



**P R O V I D E R   B U L L E T I N**

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**To:           All Home and Community Based Services Waiver  
Providers and Case Managers for the Medical Model  
Waivers and Waivers for Persons with Developmental  
Disabilities**

**Subject:   Home and Community Based Services Waiver Claim  
Information**

## **Overview**

The purpose of this bulletin is to notify all Home and Community Based Services (HCBS) Waiver Program providers that effective October 1, 2004, the claims payment process is being changed to include a link between submitted claims and services authorized on members' plans of care or cost comparison budgets (POC/CCBs) for all HCBS waivers. This link was previously established for those services provided through the Waiver for Persons Aged and Disabled (A&D) and the Waiver for Persons With Developmental Disabilities (DD).

## **HCBS Waiver Claims Processing Against Plans of Care/Cost Comparison Budgets**

Currently, the waiver procedure codes reimbursed through Indiana *AIM* for services on the Autism, Support Services, Traumatic Brain Injury, Assisted Living, and Medically Fragile Children's waivers do not include the member-specific limits documented on the authorized POC/CCB. For dates of service on or after October 1, 2004, all HCBS waiver claims will be adjudicated as follows:

- If the amount billed exceeds the POC/CCB authorized amount, the claim will pay up to the authorized amount.
- If the amount billed differs from the Indiana Health Coverage Programs (IHCP) allowed amount where there is a max fee; for example, unit rate, the claim will pay the lesser of the billed amount or the max fee amount.
- If there is no current POC/CCB on file, the claim will deny.
- If the billed amount or unit(s) is for dates of service outside start or stop dates in the authorized POC/CCB, the claim will deny.

*Note: Each detail line of a claim should not span more than one month. For example, if a detail line is for the period August 1, 2004, through September 15, 2004, it will deny. Instead, the provider should submit the claim with dates of service August 1, 2004, through August 31, 2004, and September 1, 2004, through September 15, 2004, as two separate detail lines.*

Due to these changes in the claims payment process, case managers are required to have current approved POC/CCBs for all members on their caseload effective October 1, 2004, and ensure that these plans remain current. Claims for waiver services will not pay if a current plan of care is not on file. Therefore, after October 1, 2004, providers with outdated POC/CCBs or with POC/CCBs that do not reflect services currently provided should not bill for services, because those claims will deny. Providers in that situation should contact the appropriate case manager to determine how to proceed.

Direct questions about these changes to the BDDS Help Desk at [bddshelp@fssa.state.in.us](mailto:bddshelp@fssa.state.in.us).

## Attached Waiver Tables

The tables related to the specific waivers begin on the following page: Aged and Disabled, Assisted Living Medicaid, Autism Medicaid, Development Disabilities Medicaid, Medically Fragile Children Medicaid, Support Services Medicaid, and Traumatic Brain Injury.

The tables are attached using the landscape page format to make them easier to read.

## Additional Information

Please direct questions about the information in this bulletin to the EDS Provider Enrollment/Waiver Staff at 1-877-707-5750.

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Table 1 – Aged and Disabled Medicaid Wavier

Aged & Disabled Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Day Service - Level 1 (1/2 Day)	0.5	Day	\$20.90	S5101 U7 U1	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/2 Day)	0.5	Day	\$27.43	S5101 U7 U2	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/2 Day)	0.5	Day	\$32.66	S5101 U7 U3	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 1 (1/4 Hour)	0.25	Hour	\$1.31	S5100 U7 U1	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/4 Hour)	0.25	Hour	\$1.71	S5100 U7 U2	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/4 Hour)	0.25	Hour	\$2.04	S5100 U7 U3	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Assisted Living - Level 1	1	Day	\$45.86	T2031 U7 U1	Thru 6/30/04, rate is \$36.56/day. Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Assisted Living - Level 2	1	Day	\$53.78	T2031 U7 U2	Thru 6/30/04, rate is \$43.64/day. Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Assisted Living - Level 3	1	Day	\$61.68	T2031 U7 U3	Thru 6/30/04, rate is \$50.73/day. Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.

Table 1 – Aged and Disabled Medicaid Wavier

Aged & Disabled Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Attendant Care	0.25	Hour	\$4.00	S5125 U7 UA	Separate PAs cover each month and monthly cost of service as listed on NOA.
Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5125 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Case Management	0.25	Hour	\$9.21	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.
Community Transition	1	Unit		T2038 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$1,000 lifetime cap.
Congregate Care - Level 1	1	Day	\$24.49	T2033 U7 U1	Single PA covers all months and total cost of service as listed on NOA.
Congregate Care - Level 2	1	Day	\$29.23	T2033 U7 U2	Single PA covers all months and total cost of service as listed on NOA.
Congregate Care - Level 3	1	Day	\$33.98	T2033 U7 U3	Single PA covers all months and total cost of service as listed on NOA.
Environmental/Home Modification - Install	1	Unit		S5165 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$15,000 lifetime cap.
Environmental/Home Modification - Maintenance	1	Unit		S5165 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Home Delivered Meals	1	Meal	\$4.69	S5170 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Homemaker	0.25	Hour	\$3.00	S5130 U7 UA	Separate PAs cover each month and monthly cost of service as listed on NOA.
Homemaker (Non-agency, individual)	0.25	Hour	\$2.18	S5130 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.

