

CHAPTER 32: NEW OPPORTUNITIES WAIVER**APPENDIX E – SERVICE PROCEDURE CODES/RATES****PAGE(S) 9****SERVICE PROCEDURE CODES/RATES**

Provider Type	Proc. Code	Modifier	2 nd Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
45	T2023			Case Management (not a waiver service)		Monthly \$201.50
45	T2023	TG		Case Management (not a waiver service)		Monthly
83	T1005	HQ		Center-Based Respite	Respite Care	15 minutes \$4.00/NTE 2,880 ¼ hour units per comprehensive plan of care (CPOC) year (exceptions granted)
01 or 82	S5125	U1		Individual and Family Support (IFS) - Day	Attendant Care Services	15 minutes \$4.63
01 or 82	S5125	U1	UN	IFS Shared Support, 2 persons – Day	Attendant Care Services	15 minutes \$3.20
01 or 82	S5125	U1	UP	IFS Shared Support, 3 persons - Day	Attendant Care Services	15 minutes \$2.71
01 or 82	S5125	UJ		Individual and Family Support (IFS) - Night	Attendant Care Services	15 minutes \$4.63
01 or 82	S5125	UN	UJ	IFS Shared Support, 2 persons - Night	Attendant Care Services	15 minutes \$3.20
01 or 82	S5125	UP	UJ	IFS Shared Support, 3 persons - Night	Attendant Care Services	15 minutes \$2.71
89	T2016			Supported Independent Living (SIL)	Habilitation Residential	Day \$20.00
14	T2025	UI		Community Life Engagement Development (1:1 ratio)	Waiver Services	15 minutes \$7.00 240 units per CPOC year in combination with T2025 UN and T2025 UP
14	T2025	UN		Community Life Engagement Development (1:2 ratio)	Waiver Services	15 minutes \$4.00/NTE 240 units per CPOC year in combination with T2025 and T2025 UP
14	T2025	UP		Community Life Engagement Development (1:3 ratio)	Waiver Services	15 minutes \$3.00 240 units per CPOC year in combination with T2025 UI and T2025 UN
84	S5140			Substitute Family Care (SFC)	Foster Care, Adult	Day \$20.00

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14	T2021			Onsite Day Habilitation (Onsite 1:5 – 8 ratio)	Day Habilitation	\$2.48/15 minute increment 8,320 units per CPOC year In combination with all T2021 codes
14	T2021	UQ		Community Life Engagement (1-4:2-4 ratio)	Day Habilitation	\$4.00/15 minutes increments 8320 units per CPOC year in combination with all T2021 codes
14	T2021	TT		Community Life Engagement (1:1 ratio)	Day Habilitation	15 minutes \$4.75/15 minute increment 8320 units per CPOC year in combination with all T2021 codes
13,14,89	T2022			Transportation	Transportation	\$20/day
14	T2021	GT		Virtual Delivery of Day Habilitation (1:5-8 ratio)	Adult Day Habilitation-Waiver	\$2.98/15 minutes In combination with all T2021 codes
13	H2014			Onsite Prevocational Services (1:5-8 ratio)	Prevocational Habilitation	\$2.39/15 minute increment 8,320 units per CPOC year. Used in combination for all H2014 codes
13	H2014	UQ		Community Career Planning (1:2-4 ratio)	Prevocational Habilitation	\$4.50/15 minute increment 8,320 units per CPOC year. Used in combination for all H2014 codes
13	H2014	TT		Community Career Planning (1:1 ratio)	Prevocational Habilitation	\$5.00/15 minute increment 8320 units per POC year Used in combination for all H2014 codes
13	H2014	GT		Virtual Delivery of Prevocational (1:5-8 ratio)	Prevocational Habilitation	\$2.98/15 minute increment 8,320 units per CPOC year. Used in combination for all H2014 codes
98	H2025			Group Employment	Supported Employment	\$2.76/15 minutes 8,320 units per CPOC year
98	H2023	UK	U1	Work Based Learning Experience	Supported Employment	\$175/per Assessment 3 Assessments per CPOC year
98	H2023	U1		Job Development/ Job Placement	Supported Employment	\$20.00/15 minute increment 480 units per CPOC year
98	H2023	TS	U1	Initial Job Support And Job Stabilization	Supported Employment	\$18.50/15 minute increments 1,920 units per CPOC year
98	H2023	TT	U1	Extended On The Job Supports	Supported Employment	\$15.00/15 minute increments 2,500 units per CPOC year
98	H2026	U1		Follow Along Job Supports	Supported Employment	70.00/Per Diem 48 units per CPOC year
98	H2023	GT	U1	Virtual Delivery of Follow Along Job Supports	Supported Employment	\$13.63/15 minute increments 240 units per CPOC year

