

COMMUNITY CHOICES WAIVER

Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES

Effective October 1, 2011

Provider Type	HCBS/CC Waiver Service Description	HIPAA/Other Service Description	Procedure Code	Modifier	Units
08	Transition Service	Community Transition, Waiver	T2038		Lifetime cap \$1,500.00
08	Transition Intensive Support Coordination	Community Choices High Risk Case Management	Z0178		Monthly \$157.00
08	Support Coordination	Community Choices Case Management	Z0195		Monthly \$140.00
15	Environmental Accessibility Adaptation-Basic Assessment and Approval	Environmental Accessibility Adaptation-Basic Assessment and Approval	Z0640		Per Service \$600.00
15	Environmental Accessibility Adaptation-Complex Assessment and Approval	Environmental Accessibility Adaptation-Complex Assessment and Approval	Z0642		Per Service \$150.00
15	Environmental Accessibility Adaptation-Ramp	Environmental Accessibility Adaptation-Ramp	Z0060		Per Service Pay as approved
15	Environmental Accessibility Adaptation-Lift	Environmental Accessibility Adaptation-Lift	Z0061		Per Service Pay as approved
15	Environmental Accessibility Adaptation-Bathroom	Environmental Accessibility Adaptation-Bathroom	Z0062		Per Service Pay as approved
15	Environmental Accessibility Adaptation-Other Adaptations	Environmental Accessibility Adaptation-Other Adaptations	Z0063		Per Service Pay as approved
01	Personal Assistance Services	Attendant Care Services, per 15 minutes	S5125		15 Minutes \$2.83
44					
82					
01	Personal Assistance Services Shared by 2 Participants	Attendant Care Services, per 15 minutes, 2 participants served	S5125	UN	15 Minutes \$2.31
44					
82					

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01	Personal Assistance Services Shared by 3 Participants	Attendant Care Services, per 15 minutes, 3 participants served	S5125	UP	15 Minutes \$2.02
44					
82					
01	Personal Assistance Services-a.m./p.m., provided in the morning	Attendant Care Services, provided in the morning	S5126	UF	Per Visit \$30.00
44					
82					
01	Personal Assistance Services-a.m./p.m., provided in the evening	Attendant Care Services, provided in the evening	S5126	UH	Per Visit \$30.00
44					
82					
85	Adult Day Health Care Service	Medical Rehabilitation Day Program	HR-932		15 Minutes \$2.44 + provider specific transportation rate Max of 40 units/day or 200 units/week
35	Skilled Maintenance Therapy-Physical Therapy Evaluation, outpatient	Physical Therapy Evaluation, outpatient	97001	GP	Per Service \$77.50
44					
65					
35	Skilled Maintenance Therapy-Physical Therapy Re-Evaluation, outpatient	Physical Therapy Re-evaluation, outpatient	97002	GP	Per Service \$77.50
44					
65					
35	Skilled Maintenance Therapy-Physical Therapy, in the home	Physical Therapy, in the home	S9131		Per Visit \$77.50
44					
65					
35	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
44					
65					

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35	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					
65					
37	Skilled Maintenance Therapy-Occupational Therapy Evaluation, outpatient	Occupational Therapy Evaluation, outpatient	97003	GO	Per Service \$77.50
44					
65					
37	Skilled Maintenance Therapy-Occupational Therapy Re-Evaluation, outpatient	Occupational Therapy Re-Evaluation, outpatient	97004	GO	Per Service \$77.50
44					
65					
37	Skilled Maintenance Therapy-Occupational Therapy, in the home	Occupational Therapy, in the home	S9129		Per Visit \$77.50
44					
65					
37	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
44					
65					
37	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
44					
65					
39	Skilled Maintenance Therapy-Speech, Language, Hearing Evaluation, outpatient	Speech, Language, Hearing Evaluation, outpatient	92506	GN	Per Service \$77.50
44					
65					
39	Skilled Maintenance Therapy-Speech/Language-Swallowing Function Evaluation, outpatient	Swallowing Function Evaluation, outpatient	92610	GN	Per Service \$77.50
44					
65					

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39	Skilled Maintenance Therapy-Speech, Language, Hearing Therapy, outpatient	Speech, Language, Hearing Therapy, outpatient	92507	GN	Per Visit \$77.50
44					
65					
39	Skilled Maintenance Therapy-Speech/Language-Oral Function Therapy, outpatient	Oral Function Therapy, outpatient	92526	GN	Per Visit \$77.50
44					
65					
78	Nursing Assessment by Nurse Practitioner	Nursing Assessment by Nurse Practitioner	T1001		Per Service \$65.22
78	Nursing Practitioner Visit in home	Nurse Practitioner Visit in home	S0274		Per Visit \$65.22
44	Nursing Assessment by R.N.	Nursing Assessment by R.N.	T1001	TD	Per Service \$65.22
AL					
44	Nursing Assessment by L.P.N.	Nursing Assessment by L.P.N.	T1001	TE	Per Service \$58.00
AL					
44	Nursing Care by R.N.	Nursing Care, in the home by R.N.	T1030		Per Visit \$65.22
AL					
44	Nursing Care by L.P.N.	Nursing Care, in the home by L.P.N.	T1031		Per Visit \$58.00
AL					
16	Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Installation	Personal Emergency Response (PERS), Installation	Z0058		Initial Installation \$30.00
16	Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Monthly	Personal Emergency Response (PERS), Monthly	Z0059		Monthly Maintenance \$27.00

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17	TeleCare - Activity & Sensor Monitoring-Equipment Installation & Removal (by home health agency)	Emergency Response System, Installation & Testing	S5160		One Time at Installation \$200.00
17	TeleCare – Activity & Sensor Monitoring-Monitoring, Routine Maintenance & Rental (by home health agency)	Emergency Response system, Per Month (Excludes installation & testing)	S5161		Monthly \$130.00
AM	Home Delivered Meals	Home Delivered Meals	S5170		Per Service/Meal Max of \$7.00 per service/meal & Max of 2 meals per day
82	Caregiver Temporary Support Service, in home	Respite Care Services	T1005		15 Minutes \$2.83
AN					
AN	Caregiver Temporary Support Service, Center Based, Not Overnight (by ADHC)	Respite Care Services, group setting	T1005	HQ	15 Minutes \$2.66 Max of 40 units per day
AN	Caregiver Temporary Support Service, Center Based, Overnight (by assisted living facility)	Respite Care Services, not in the home	H0045		Daily with Overnight Stay \$95.00
AN	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 \$148.31
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 \$148.31