# SERVICE PROCEDURE CODES/RATES

**The Supports Waiver (SW) Rate and Procedure Codes may be located at the following link:**

**https://www.lamedicaid.com/Provweb1/fee_schedules/OCDD_SW.pdf**

| HIPAA CODE NAME | PROVIDER TYPE | *SPECIALITY | PROVIDER SUB-SPECIALITY | SERVICE DEFINITION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMIT |
|---|---|---|---|---|---|---|---|---|---|---|
| **Support Coordination** | | | | | | | | | | |
| Case Management | 45 | 81 | | Support Coordination **(not a waiver service)** | T2023 | | | $201.50 | Monthly | 12 |
| **Transportation** | | | | | | | | | | |
| Non-Emergency Transportation | 98<br>13<br>14 | 98<br>36<br>50 | | Transportation for Supported Employment, Day Habilitation or Prevocational | T2002 | | | $20.00 | Daily | Once per day that one of these services (except virtual) are delivered |
| **Supported Employment – Individual** | | | | | | | | | | |
| Supported Employment | 98 | 98 | | Work-Based Learning Experience | H2023 | UK | U1 | $175.00 | Per Assessment | 3 |
| Supported Employment | 98 | 98 | | Job Development/Job Placement | H2023 | U1 | | $20.00 | 15 minutes | 480 |
| Supported Employment | 98 | 98 | | Initial Job Support and Job Stabilization | H2023 | TS | U1 | $18.50 | 15 minutes | 1,920 |
| Supported Employment | 98 | 98 | | Extended Job Supports | H2023 | TT | U1 | $15.00 | 15 minutes | 2,500 |
| Supported Employment | 98 | 98 | | Follow-Along Supports | H2026 | U1 | | $70.00 | Per Diem | 48 |
| Supported Employment | 98 | 98 | | Virtual Delivery of Follow-Along Supports | H2026 | GT | U1 | $13.63 | 15 minutes | 240 |
| **Supported Employment - Group** | | | | | | | | | | |
| Supported Employment | 98 | 98 | | Group Employment, Job Assessment, Discovery, and Development | H2023 | | | $3.78 | 15 Minutes | 480 |

| HIPAA CODE NAME | PROVIDER TYPE | *SPECIALITY | PROVIDER SUB-SPECIALITY | SERVICE DEFINITION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMIT |
|---|---|---|---|---|---|---|---|---|---|---|
| Supported Employment | 98 | 98 | | Group Employment (1:2 Beneficiary ratio) | H2025 | TT | | $4.16 | 15 Minutes | 6,720 units to be shared across all H2025 codes except for H2023 |
| Supported Employment | 98 | 98 | | Group Employment (1:3-4 Beneficiary ratio) | H2025 | UQ | | $3.50 | 15 Minutes | |
| Supported Employment | 98 | 98 | | Group Employment (1:5-8 Beneficiary ratio) | H2025 | | | $2.76 | 15 Minutes | |
| **Day Habilitation/Community Life Engagement** | | | | | | | | | | |
| Day Habilitation | 14 | 50 | | Community Life Engagement (CLE) (1:1 ratio) | T2021 | TT | | $4.75 | 15 Minutes | 6,720 units to be shared across all T2021 codes |
| Day Habilitation | 14 | 50 | | CLE (1:2-4 ratio) | T2021 | UQ | | $4.00 | 15 Minutes | |
| Day Habilitation | 14 | 50 | | Onsite Day Habilitation (1:5-8 ratio) | T2021 | | | $2.48 | 15 Minutes | |
| Day Habilitation | 14 | 50 | | Virtual Delivery of Onsite Day Habilitation (1:5-8 ratio) | T2021 | GT | | $2.98 | 15 Minutes | |
| **Community Life Engagement Development** | | | | | | | | | | |
| Day Habilitation | 14 | 50 | | Community Life Engagement Development (CLED) (1:1 ratio) | T2025 | U1 | | $7.00 | 15 Minutes | 240 units to be shared across all T2025 codes |
| Day Habilitation | 14 | 50 | | CLED (1:2 ratio) | T2025 | UN | | $4.00 | 15 Minutes | |
| Day Habilitation | 14 | 50 | | CLED (1:3 ratio) | T2025 | UP | | $3.00 | 15 Minutes | |
| **Prevocational** | | | | | | | | | | |
| Habilitation, Prevocational | 13 | 36 | | Community Career Planning (1:1 ratio) | H2014 | TT | | $5.00 | 15 Minutes | 6,720 units to be shared across all H2014 codes |

