

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 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

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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		

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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)

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
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

COMMUNITY CHOICES WAIVER
Waiver Eligibility Segment Code 0100866

SERVICES PROCEDURE CODES/RATES
Effective November 12, 2023

Provider Types (PT)	Waiver Service Descriptions	HIPAA/HCPC/Other Service Descriptions	Procedure Codes	Modifiers	Units/Rates
Financial Management Services (FMS)					
01 (Fiscal Agent-Waiver)	Financial Management Service (FMS) Monthly Administrative Fee for the Self-Direction Option	Financial Management Services (FMS) Monthly Administrative Fee	W7319		\$105.88 monthly

***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.**