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44	T1002			Registered Nurse (RN) Services	RN Services	15 minutes \$11.05
44	T1002	UN		RN Services, 2 persons	RN Services, 2 persons	15 minutes \$8.29
44	T1002	UP		RN Services, 3 persons	RN Services, 3 persons	15 minutes \$7.29
44	T1003			Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) Services	LPN/LVN Services	15 minutes \$10.40
44	T1003	UN		LPN/LVN Services, 2 persons	LPN/LVN Services	15 minutes \$7.80
44	T1003	UP		LPN/LVN Services, 3 persons	LPN/LVN Services	15 minutes \$6.86
44,82,89	H2017	U7		Professional Services - Psychologist	Psychosocial Rehabilitation Services	15 minutes \$31.25/NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 AE (exceptions granted)
44,82,89	H2017	AJ		Professional Services - Social Worker	Psychosocial Rehabilitation Services	15 minutes \$9.38/NTE \$2,250 per CPOC year in combination with H2017 U7 and H2017 AE (exceptions granted)
44,82,89	H2017	AE		Nutrition/ Dietary Services	Psychosocial Rehabilitation Services	15 minutes \$9.00/NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 U7 (exceptions granted)
15	S5165			Environmental Access. (Ramp)	Environmental Access. (Ramp)	\$12,000.00 per beneficiary for a three year period.
15	E0627			Environmental Access. (Lift)	Environmental Access. (Lift)	
15	E0625			Environmental Access. (Bathroom)	Environmental Access. (Bathroom)	
15	S5165	NU		Environmental Access. (Other)	Environmental Access. (Other)	
17	E0630			Medical Equip. and Supplies (lifts)	Medical Equip. and Supplies (lifts)	\$5,000.00 per beneficiary for a three year period.
17	E2322			Medical Equip. and Supplies (switches)	Medical Equip. and Supplies (switches)	
17	E2331			Medical Equip. and Supplies (controls)	Medical Equip. and Supplies (controls)	

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17	K0900			Medical Equip. and Supplies (other)	Medical Equip. and Supplies (other)	
17	T2029	RB		Medical Equip. and Supplies (routine maintenance and repair)		
17	S5185			Remote Supports-Med Reminder Service per month	Medication reminder service, non-face-to-face; per month	\$75/Monthly
17	A9279			Remote Supports-Monitoring feature/device NOC	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	One Time
17	A9279	GT		Remote Supports-Monitoring feature/device NOC interactive audio and video	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	One Time
17	A9280			Remote Supports-Alert device, NOC	Alert or alarm device, not otherwise classified	One time
17	S5162			Remote Supports-Emergency response system purchase	Emergency response system; purchase only	One Time
17	T1028			Remote Supports-Home environment assessment	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	\$450/One Time

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Provider Type	Proc. Code	Modifier	2 nd Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
17	T4521			Adult size/brief/diaper small	Adult sized disposable incontinence product, brief/diaper, small, each	\$0.50
17	T4522			Adult size brief/diaper medium	Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.60
17	T4523			Adult size brief/diaper large	Adult sized disposable incontinence product, brief/diaper, large, each	\$0.87
17	T4524			Adult size brief/diaper extra-large	Adult sized disposable incontinence product, brief/diaper, extra-large, each	\$0.87
17	T4525			Adult size pull-on small	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	\$0.85
17	T4526			Adult size pull-on medium	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	\$0.85
17	T4527			Adult size pull-on large	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.94
17	T4528			Adult size pull-on extra-large	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each	\$1.17
17	T4535			Disposable liner/shield/pad	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	\$0.46