Table 1 – Aged and Disabled Medicaid Wavier

Aged & Disabled Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Institutional Respite (Nursing Facility)	1	Day		H0045 U7	1 unit is actual cost. Single PA covers all months and total cost of service as listed on NOA.
Personal Emergency Response System - Install	1	Unit	\$52.07	S5160 U7	Single PA covers all months and total cost of service as listed on NOA.
Personal Emergency Response System - Monthly	1	Month	\$52.07	S5161 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Pest Control	1	Unit		T2025 U7 U1	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$600 annual cap.
Respite - Attendant Care	0.25	Hour	\$4.00	S5150 U7 UA UC	Thru 9/30/04, separate PAs cover each month and monthly cost of service as listed on NOA. Effective 10/1/04, single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5150 U7 UC	Thru 9/30/04, separate PAs cover each month and monthly cost of service as listed on NOA. Effective 10/1/04, single PA covers all months and total cost of service as listed on NOA.
Respite - Home Health Aide	0.25	Hour	\$4.00	S5150 U7 UA U9	Thru 9/30/04, separate PAs cover each month and monthly cost of service as listed on NOA. Effective 10/1/04, single PA covers all months and total cost of service as listed on NOA.
Respite - Homemaker	0.25	Hour	\$3.00	S5150 U7 UA UB	Thru 9/30/04, separate PAs cover each month and monthly cost of service as listed on NOA. Effective 10/1/04, single PA covers all months and total cost of service as listed on NOA.
Respite - Homemaker (Non-agency, individual)	0.25	Hour	\$2.18	S5150 U7 UB	Thru 9/30/04, separate PAs cover each month and monthly cost of service as listed on NOA. Effective 10/1/04, single PA covers all months and total cost of service as listed on NOA.

Table 1 – Aged and Disabled Medicaid Wavier

Aged & Disabled Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Respite Nursing	0.25	Hour	\$7.79	T1005 U7 UA TD/TE	TD modifier for RN with rate of \$7.79 per 0.25 hour. TE Modifier for LPN with rate of \$5.91 per 0.25 hour. Thru 9/30/04, separate PAs cover each month and monthly units of service as listed on NOA. Effective 10/1/04, single PA covers all months and total units of service as listed on NOA.
Specialized Medical Equipment/Supplies - Install	1	Unit		T2029 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.
Specialized Medical Equipment/Supplies - Maintenance	1	Unit		T2029 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Transportation-Adult Day Service	1	RndTrip	\$16.25	T2003 U7	Max 2 trips/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Not Assisted	1	Mile	\$0.28	T2004 U7 U1	Max \$150.00/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Vehicle Modification - Install	1	Unit		T2039 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 2 – Assisted Living Medicaid Waiver

Assisted Living Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Assisted Living - Level 1	1	Day	\$45.86	T2031 U7 U1	Thru 6/30/04, rate is \$36.56/day. Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Assisted Living - Level 2	1	Day	\$53.78	T2031 U7 U2	Thru 6/30/04, rate is \$43.64/day. Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Assisted Living - Level 3	1	Day	\$61.68	T2031 U7 U3	Thru 6/30/04, rate is \$50.73/day. Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Case Management	0.25	Hour	\$9.21	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.

Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Day Service - Level 1 (1/2 Day)	0.5	Day	\$20.90	S5101 U7 U1	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/2 Day)	0.5	Day	\$27.43	S5101 U7 U2	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/2 Day)	0.5	Day	\$32.66	S5101 U7 U3	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.

Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Day Service - Level 1 (1/4 Hour)	0.25	Hour	\$1.31	S5100 U7 U1	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/4 Hour)	0.25	Hour	\$1.71	S5100 U7 U2	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/4 Hour)	0.25	Hour	\$2.04	S5100 U7 U3	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Foster Care - Level 1- Day	1	Day	\$49.32	S5141 U7 U1	<b>Service start date 3/1/2004.</b> Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Adult Foster Care - Level 2- Day	1	Day	\$73.97	S5141 U7 U2	<b>Service start date 3/1/2004.</b> Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Adult Foster Care - Level 3- Day	1	Day	\$98.63	S5141 U7 U3	<b>Service start date 3/1/2004.</b> Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
	1	Month	\$1,500.00	S5141 U7 U1	<b>Service end-date 2/29/2004.</b>
Adult Foster Care - Level 2 - Month	1	Month	\$2,250.00	S5141 U7 U2	<b>Service end-date 2/29/2004.</b>
Adult Foster Care - Level 3 - Month	1	Month	\$3,000.00	S5141 U7 U3	<b>Service end-date 2/29/2004.</b>
Behavior Management	0.25	Hour	\$17.38	H0004 U7 U2	<b>Billing code start date 7/1/2004.</b> Single PA covers all months and total cost of service as listed on NOA.
Behavior Management - Level 1	0.25	Hour	\$17.38	H0004 U7 U1	<b>Billing code start date 7/1/2004.</b> Single PA covers all months and total cost of service as listed on NOA.
Behavior Management & Behavior Management - Level 1	0.25	Hour	\$17.38	H0004 U7	<b>Billing code end date 6/30/2004.</b>
Case Management	0.25	Hour	\$9.56	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.



Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Community Educational/ Therapeutic Activity	1	Unit		H0023 U7	Service end date 2/29/2004. 1 unit is actual cost, up to \$2,000 annual cap.
Community Hab & Part - Community-Based - Group	0.25	Hour	\$1.67	T2021 U7 HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Community-Based - Individual	0.25	Hour	\$6.90	T2021 U7	Max 100 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Facility-Based - Group	0.25	Hour	\$1.34	T2021 U7 UA HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Facility-Based - Individual	0.25	Hour	\$6.90	T2021 U7 UA	Max 4 units/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Transition	1	Unit		T2038 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$1,000 lifetime cap.
Crisis Intervention	1	Day		T2034 U7	Rate established by DDARS with provider. Max 1 unit/day. Single PA covers all months and total cost of service as listed on NOA.
E-Mod/Spec Med Equip & Sup - Assess/Inspect/Train	0.25	Hour	\$17.99	T1028 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Environmental Modification - Install	1	Unit		S5165 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$15,000 lifetime cap.
Environmental Modification - Maintenance	1	Unit		S5165 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Family & Caregiver Training - Family	1	Unit		S5111 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$2,000 annual cap.
Family & Caregiver Training - Non-Family	1	Unit		S5116 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$2,000 annual cap.

Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Health Care Coordination - Level 1	1	Unit	\$48.06	T2022 U7 U1	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 2	1	Unit	\$96.12	T2022 U7 U2	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 3	1	Unit	\$144.18	T2022 U7 U3	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 4	1	Unit	\$192.24	T2022 U7 U4	Separate PAs cover each month and monthly cost of service as listed on NOA.
Independence Assistance Services - Hourly	0.25	Hour	\$6.13	T2017 U7 U1	<b>Service start date 3/1/2004.</b> Max 120 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Independence Assistance Services - Tier 1	1	Month	\$750.00	T2017 U7 U1	<b>Service end date 2/29/2004.</b>
Independence Assistance Services - Tier 2	1	Month	\$1,000.00	T2017 U7 U2	<b>Service end date 2/29/2004.</b>
Music Therapy	0.25	Hour	\$10.78	H2032 U7 U1	Single PA covers all months and total cost of service as listed on NOA.
Nutrition Counseling	0.25	Hour	\$14.47	S9470 U7	Single PA covers all months and total cost of service as listed on NOA.
Occupational Therapy	0.25	Hour	\$17.99	G0152 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
PCP/ISP Facilitation - Initial	0.25	Hour	\$9.56	T2024 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
PCP/ISP Facilitation - Ongoing	0.25	Hour	\$9.56	T2024 U7 TS	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Personal Emergency Response System - Install	1	Unit	\$52.07	S5160 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Personal Emergency Response System - Maintenance	1	Month	\$52.07	S5161 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Physical Therapy	0.25	Hour	\$18.12	G0151 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Pre-Vocational Services	1	Hour	\$4.80	T2015 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Family	0.25	Hour	\$17.27	90846 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Group	0.25	Hour	\$4.81	90853 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Individual	0.25	Hour	\$15.45	90804 U7	Single PA covers all months and total cost of service as listed on NOA.
Recreational Therapy	0.25	Hour	\$10.78	H2032 U7 U2	Single PA covers all months and total cost of service as listed on NOA.
Rent & Food for Unrelated Live-In Caregiver	1	Month	\$545.00	T2025 U7	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care	0.25	Hour	\$4.00	S5150 U7 UA UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5150 U7 UC	Single PA covers all months and total cost of service as listed on NOA.
Respite Group	0.25	Hour	\$1.50	S5150 U7 HQ	Single PA covers all months and total cost of service as listed on NOA.
Respite - Home Health Aide	0.25	Hour	\$4.00	S5150 U7 UA U9	Single PA covers all months and total cost of service as listed on NOA.

Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Respite Nursing	0.25	Hour	\$7.79	T1005 U7UA TD/TE	TD modifier for RN with rate of \$7.79 per 0.25 hour. TE modifier for LPN with rate of \$5.91 per 0.25 hour. Single PA covers all months and total units of service as listed on NOA.
Residential Hab/Support - Level 1 - Under 35 Hours/Week	0.25	Hour	\$4.88	T2017 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Residential Hab/Support - Level 2 - Under 35 Hrs/Wk - QMRP	0.25	Hour	\$6.13	T2017 U7 TF	Max 40 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Residential Hab/Support - Level 3 - Over 35 Hours/Week	0.25	Hour	\$4.40	T2017 U7 TG	Separate PAs cover each month and monthly cost of service as listed on NOA.
Residential Hab/Support Daily Rate	1	Day		T2016 U7	<b>Service end date of 4/30/2004.</b> Daily rate established on CCB.
Specialized Medical Equipment/Supplies - Install	1	Unit		T2029 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.
Specialized Medical Equipment/Supplies - Maintenance	1	Unit		T2029 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Speech Therapy	0.25	Hour	\$18.12	92507 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Supported Employment	0.25	Hour	\$9.17	H2023 U7	Single PA covers all months and total cost of service as listed on NOA.
Transportation - Adult Day Service	1	Rnd Trp	\$16.25	T2003 U7	Max 2 trips/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 1st Round Trip of Day - Residential	1	Trip	\$8.91	T2004 U7 U3	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 2nd Round Trip of Day - Residential	1	Trip	\$2.00	T2004 U7 U4	Separate PAs cover each month and monthly cost of service as listed on NOA.

Table 3 – Autism Medicaid Waiver

Autism Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Transportation - 1st Round Trip of Day - Day Service	1	Trip	\$8.91	T2004 U7 U6	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 2nd Round Trip of Day - Day Service	1	Trip	\$2.00	T2004 U7 U8	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Level 1 - 24 Hour	1	Month	\$150	T2004 U7 U1	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Level 2 - 24 Hour	1	Month	\$300.00	T2004 U7 U2	Separate PAs cover each month and monthly cost of service as listed on NOA.
Vehicle Modification - Install	1	Unit		T2039 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 4 – Developmental Disabilities Medicaid Waiver

Developmental Disabilities Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Day Service - Level 1 (1/2 Day)	0.5	Day	\$20.90	S5101 U7 U1	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/2 Day)	0.5	Day	\$27.43	S5101 U7 U2	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/2 Day)	0.5	Day	\$32.66	S5101 U7 U3	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 1 (1/4 Hour)	0.25	Hour	\$1.31	S5100 U7 U1	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/4 Hour)	0.25	Hour	\$1.71	S5100 U7 U2	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/4 Hour)	0.25	Hour	\$2.04	S5100 U7 U3	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Foster Care - Level 1- Day	1	Day	\$49.32	S5141 U7 U1	<b>Service start date 3/1/2004.</b> Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Adult Foster Care - Level 2- Day	1	Day	\$73.97	S5141 U7 U2	<b>Service start date 3/1/2004.</b> Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Adult Foster Care - Level 3- Day	1	Day	\$98.63	S5141 U7 U3	<b>Service start date 3/1/2004.</b> Max 1 unit/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Adult Foster Care - Level 1- Month	1	Month	\$1,500.00	S5141 U7 U1	<b>Service end-date 2/29/2004.</b> Separate PAs cover each month and monthly cost of service as listed on NOA.

Table 4 – Developmental Disabilities Medicaid Waiver

Developmental Disabilities Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Foster Care - Level 2 - Month	1	Month	\$2,250.00	S5141 U7 U2	Service end-date 2/29/2004. Max cost on NOA per month.
Adult Foster Care - Level 3 - Month	1	Month	\$3,000.00	S5141 U7 U3	Service end-date 2/29/2004. Max cost on NOA per month.
Behavior Management	0.25	Hour	\$17.38	H0004 U7 U2	Billing code start date 7/1/2004. Single PA covers all months and total cost of service as listed on NOA.
Behavior Management - Level 1	0.25	Hour	\$17.38	H0004 U7 U1	Billing code start date 7/1/2004. Single PA covers all months and total cost of service as listed on NOA.
Behavior Management & Behavior Management - Level 1	0.25	Hour	\$17.38	H0004 U7	Billing code end date 6/30/2004. Single PA covers all months and total cost of both services as listed on NOA.
Case Management	0.25	Hour	\$9.56	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.
Community Educational/ Therapeutic Activity	1	Unit		H0023 U7	Service end date 2/29/2004. 1 unit is actual cost. Single PA covers 1/1/04-2/29/04 and total cost listed on NOA, up to \$2,000 annual cap.
Community Hab & Part - Community-Based - Group	0.25	Hour	\$1.67	T2021 U7 HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Community-Based - Individual	0.25	Hour	\$6.90	T2021 U7	Max 100 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Facility-Based - Group	0.25	Hour	\$1.34	T2021 U7 UA HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Facility-Based - Individual	0.25	Hour	\$6.90	T2021 U7 UA	Max 4 units/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Transition	1	Unit		T2038 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$1,000 lifetime cap.
Crisis Intervention	1	Day		T2034 U7	Rate established by DDARS with provider. Max 1 unit/day. Single PA covers all months and total cost of service as listed on NOA.

