## SERVICES PROCEDURE CODES/RATES

**Effective October 1, 2011**

<table>
<thead>
<tr>
<th>Provider Type(s)</th>
<th>Waiver Service Description</th>
<th>HIPAA/Other Service Description</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>08</td>
<td>Transition Service</td>
<td>Community Transition, Waiver</td>
<td>T2038</td>
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<tr>
<td></td>
<td>Transition Intensive Support Coordination</td>
<td>Community Choices High Risk Case Management</td>
<td>Z0178</td>
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<td>Monthly $157.00</td>
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<td></td>
<td>Support Coordination</td>
<td>Community Choices Case Management</td>
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<td>Monthly $140.00</td>
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<tr>
<td>15</td>
<td>Environmental Accessibility Adaptation – Basic Assessment and Approval</td>
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<td>Z0640</td>
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<td>Per Service $600.00</td>
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<td></td>
<td>Environmental Accessibility Adaptation – Complex Assessment and Approval</td>
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<td></td>
<td>Environmental Accessibility Adaptation – Ramp</td>
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<td>Z0060</td>
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<td>Per Service Pay as approved</td>
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<td></td>
<td>Environmental Accessibility Adaptation – Lift</td>
<td>Environmental Accessibility Adaptation – Lift</td>
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<td></td>
<td>Environmental Accessibility Adaptation – Bathroom</td>
<td>Environmental Accessibility Adaptation – Bathroom</td>
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<td></td>
<td>Environmental Accessibility Adaptation – Other Adaptations</td>
<td>Environmental Accessibility Adaptation – Other Adaptations</td>
<td>Z0063</td>
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<tr>
<td>01, 44, or 82</td>
<td>Personal Assistance Services</td>
<td>Attendant Care Services, per 15 minutes</td>
<td>S5125</td>
<td></td>
<td>15 Minutes $2.83</td>
</tr>
<tr>
<td></td>
<td>Personal Assistance Services Shared by 2 Participants</td>
<td>Attendant Care Services, per 15 minutes, 2 participants served</td>
<td>S5125 UN</td>
<td></td>
<td>15 Minutes $2.31</td>
</tr>
<tr>
<td></td>
<td>Personal Assistance Services Shared by 3 Participants</td>
<td>Attendant Care Services, per 15 minutes, 3 participants served</td>
<td>S5125 UP</td>
<td></td>
<td>15 Minutes $2.02</td>
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<tr>
<td></td>
<td>Personal Assistance Services – a.m./p.m., provided in the morning</td>
<td>Attendant Care Services, provided in the morning</td>
<td>S5126 UF</td>
<td></td>
<td>Per Visit $30.00</td>
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<tr>
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<td>Personal Assistance Services – a.m./p.m., provided in the evening</td>
<td>Attendant Care Services, provided in the evening</td>
<td>S5126 UH</td>
<td></td>
<td>Per Visit $30.00</td>
</tr>
<tr>
<td>Provider Type(s)</td>
<td>Waiver Service Description</td>
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<tr>
<td>85</td>
<td>Adult Day Health Care Service</td>
<td>Medical Rehabilitation Day Program</td>
<td>HR-932</td>
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<tr>
<td>35, 44, or 65</td>
<td>Skilled Maintenance Therapy – Physical Therapy Evaluation, outpatient</td>
<td>Physical Therapy Evaluation, outpatient</td>
<td>97001</td>
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<td>Skilled Maintenance Therapy – Physical Therapy Re-evaluation, outpatient</td>
<td>Physical Therapy Re-evaluation, outpatient</td>
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<td>Skilled Maintenance Therapy – Physical Therapy</td>
<td>Physical Therapy</td>
<td>S9131</td>
<td>GO</td>
<td>Per Visit $77.50</td>
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<td></td>
<td>Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Family, per session, outpatient</td>
<td>Physical Therapy Home Care Training, Family, per session, outpatient</td>
<td>S5111</td>
<td>GP</td>
<td>Per Visit $77.50</td>
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<tr>
<td></td>
<td>Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Non-Family, per session, outpatient</td>
<td>Physical Therapy Home Care Training, Non-Family, per session, outpatient</td>
<td>S5116</td>
<td>GP</td>
<td>Per Visit $77.50</td>
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<tr>
<td>37, 44, or 65</td>
<td>Skilled Maintenance Therapy – Occupational Therapy Evaluation, outpatient</td>
<td>Occupational Therapy Evaluation, outpatient</td>
<td>97003</td>
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<td>Skilled Maintenance Therapy – Occupational Therapy Re-evaluation, outpatient</td>
<td>Occupational Therapy Re-evaluation, outpatient</td>
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<td>Skilled Maintenance Therapy – Occupational Therapy</td>
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<td>Occupational Therapy Home Care Training, Family, per session, outpatient</td>
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<td>GO</td>
<td>Per Visit $77.50</td>
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<tr>
<td></td>
<td>Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Non-Family, per session, outpatient</td>
<td>Occupational Therapy Home care training, Non-Family, per session, outpatient</td>
<td>S5116</td>
<td>GO</td>
<td>Per Visit $77.50</td>
</tr>
</tbody>
</table>
## COMMUNITY CHOICES WAIVER