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Provider Type	Proc. Code	Modifier	2 nd Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
17	T4541			Large disposable underpad	Incontinence product, disposable underpad, large, each	\$0.46
17	T4542			Small disposable underpad	Incontinence product, disposable underpad, small size, each	\$0.46
17	T4543			Adult disp brief/diap abv extra-large	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each	\$2.49
17	T4544			Adlt disp und/pull on abv extra-large	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each	\$2.49
17	T4545			Incon disposable penile wrap	Incontinence product, disposable, penile wrap, each	\$1.25
17	T4536			Reusable pull-on any size	Incontinence product, protective underwear/pull-on, reusable, any size, each	\$0.76
17	T4537			Reusable underpad bed size	Incontinence product, protective underpad, reusable, bed size, each	\$8.73
17	T4539			Reuse diaper/brief any size	Incontinence product, protective underpad, reusable, chair size, each	\$2.49
17	T4540			Reusable underpad chair size	Incontinence product, protective underpad, reusable, chair size, each	\$10.00
17	T4521			Adult size brief/diaper small	Adult sized disposable incontinence product, brief/diaper, small, each	\$0.50

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17	T4523			Adult size brief/diaper large	Adult sized disposable incontinence product, brief/diaper, large, each	\$0.87
17	T4524			Adult size brief/diaper extra-large	Adult sized disposable incontinence product, brief/diaper, extra-large, each	\$0.87
17	T4525			Adult size pull-on small	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	\$0.85
17	T4526			Adult size pull-on medium	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	\$0.85
17	T4527			Adult size pull-on large	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.94
17	T4528			Adult size pull-on extra-large	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each	\$1.17
17	T4535			Disposable liner/shield/pad	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	\$0.46
17	T4541			Large disposable underpad	Incontinence product, disposable underpad, large, each	\$0.46

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17	T4543			Adult disp brief/diap abv extra-large	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each	\$2.49
17	T4544			Adlt disp und/pull on abv extra-large	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each	\$2.49
17	T4545			Incon disposable penile wrap	Incontinence product, disposable, penile wrap, each	\$1.25
17	T4536			Reusable pull-on any size	Incontinence product, protective underwear/pull-on, reusable, any size, each	\$0.76
17	T4537			Reusable underpad bed size	Incontinence product, protective underpad, reusable, bed size, each	\$8.73
17	T4539			Reuse diaper/brief any size	Incontinence product, diaper/brief, reusable, any size, each	\$2.49
17	T4540			Reusable underpad chair size	Incontinence product, protective underpad, reusable, chair size, each	\$10.00
02	T2038			One Time Transitional Service	Community Transition, Waiver	Lifetime \$3,000.00
16	S5160			PERS (Install and Test)	PER (Install and Test)	Initial installation \$30.00
16	S5161			PERS (Maintenance)	PER (Maintenance)	Monthly \$27.00
82 or MIHC	S5136	CC		Adult Companion Care	Companion Care	Day \$92.02 Not to Exceed 365 days per year

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Provider Type	Proc. Code	Modifier	2 nd Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
AW	G9012			Housing Stabilization	Permanent Supportive Housing	15 minutes - \$15.11 NTE 165 units per CPOC year of combined Housing Transition and Stabilization services
AW	G9012	U8		Housing Stabilization Transition	Permanent Supportive Housing	15 minutes - \$15.11 NTE 165 units per CPOC year of combined Housing Transition and Stabilization services.
MI	T2033			Monitored In-Home Caregiving (MIHC) –NOS	MIHC - Level 1	\$90.03 Per Diem
MI	T2033	TG		MIHC - NOS	MHIC - Level 2	\$135.04 Per Diem
MI	T1028	TU		MIHC - Assessment	MIHC - Assessment	\$250 One-Time
01	W7319			Financial Management Services	FMS Monthly Administrative Fee	\$105.88

NTE = Not to Exceed

NOC=Not Otherwise Classified

NOS = Not Otherwise Specified

Modifiers

Certain procedure codes will require a modifier (or modifiers) in order to distinguish services. The following modifiers are applicable to New Opportunities Waiver (NOW) providers:

AJ	=	Licensed Social Worker
HB	=	Adult Program, Transportation
HQ	=	Group Setting
TD	=	Registered Nurse (RN)
TE	=	Licensed Practical Nurse (LPN)
TT	=	Individual Service Provided to More than One Person
U1	=	Day
U6	=	Day Habilitation
U7	=	Psychologist
UJ	=	Night
UN	=	2 people
UP	=	3 people