

**COMMUNITY CHOICES WAIVER**  
**Waiver Eligibility Segment Code 0100866**

**SERVICES PROCEDURE CODES/RATES**  
**Effective January 1, 2017**

Provider Types (PT)	Waiver Service Descriptions	HIPAA/Other Service Descriptions	Procedure Codes	Modifiers	Units
<b>SUPPORT COORDINATION (SC)</b>					
08 (Case Management/ Support Coordination)	Transition Service	Community Transition, Waiver	T2038		\$1,500.00 lifetime cap
	Transition Intensive Support Coordination	Community Choices High Risk Case Management	Z0178		\$157.00 per month
	Support Coordination	Community Choices Case Management	Z0195		\$140.00 per month
<b>ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)</b>					
15 (Environmental Accessibility Adaptation - EAA) or SP (Organized Health Care Delivery System/Super Provider)	Environmental Accessibility Adaptation – Basic Assessment and Approval	Environmental Accessibility Adaptation – Basic Assessment and Approval	Z0640		\$600.00 per service
	Environmental Accessibility Adaptation – Final Inspection (1 visit only)	Environmental Accessibility Adaptation – Final Inspection	Z0642		\$150.00 per service
	Environmental Accessibility Adaptation – Final Inspection (2 or more visits)	Environmental Accessibility Adaptation – Final Inspection	Z0641		\$250.00 per service
	Environmental Accessibility Adaptation – Ramp	Environmental Accessibility Adaptation – Ramp	Z0060		Per service/ pay as approved
	Environmental Accessibility Adaptation – Lift	Environmental Accessibility Adaptation – Lift	Z0061		
	Environmental Accessibility Adaptation – Bathroom	Environmental Accessibility Adaptation – Bathroom	Z0062		
	Environmental Accessibility Adaptation – Other Adaptations	Environmental Accessibility Adaptation – Other Adaptations	Z0063		
<b>PERSONAL ASSISTANCE SERVICES (PAS)</b>					
01 (Fiscal Agent); 44 (Home Health Agency); 82 (Personal Care Attendant); or SP (Organized Health Care Delivery System/Super Provider)	Personal Assistance Services	Attendant Care Services, per 15 minutes	S5125		\$2.79 per 15 minutes
	Personal Assistance Services – Self-Directed Overtime	Attendant Care Services, per 15 minutes	S5125	TU	\$4.19 per 15 minutes
	Personal Assistance Services Shared by 2 Participants	Attendant Care Services, per 15 minutes, 2 participants served	S5125	UN	\$2.31 per 15 minutes
	Personal Assistance Services Shared by 2 Participants – Self-Directed Overtime	Attendant Care Services, per 15 minutes, 2 participants served	S5125	UN, TU	\$3.47 per 15 minutes

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<b>01</b> (Fiscal Agent); <b>44</b> (Home Health Agency); <b>82</b> (Personal Care Attendant); or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Personal Assistance Services Shared by 3 Participants	Attendant Care Services, per 15 minutes, 3 participants served	S5125	UP	\$2.02 per 15 minutes
	Personal Assistance Services Shared by 3 Participants – Self-Directed Overtime	Attendant Care Services, per 15 minutes, 3 participants served	S5125	UP, TU	\$3.04 per 15 minutes
<b>44</b> (Home Health Agency); <b>82</b> (Personal Care Attendant); or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Personal Assistance Services – am/pm, provided in the morning	Attendant Care Services, provided in the morning	S5126	UF	\$30.00 per visit
	Personal Assistance Services – am/pm, provided in the evening	Attendant Care Services, provided in the evening	S5126	UH	
<b>ADULT DAY HEALTH CARE (ADHC)</b>					
<b>85</b> (Adult Day Health Care – ADHC) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Adult Day Health Care (ADHC) Service	Medical Rehabilitation Day Program	S5100		\$2.40 per 15 minutes plus provider specific transportation rate - Maximum of 40 units/day or 200 units/week

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<b>HOME DELIVERED MEALS</b>					
<b>AM</b> (Home Delivered Meals) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Home Delivered Meals	Home Delivered Meals	S5170		Maximum of \$7.00 per service/meal - Maximum of 2 meals per day
<b>PERMANENT SUPPORTIVE HOUSING (PSH)</b>					
<b>AW</b> (Permanent Supportive Housing Agency)	Permanent Supportive Housing	Housing Stabilization Services	Z0648		\$15.11 per 15 minutes
	Permanent Supportive Housing	Housing Transition/Crisis Intervention Services	Z0649		
<b>MONITORED IN-HOME CAREGIVING (MIHC)</b>					
<b>MI</b> (Monitored In Home Caregiving – MIHC)	Monitored In-Home Caregiving	Monitored In-Home Caregiving, level 1	S5140		\$59.60 per day
	Monitored In-Home Caregiving	Monitored In-Home Caregiving, level 2		TG	\$89.40 per day
	Monitored In-Home Caregiving	Monitored In-Home Caregiving, Intake and assessment	T1028		\$250.00 per service
<b>NURSING SERVICES</b>					
<b>44</b> (Home Health Agency) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Nursing Assessment by R.N.	Nursing Assessment by R.N.	T1001	TD	\$65.22 per service
	Nursing Assessment by L.P.N.	Nursing Assessment by L.P.N.		TE	\$58.00 per service
	Nursing Care by R.N.	Nursing Care, in the home by R.N.	T1030		\$65.22 per visit
	Nursing Care by L.P.N.	Nursing Care, in the home by L.P.N.	T1031		\$58.00 per visit

