

**CHAPTER 32: NEW OPPORTUNITIES WAIVER****APPENDIX E – SERVICE PROCEDURE CODES/RATES****PAGE(S) 8****SERVICE PROCEDURE CODES/RATES**

Provider Type	Proc. Code	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 and UN	IFS Shared Support, 2 persons – Day	Attendant Care Services	15 minutes \$3.20
01 or 82	S5125	U1 and 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 \$3.38
01 or 82	S5125	UN and UJ	IFS Shared Support, 2 persons - Night	Attendant Care Services	15 minutes \$2.25
01 or 82	S5125	UP and UJ	IFS Shared Support, 3 persons - Night	Attendant Care Services	15 minutes \$1.83
89	T2016		Supported Independent Living (SIL)	Habilitation Residential	Day \$20.00
82 or 89	T2025		Community Life Engagement and Development (1:1 ratio)	Waiver Services	15 minutes \$3.50/NTE 240 ¼ hour units per CPOC year in combination with T2025 UN and T2025 UP
82 or 89	T2025	UN	Community Life Engagement and Development (1:2 ratio)	Waiver Services	15 minutes \$2.00/NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UP
82 or 89	T2025	UP	Community Life Engagement and Development (1:3 ratio)	Waiver Services	15 minutes \$1.50/NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UN
84	S5140		Substitute Family Care (SFC)	Foster Care, Adult	Day \$20.00
14	T2021		Day Habilitation (Onsite 1:5 – 8 ratio)	Day Habilitation	15 minutes \$2.39/NTE maximum of 32 ¼ hour units per day and 8,320 ¼ hour units per CPOC year
14	T2021	UQ	Day Habilitation 1-4	Day Habilitation	15 minutes \$3.41

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13,14,89	T2002		Transportation	Transportation	\$20/day
14	T2021	GT	Virtual Day Habilitation (1:5-8 ratio)	Adult Day Habilitation-Waiver	15 minutes \$2.98
13	T2025	UQ	Community Career Planning (1:2-4 ratio)	Prevocational Habilitation	15 minutes \$3.88
14	T2021	GT	Virtual Day Habilitation	Adult Day Habilitation-Waiver	15 minutes \$2.98
44	T1002		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		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)	

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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)	
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	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
17	T4541		Large disposable underpad	Incontinence product, disposable	\$0.46

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Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
				underpad, large, each	
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
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,	\$0.87

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Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
				brief/diaper, large, each	
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
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	\$2.49

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Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
				underwear/pull-on, above extra-large, each	
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
13	T2019		Prevocational Services (1:5-8 ratio)	Prevocational Habilitation	15 minutes \$2.39/NTE maximum of 32 ¼ hour units per day and 8,320 ¼ hour units per CPOC year.
13	T2025	GT	Virtual Delivery of Prevocational (1:5-8 ratio)	Pre-Vocational Habilitation	15 minutes \$2.98
98	H2023		Supported Employment – one on one	Supported Employment	15 minutes \$7.67/Not to Exceed 1,280 ¼ hour units per CPOC year
98	H2026		Supported Employment – follow along	Ongoing Support to Maintain Employment	Day \$64.50/Not to Exceed 24 days per CPOC year
98	H2025	TT	Supported Employment – mobile crew	Ongoing Support to Maintain Employment	15 minutes \$2.76 Not to Exceed 8,320 ¼ hour units per CPOC year
98	H2026	GT	Supported Employment Follow Along Virtual	Supported Employment-Waiver	15 minutes \$13.63
14	T2002	HB	Supported Employment Non-Emergency Transportation	Non-Emergency Transportation	\$20/day
14	T2002	HB	Supported Employment Non-Emergency Transportation -wheelchair	Non-Emergency Transportation-wheelchair	\$20/day
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

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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
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 –NOS	Monitored In Home Caregiving-Level 1	\$90.03 Per Diem
MI	T2033	TG	Monitored In-Home Caregiving-NOS	Monitored In-Home Caregiving-Level 2	\$135.04 Per Diem
MI	T1028	TU	Monitored In-Home Caregiving-Assessment	Monitored In-Home Caregiving-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 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