Table 4 – Developmental Disabilities Medicaid Waiver

Developmental Disabilities Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
E-Mod/Spec Med Equip & Sup - Assess/Inspect/Train	0.25	Hour	\$17.99	T1028 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Environmental Modification - Install	1	Unit		S5165 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$15,000 lifetime cap.
Environmental Modification - Maintenance	1	Unit		S5165 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Family & Caregiver Training - Family	1	Unit		S5111 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$2,000 annual cap.
Family & Caregiver Training - Non-Family	1	Unit		S5116 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$2,000 annual cap.
Health Care Coordination - Level 1	1	Unit	\$48.06	T2022 U7 U1	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 2	1	Unit	\$96.12	T2022 U7 U2	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 3	1	Unit	\$144.18	T2022 U7 U3	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 4	1	Unit	\$192.24	T2022 U7 U4	Separate PAs cover each month and monthly cost of service as listed on NOA.
Independence Assistance Services - Hourly	0.25	Hour	\$6.13	T2017 U7 U1	<b>Service start date 3/1/2004.</b> Max 120 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Independence Assistance Services - Tier 1	1	Month	\$750.00	T2017 U7 U1	<b>Service end date 2/29/2004.</b> Separate PAs cover each month and monthly cost of service as listed on NOA.
Independence Assistance Services - Tier 2	1	Month	\$1,000.00	T2017 U7 U2	<b>Service end date 2/29/2004.</b> Separate PAs cover each month and monthly cost of service as listed on NOA.



Table 4 – Developmental Disabilities Medicaid Waiver

Developmental Disabilities Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Music Therapy	0.25	Hour	\$10.78	H2032 U7 U1	Single PA covers all months and total cost of service as listed on NOA.
Nutrition Counseling	0.25	Hour	\$14.47	S9470 U7	Single PA covers all months and total cost of service as listed on NOA.
Occupational Therapy	0.25	Hour	\$17.99	G0152 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
PCP/ISP Facilitation - Initial	0.25	Hour	\$9.56	T2024 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
PCP/ISP Facilitation - Ongoing	0.25	Hour	\$9.56	T2024 U7 TS	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Personal Emergency Response System - Install	1	Unit	\$52.07	S5160 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Personal Emergency Response System - Maintenance	1	Month	\$52.07	S5161 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Physical Therapy	0.25	Hour	\$18.12	G0151 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Pre-Vocational Services	1	Hour	\$4.80	T2015 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Family	0.25	Hour	\$17.27	90846 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Group	0.25	Hour	\$4.81	90853 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Individual	0.25	Hour	\$15.45	90804 U7	Single PA covers all months and total cost of service as listed on NOA.

Table 4 – Developmental Disabilities Medicaid Waiver

Developmental Disabilities Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Recreational Therapy	0.25	Hour	\$10.78	H2032 U7 U2	Single PA covers all months and total cost of service as listed on NOA.
Rent & Food for Unrelated Live-In Caregiver	1	Month	\$545.00	T2025 U7	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care	0.25	Hour	\$4.00	S5150 U7 UA UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5150 U7 UC	Single PA covers all months and total cost of service as listed on NOA.
Respite Group	0.25	Hour	\$1.50	S5150 U7 HQ	Single PA covers all months and total cost of service as listed on NOA.
Respite - Home Health Aide	0.25	Hour	\$4.00	S5150 U7 UA U9	Single PA covers all months and total cost of service as listed on NOA.
Respite Nursing	0.25	Hour	\$7.79	T1005U7 UA TD/TE	TD modifier for RN with rate of \$7.79 per 0.25 hour. TE modifier for LPN with rate of \$5.91 per 0.25 hour. Single PA covers all months and total units of service as listed on NOA.
Residential Hab/Support - Level 1 - Under 35 Hours/Week	0.25	Hour	\$4.88	T2017 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Residential Hab/Support - Level 2 - Under 35 Hrs/Wk - QMRP	0.25	Hour	\$6.13	T2017 U7 TF	Max 40 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Residential Hab/Support - Level 3 - Over 35 Hours/Week	0.25	Hour	\$4.40	T2017 U7 TG	Separate PAs cover each month and monthly cost of service as listed on NOA.
Residential Hab/Support Daily Rate	1	Day		T2016 U7	<b>Service end date of 4/30/2004.</b> Daily rate established on CCB. Separate PAs cover each month and monthly cost of service as listed on NOA.
Specialized Medical Equipment/Supplies - Install	1	Unit		T2029 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 4 – Developmental Disabilities Medicaid Waiver