| HIPAA CODE NAME | PROVIDER TYPE | *SPECIALITY | PROVIDER SUB-SPECIALITY | SERVICE DEFINITION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMIT |
|---|---|---|---|---|---|---|---|---|---|---|
| Habilitation, Prevocational | 13 | 36 | | Community Career Planning (1:2-4 ratio) | H2014 | UQ | | $4.50 | 15 Minutes | |
| Habilitation, Prevocational | 13 | 36 | | Onsite Prevocational (1:5-8 ratio) | H2014 | | | $2.39 | 15 Minutes | |
| Habilitation, Prevocational | 13 | 36 | | Virtual Delivery of Onsite Prevocational | H2014 | GT | | $2.98 | 15 Minutes | |
| **Habilitation** | | | | | | | | | | |
| Habilitation | 13 | 36 | | Habilitation (1:1 ratio/based out of home) | T2019 | | | $4.63 | 15 Minutes | $285 units to be shared across provider types |
| Habilitation | 14 | 50 | | Habilitation (1:1 ration/based out of home) | T2019 | | | $4.63 | 15 Minutes | |
| Habilitation | 82 | 82 | 8A | Habilitation (1:1 ratio/based out of home) | T2019 | | | $4.63 | 15 Minutes | |
| Habilitation | 98 | 98 | | Habilitation (1:1 ratio/based out of home) | T2019 | | | $4.63 | 15 Minutes | |
| **Respite** | | | | | | | | | | |
| Respite Care Services | 82 | 82 | 8A | In-home Respite | S5125 | | | $4.63 | 15 Minutes | 428 units to be shared across in-home and center-based |
| Respite Care Services | 83 | 83 | | Center-based Respite | T1005 | HQ | | | | |
| **Personal Emergency Response System** | | | | | | | | | | |
| Personal Emergency Response System (PERS) | 16 | 90 | | PERS Installation | S5160 | | | $30.00 | One Time | One time per residence |
| PERS | 16 | 90 | | PERS Monthly Maintenance | S5161 | | | $28.00 | Monthly | 12 |

| HIPAA CODE NAME | PROVIDER TYPE | *SPECIALITY | PROVIDER SUB-SPECIALITY | SERVICE DEFINITION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMIT |
|---|---|---|---|---|---|---|---|---|---|---|
| **Permanent Supportive Housing** | | | | | | | | | | |
| Permanent Supportive Housing (PSH) | AW | 3W | | PSH Stabilization | G9012 | | | $15.11 | 15 Minutes | 93 |
| PSH | AW | 3W | | PSH Stabilization Transition | G9012 | U8 | | $15.11 | 15 Minutes | 72 |
| **Specialized Medical Equipment and Supplies** | | | | | | | | | | |
| Remote Supports | 17 | 91 | | Emergency Response System Purchase | S5162 | | | | One Time | |
| Remote Supports | 17 | 91 | | Emergency Response System | S5162 | XU | | $50.00 | Monthly | |
| Remote Supports | 17 | 91 | | Medication Reminder Services Per Month | S5185 | | | $75.00 | Monthly | |
| Remote Supports | 17 | 91 | | Alert Device, Noc | A9280 | | | | | |
| Remote Supports | 17 | 91 | | Assistive Technology Supports Consultation | T2035 | | | | $200.00 | One time per comprehensive plan of care (CPOC) Cannot be provided in the same CPOC year as T1028 |
| Remote Supports | 17 | 91 | | Home Environment Assessment | T1028 | | | | $450.00 | One time per CPOC Cannot be provided in the same CPOC year as T2035 |
| Remote Supports | 17 | 91 | | Monitoring Feature/Device Noc | A9279 | | | | | |
| Remote Supports | 17 | 91 | | Monitoring Feature/Device Noc Interactive Audio and Video | A9279 | GT | | | | |
| **Incontinence Products** | | | | | | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Brief/Diaper Small | T4521 | | | | | Total incontinence products per CPOC year NTE $2,500 |

| HIPAA CODE NAME | PROVIDER TYPE | *SPECIALITY | PROVIDER SUB-SPECIALITY | SERVICE DEFINITION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMIT |
|---|---|---|---|---|---|---|---|---|---|---|
| Incontinence Products | 17 | 91 | | Disposable Adult Size Brief/Diaper Medium | T4522 | | | | | *Refer to Incontinence Products Manual |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Brief/Diaper Large | T4523 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Brief/Diaper X-Large | T4524 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Pull-On Small | T4525 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Pull-On Medium | T4526 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Pull-On Large | T4527 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Pull-On X-Large | T4528 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Liner/Shield/Pad | T4535 | | | | | |
| Incontinence Products | 17 | 91 | | Reusable Pull-On Any Size | T4536 | | | | | |
| Incontinence Products | 17 | 91 | | Reusable Under Pad Bed Any Size | T4537 | | | | | |
| Incontinence Products | 17 | 91 | | Reusable Diaper/Brief Any Size | T4539 | | | | | |
| Incontinence Products | 17 | 91 | | Reusable Under Pad Chair Any Size | T4540 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Under Pad Large | T4541 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Under Pad Small | T4542 | | | | | |

| HIPAA CODE NAME | PROVIDER TYPE | *SPECIALITY | PROVIDER SUB-SPECIALITY | SERVICE DEFINITION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMIT |
|---|---|---|---|---|---|---|---|---|---|---|
| Incontinence Products | 17 | 91 | | Disposable Adult Size Brief/Diaper Above X-Large | T4543 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Adult Size Pull-On Above X-Large | T4544 | | | | | |
| Incontinence Products | 17 | 91 | | Disposable Penile Wrap | T4545 | | | | | |
| Incontinence Products | 17 | 91 | | Youth Size Brief/Diaper Any Size | T4533 | | | | | |
| Incontinence Products | 17 | 91 | | Youth Size Pull On Any Size | T4534 | | | | | |