Waiver Eligibility Segment Code 0100866

## SERVICES PROCEDURE CODES/RATES

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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Skilled Maintenance Therapy – Speech/Language – Swallowing Function Evaluation, outpatient</td>
<td>Swallowing Function Evaluation, outpatient</td>
<td>92610</td>
<td>GN</td>
<td>Per Service $77.50</td>
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<td></td>
<td>Skilled Maintenance Therapy – Speech, Language, Hearing Therapy, outpatient</td>
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<td></td>
<td>Skilled Maintenance Therapy–Speech/Language – Oral Function Therapy, outpatient</td>
<td>Oral Function Therapy, outpatient</td>
<td>92526</td>
<td>GN</td>
<td>Per Visit $77.50</td>
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<tr>
<td>78</td>
<td>Nursing Assessment by Nurse Practitioner</td>
<td>Nursing Assessment by Nurse Practitioner</td>
<td>T1001</td>
<td></td>
<td>Per Service $65.22</td>
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<tr>
<td></td>
<td>Nursing Practitioner Visit in home</td>
<td>Nurse Practitioner Visit in home</td>
<td>S0274</td>
<td></td>
<td>Per Visit $65.22</td>
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<tr>
<td>44 or AL</td>
<td>Nursing Assessment by R.N.</td>
<td>Nursing Assessment by R.N.</td>
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<td>TD</td>
<td>Per Service $65.22</td>
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<td></td>
<td>Nursing Assessment by L.P.N.</td>
<td>Nursing Assessment by L.P.N.</td>
<td>T1001</td>
<td>TE</td>
<td>Per Service $58.00</td>
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<tr>
<td></td>
<td>Nursing Care by R.N.</td>
<td>Nursing Care, in the home by R.N.</td>
<td>T1030</td>
<td></td>
<td>Per Visit $65.22</td>
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<tr>
<td></td>
<td>Nursing Care by L.P.N.</td>
<td>Nursing Care, in the home by L.P.N.</td>
<td>T1031</td>
<td></td>
<td>Per Visit $58.00</td>
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<tr>
<td>16</td>
<td>Personal Emergency Response (PERS) (Assistive Devices &amp; Medical Supplies) Installation</td>
<td>Personal Emergency Response (PERS), Installation</td>
<td>Z0058</td>
<td></td>
<td>Initial Installation $30.00</td>
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<tr>
<td></td>
<td>Personal Emergency Response (PERS) (Assistive Devices &amp; Medical Supplies) Monthly</td>
<td>Personal Emergency Response (PERS), Monthly</td>
<td>Z0059</td>
<td></td>
<td>Monthly Maintenance $27.00</td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>17</td>
<td>TeleCare – Activity and Sensor Monitoring – Equipment Installation and Removal (by home health agency)</td>
<td>Emergency Response System, Installation &amp; Testing</td>
<td>S5160</td>
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<td>One Time at Installation $200.00</td>
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<tr>
<td></td>
<td>TeleCare – Activity and Sensor Monitoring – Monitoring, Routine Maintenance and Rental (by home health agency)</td>
<td>Emergency Response system, Per Month (Excludes installation &amp; testing)</td>
<td>S5161</td>
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<td>Monthly $130.00</td>
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<td>AM</td>
<td>Home Delivered Meals</td>
<td>Home Delivered Meals</td>
<td>S5170</td>
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<td>Max of $7.00 per service/meal and Max of 2 meals per day</td>
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<tr>
<td>82 or AN</td>
<td>Caregiver Temporary Support Service, in home</td>
<td>Respite Care Services</td>
<td>T1005</td>
<td></td>
<td>15 Minutes $2.83</td>
</tr>
<tr>
<td>AN</td>
<td>Caregiver Temporary Support Service, Center Based, Not Overnight (by ADHC)</td>
<td>Respite Care Services, group setting</td>
<td>T1005</td>
<td>HQ</td>
<td>15 Minutes $2.66 Max of 40 units per day</td>
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<tr>
<td></td>
<td>Caregiver Temporary Support Service, Center Based, Overnight (by assisted living facility)</td>
<td>Respite Care Services, not in the home</td>
<td>H0045</td>
<td></td>
<td>Daily with Overnight Stay $95.00</td>
</tr>
<tr>
<td></td>
<td>Caregiver Temporary Support Service, Center Based, Overnight (by nursing facility)</td>
<td>Respite Care Services, not in the home, group setting</td>
<td>H0045</td>
<td>HQ</td>
<td>Daily with Overnight Stay $148.31</td>
</tr>
<tr>
<td>83</td>
<td>Caregiver Temporary Support Service, Center Based, Overnight (by respite care center)</td>
<td>Respite Care Services, not in the home, group setting, services provided at night</td>
<td>H0045</td>
<td>HQ, UJ</td>
<td>Daily with Overnight Stay $148.31</td>
</tr>
</tbody>
</table>