Developmental Disabilities Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Specialized Medical Equipment/Supplies - Maintenance	1	Unit		T2029 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Speech Therapy	0.25	Hour	\$18.12	92507 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Supported Employment	0.25	Hour	\$9.17	H2023 U7	Single PA covers all months and total cost of service as listed on NOA.
Transportation - Adult Day Service	1	Rnd Trp	\$16.25	T2003 U7	Max 2 trips/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 1st Round Trip of Day - Residential	1	Trip	\$8.91	T2004 U7 U3	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 2nd Round Trip of Day - Residential	1	Trip	\$2.00	T2004 U7 U4	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 1st Round Trip of Day - Day Service	1	Trip	\$8.91	T2004 U7 U6	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 2nd Round Trip of Day - Day Service	1	Trip	\$2.00	T2004 U7 U8	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Level 1 - 24 Hour	1	Month	\$150	T2004 U7 U1	Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Level 2 - 24 Hour	1	Month	\$300.00	T2004 U7 U2	Separate PAs cover each month and monthly cost of service as listed on NOA.
Vehicle Modification - Install	1	Unit		T2039 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 5 – Medically Fragile Children Medicaid Waiver

Medically Fragile Children Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Attendant Care	0.25	Hour	\$4.00	S5125 U7 UA	Separate PAs cover each month and monthly cost of service as listed on NOA.
Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5125 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Case Management	0.25	Hour	\$9.19	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.
Environmental Modification - Install	1	Unit		S5165 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$10,000 lifetime cap.
Environmental Modification - Maintenance	1	Unit		S5165 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$300 annual cap.
Institutional Respite (Nursing Facility)	1	Day		H0045 U7	1 unit is actual cost. Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care	0.25	Hour	\$4.00	S5150 U7 UA UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5150 U7 UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Home Health Aide	0.25	Hour	\$4.00	S5150 U7 UA U9	Single PA covers all months and total cost of service as listed on NOA.
Respite Nursing	0.25	Hour	\$7.79	T1005 U7UA TD/TE	TD modifier for RN with rate of \$7.79 per 0.25 unit. TE modifier for LPN with rate of \$5.91 per 0.25 hour. Single PA covers all months and total units of service as listed on NOA.
Vehicle Modification - Install	1	Unit		T2039 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 6 – Support Services Medicaid Waiver

Support Services Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Day Service - Level 1 (1/2 Day)	0.5	Day	\$20.90	S5101 U7 U1	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/2 Day)	0.5	Day	\$27.43	S5101 U7 U2	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/2 Day)	0.5	Day	\$32.66	S5101 U7 U3	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 1 (1/4 Hour)	0.25	Hour	\$1.31	S5100 U7 U1	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/4 Hour)	0.25	Hour	\$1.71	S5100 U7 U2	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/4 Hour)	0.25	Hour	\$2.04	S5100 U7 U3	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Behavior Management	0.25	Hour	\$17.38	H0004 U7 U2	<b>Billing code start date 7/1/2004.</b> Single PA covers all months and total cost of service as listed on NOA.
Behavior Management - Level 1	0.25	Hour	\$17.38	H0004 U7 U1	<b>Billing code start date 7/1/2004.</b> Single PA covers all months and total cost of service as listed on NOA.
Behavior Management & Behavior Management Level 1	0.25	Hour	\$17.38	H0004 U7	<b>Billing code end date 6/30/2004.</b>
Case Management	0.25	Hour	\$9.56	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.

Table 6 – Support Services Medicaid Waiver

Support Services Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Community Educational/Therapeutic Activity	1	Unit		H0023 U7	Service end-date 2/29/2004. 1 unit is actual cost, up to \$2,000 annual cap.
Community Hab & Part - Community-Based - Group	0.25	Hour	\$1.67	T2021 U7 HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Community-Based - Individual	0.25	Hour	\$6.90	T2021 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Facility-Based - Group	0.25	Hour	\$1.34	T2021 U7 UA HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Community Hab & Part - Facility-Based - Individual	0.25	Hour	\$6.90	T2021 U7 UA	Max 4 units/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Family & Caregiver Training - Family	1	Unit		S5111 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$2,000 annual cap.
Family & Caregiver Training - Non-Family	1	Unit		S5116 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$2,000 annual cap.
Health Care Coordination - Level 1	1	Unit	\$48.06	T2022 U7 U1	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 2	1	Unit	\$96.12	T2022 U7 U2	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 3	1	Unit	\$144.18	T2022 U7 U3	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 4	1	Unit	\$192.24	T2022 U7 U4	Separate PAs cover each month and monthly cost of service as listed on NOA.
Music Therapy	0.25	Hour	\$10.78	H2032 U7 U1	Single PA covers all months and total cost of service as listed on NOA.

