LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

APPENDIX C – BILLING CODES

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ADULT DAY HEALTH CARE (ADHC) WAIVER SERVICES PROCEDURE BILLING CODES/RATES Effective August 1, 2010

Provider Type	HCBS Waiver Service Description	Procedure Code	HIPAA Service Description	Units
85	Adult Day Health Care	932	Medical Rehabilitation Day Program – Sub. Category 2 – Full Day	\$63.11 (per diem)
08	Support Coordination	T0012	ADHC Case Management	Monthly \$140.00
08	Transition Intensive Support Coordination	T0013	ADHC High Risk Case Management	Monthly \$157.00
08	Transition Service	T2038	Community Transition, Waiver	\$1,500.00 One time fee

12/01/10