - \$900 - \$75; \$901 - \$1,200 - \$100; \$1,201 & over - \$125
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 home	Respite Care Services	T1005		\$2.79 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)	Respite Care Services, group setting	T1005		HQ
	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	

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83 (Center-Based Respite) or SP (Organized Health Care Delivery System/ Super Provider)	Caregiver Temporary Support Service, Center Based, Overnight (respite care center)	Respite Care Services, not in the home, group setting, services provided at night	H0045	HQ, UJ	\$141.36 daily with overnight stay