Table 6 – Support Services Medicaid Waiver

Support Services Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Nutrition Counseling	0.25	Hour	\$14.47	S9470 U7	Single PA covers all months and total cost of service as listed on NOA.
Occupational Therapy	0.25	Hour	\$17.99	G0152 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
PCP/ISP Facilitation - Initial	0.25	Hour	\$9.56	T2024 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
PCP/ISP Facilitation - Ongoing	0.25	Hour	\$9.56	T2024 U7 TS	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Personal Emergency Response System - Install	1	Unit	\$52.07	S5160 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Personal Emergency Response System - Maintenance	1	Month	\$52.07	S5161 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Physical Therapy	0.25	Hour	\$18.12	G0151 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Pre-Vocational Service	1	Hour	\$4.80	T2015 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Family	0.25	Hour	\$17.27	90846 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Group	0.25	Hour	\$4.81	90853 U7	Single PA covers all months and total cost of service as listed on NOA.
Psychological Therapy - Individual	0.25	Hour	\$15.45	90804 U7	Single PA covers all months and total cost of service as listed on NOA.
Recreational Therapy	0.25	Hour	\$10.78	H2032 U7 U2	Single PA covers all months and total cost of service as listed on NOA.

Table 6 – Support Services Medicaid Waiver

Support Services Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Respite - Attendant Care	0.25	Hour	\$4.00	S5150 U7 UA UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5150 U7 UC	Single PA covers all months and total cost of service as listed on NOA.
Respite Group	0.25	Hour	\$1.50	S5150 U7 HQ	Single PA covers all months and total cost of service as listed on NOA.
Respite - Home Health Aide	0.25	Hour	\$4.00	S5150 U7 UA U9	Single PA covers all months and total cost of service as listed on NOA.
Respite Nursing	0.25	Hour	\$7.79	T1005U7 UA TD/TE	TD modifier for RN with rate of \$7.79 per 0.25 hour. TE modifier for LPN with rate of \$5.91 per 0.25 hour. Single PA covers all months and total units of service as listed on NOA.
Spec Med Equip & Sup - Assess/Inspect/Train	0.25	Hour	\$17.99	T1028 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.
Specialized Medical Equipment/Supplies - Install	1	Unit		T2029 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$7,500 lifetime cap.
Specialized Medical Equipment/Supplies - Maintenance	1	Unit		T2029 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Speech Therapy	0.25	Hour	\$18.12	92507 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Supported Employment	0.25	Hour	\$9.17	H2023 U7	Single PA covers all months and total cost of service as listed on NOA.
Transportation - Adult Day Service	1	RndTrip	\$16.25	T2003 U7	Max 2 trips/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - 1st Round Trip of Day - Day Service	1	Trip	\$8.91	T2004 U7 U6	Max 23 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.



Table 6 – Support Services Medicaid Waiver

Support Services Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Transportation - 2nd Round Trip of Day - Day Service	1	Trip	\$2.00	T2004 U7 U8	Max 23 units/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Vehicle Modification - Install	1	Unit		T2039 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$7,500 lifetime cap.

Table 7 – Traumatic Brain Injury Medicaid Waiver

Traumatic Brain Injury Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Adult Day Service - Level 1 (1/2 Day)	0.5	Day	\$20.90	S5101 U7 U1	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/2 Day)	0.5	Day	\$27.43	S5101 U7 U2	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/2 Day)	0.5	Day	\$32.66	S5101 U7 U3	Max 2 units/day. 1 unit is min. 3 hours to max. 5 hours/day. 2 units is more than 5 hours to max. 8 hours/day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 1 (1/4 Hour)	0.25	Hour	\$1.31	S5100 U7 U1	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 2 (1/4 Hour)	0.25	Hour	\$1.71	S5100 U7 U2	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Adult Day Service - Level 3 (1/4 Hour)	0.25	Hour	\$2.04	S5100 U7 U3	Max 16 units/day. Billable only after 8 hours of ADS 1/2-Day service have been provided on same day. Single PA covers all months and total cost of service as listed on NOA.
Attendant Care	0.25	Hour	\$4.00	S5125 U7 UA	Separate PAs cover each month and monthly cost of service as listed on NOA.
Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5125 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Behavior Management	0.25	Hour	\$17.38	H0004 U7 U2	<b>Billing code start date 7/1/2004.</b> Single PA covers all months and total cost of service as listed on NOA.
Behavior Management - Level 1	0.25	Hour	\$17.38	H0004 U7 U1	<b>Billing code start date 7/1/2004.</b> Single PA covers all months and total cost of service as listed on NOA.

Table 7 – Traumatic Brain Injury Medicaid Waiver

Traumatic Brain Injury Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Behavior Management & Behavior Management Level1	0.25	Hour	\$17.38	H0004 U7	<b>Billing code end date 6/30/2004.</b>
Case Management	0.25	Hour	\$9.21	T1016 U7	Single PA covers all months and total cost of service as listed on NOA.
Environmental Modification - Install	1	Unit		S5165 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$15,000 lifetime cap.
Environmental Modification - Maintenance	1	Unit		S5165 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Health Care Coordination - Level 1	1	Unit	\$48.06	T2022 U7 U1	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 2	1	Unit	\$96.12	T2022 U7 U2	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 3	1	Unit	\$144.18	T2022 U7 U3	Separate PAs cover each month and monthly cost of service as listed on NOA.
Health Care Coordination - Level 4	1	Unit	\$192.24	T2022 U7 U4	Separate PAs cover each month and monthly cost of service as listed on NOA.
Homemaker	0.25	Hour	\$3.00	S5130 U7 UA	Separate PAs cover each month and monthly cost of service as listed on NOA.
Homemaker (Non-agency, individual)	0.25	Hour	\$2.18	S5130 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Institutional Respite (Nursing Facility)	1	Day		H0045 U7	1 unit is actual cost. Single PA covers all months and total cost of service as listed on NOA.
Occupational Therapy	0.25	Hour	\$17.99	G0152 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Personal Emergency Response System - Install	1	Unit	\$52.07	S5160 U7	Single PA covers total cost of service for CCB start to end dates listed on NOA.

Table 7 – Traumatic Brain Injury Medicaid Waiver

Traumatic Brain Injury Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Personal Emergency Response System - Maintenance	1	Month	\$52.07	S5161 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Physical Therapy	0.25	Hour	\$18.12	G0151 U7 UA	Single PA covers all months and total cost of service as listed on NOA.
Residential-Based Habilitation	0.25	Hour	\$6.99	97535 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Respite - Attendant Care	0.25	Hour	\$4.00	S5150 U7 UA UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Attendant Care (Non-agency, individual)	0.25	Hour	\$2.45	S5150 U7 UC	Single PA covers all months and total cost of service as listed on NOA.
Respite - Home Health Aide	0.25	Hour	\$4.00	S5150 U7 UA U9	Single PA covers all months and total cost of service as listed on NOA.
Respite - Homemaker	0.25	Hour	\$3.00	S5150 U7 UA UB	Single PA covers all months and total cost of service as listed on NOA.
Respite - Homemaker (Non-agency, individual)	0.25	Hour	\$2.18	S5150 U7 UB	Single PA covers all months and total cost of service as listed on NOA.
Respite Nursing	0.25	Hour	\$7.79	T1005U7 UA TD/TE	TD modifier for RN with rate of \$7.79 per 0.25 hour. TE modifier for LPN with rate of \$5.91 per 0.25 hour. Single PA covers all months and total units of service as listed on NOA.
Specialized Medical Equipment/Supplies - Install	1	Unit		T2029 U7 NU	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.
Specialized Medical Equipment/Supplies - Maintenance	1	Unit		T2029 U7 RP	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA, up to \$500 annual cap.
Speech Therapy	0.25	Hour	\$18.12	92507 U7 UA	Single PA covers all months and total cost of service as listed on NOA.

Table 7 – Traumatic Brain Injury Medicaid Waiver

Traumatic Brain Injury Waiver Services		Unit	Cap Rate	Code & Modifier(s)	Prior Authorization & Audit Criteria
Structured Day Program - Group	0.25	Hour	\$1.67	T2021 U7 HQ	Separate PAs cover each month and monthly cost of service as listed on NOA.
Structured Day Program - Individual	0.25	Hour	\$8.38	T2021 U7	Separate PAs cover each month and monthly cost of service as listed on NOA.
Supported Employment	0.25	Hour	\$9.17	H2023 U7	Single PA covers all months and total cost of service as listed on NOA.
Transportation - Adult Day Service	1	RndTrp	\$16.25	T2003 U7	Max 2 trips/day. Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Assisted	1	Mile	\$0.56	T2004 U7 U2	Max \$300.00/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Transportation - Not Assisted	1	Mile	\$0.28	T2004 U7 U1	Max \$150.00/month. Separate PAs cover each month and monthly cost of service as listed on NOA.
Vehicle Modification - Install	1	Unit		T2039 U7	1 unit is actual cost. Single PA covers total cost of service for CCB start to end dates listed on NOA.