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<b>SKILLED MAINTENANCE THERAPY (SMT)</b>					
<b>44</b> (Home Health Agency) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Skilled Maintenance Therapy – Physical Therapy	Physical Therapy	S9131		\$77.50 per visit
	Skilled Maintenance Therapy – Physical Therapy Evaluation, outpatient	Physical Therapy Evaluation (20 minutes)	97161	GP	\$77.50 per service
		Physical Therapy Evaluation (30 minutes)	97162		
		Physical Therapy Evaluation (45 minutes)	97163		
	Skilled Maintenance Therapy – Physical Therapy Re-evaluation, outpatient	Physical Therapy Re-evaluation, outpatient	97164		
	Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Family, outpatient	Physical Therapy Home Care Training, Family, per session, outpatient	S5111		\$77.50 per visit
	Skilled Maintenance Therapy – Physical Therapy – Home Care Training, Non-Family, outpatient	Physical Therapy Home Care Training, Non-Family, per session, outpatient	S5116		
	Skilled Maintenance Therapy – Occupational Therapy	Occupational Therapy	S9129		
	Skilled Maintenance Therapy – Occupational Therapy Evaluation, outpatient	Occupational Therapy Evaluation (30 minutes)	97165	GO	\$77.50 per service
		Occupational Therapy Evaluation (45 minutes)	97166		
		Occupational Therapy Evaluation (60 minutes)	97167		
	Skilled Maintenance Therapy – Occupational Therapy Re-evaluation, outpatient	Occupational Therapy Re-Evaluation, outpatient	97168		
	Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Family, outpatient	Occupational Therapy- Home Care Training, Family, per session, outpatient	S5111		\$77.50 per visit

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<b>44</b> (Home Health Agency) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Skilled Maintenance Therapy – Occupational Therapy – Home Care Training, Non-Family, outpatient	Occupational Therapy- Home care training, Non-Family, per session, outpatient	S5116		
	Skilled Maintenance Therapy – Speech/Language – Swallowing Function Evaluation, outpatient	Swallowing Function Evaluation, outpatient	92610	GN	\$77.50 per service
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation-Speech Fluency, outpatient	Speech, Language, Hearing Evaluation-Speech Fluency, outpatient	92521		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation-Speech Sound Production, outpatient	Speech, Language, Hearing Evaluation - Speech Sound Production, outpatient	92522		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation- Speech Sound Production with Language Comprehension and Expression, outpatient	Speech, Language, Hearing Evaluation - Speech Sound Production with Language Comprehension and Expression, outpatient	92523		
	Skilled Maintenance Therapy – Speech, Language, Hearing Evaluation-Behavioral and Qualitative Analysis of Voice and Resonance, outpatient	Speech, Language, Hearing Evaluation-Behavioral and Qualitative Analysis of Voice and Resonance, outpatient	92524	GN	\$77.50 per service
	Skilled Maintenance Therapy – Speech, Language, Hearing Therapy, outpatient	Speech, Language, Hearing Therapy, outpatient	92507		
	Skilled Maintenance Therapy-Speech/Language – Oral Function Therapy, outpatient	Oral Function Therapy, outpatient	92526		

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PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)					
16 (Personal Emergency Response System – PERS)	Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Installation	Personal Emergency Response (PERS), Installation	Z0058		\$30.00 Initial installation
	Personal Emergency Response (PERS) (Assistive Devices & Medical Supplies) Monthly	Personal Emergency Response (PERS), Monthly	Z0059		\$27.00 monthly maintenance
ASSISTIVE DEVICES AND MEDICAL SUPPLIES					
17 (Assistive Devices) or SP (Organized Health Care Delivery System/Super Provider)	Telecare – Activity and Sensor Monitoring – Equipment Installation and Removal	Emergency Response System, Installation & Testing	S5160		\$200.00 one time at installation
	Telecare – Activity and Sensor Monitoring – Monitoring, Routine Maintenance and Rental	Emergency Response system, Per Month (Excludes installation & testing)	S5161		\$130.00 monthly
	Telecare - Health Status Monitoring -Equipment Installation & Removal	Telecare - Health Status Monitoring -Equipment Installation & Removal	Z0643		\$200.00 one time at installation
	Telecare - Health Status Monitoring - Monitoring, Routine Maintenance & Rental	Telecare - Health Status Monitoring - Monitoring, Routine Maintenance & Rental	Z0644		\$165.00 monthly
	Telecare - Medication Dispensing & Monitoring - Equipment Installation & Removal	Telecare - Medication Dispensing & Monitoring - Equipment Installation & Removal	Z0647		\$25.00 one time at Installation
	Telecare - Medication Dispensing & Monitoring	Medication Reminder Service, Non-Face-To-Face; Per Month	S5185		\$40.00 monthly
	Assistive Device/Equipment Rental including Routine Repair and Maintenance	Specialized Medical Equipment, Not Otherwise Specified, Waiver	T2029	RR	Pay as approved

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<b>08</b> (Case Management/Support Coordination); <b>17</b> (Assistive Devices); or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Assistive Device/Equipment Purchase	Specialized Medical Equipment/Other	Z0624		Per service/ pay as approved*
	Medical Supply Purchase - Recurring	Supply Purchase - Recurring	Z0645		
<b>17</b> (Assistive Devices) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Assistive Device/Equipment Repair	Equipment Repair	Z0646		Pay as approved
	Assistive Devices & Medical Supplies Procurement	Waiver Services, NOS	T2025		Per service/ pay as approved: \$0 - \$300 - \$0 \$301 - \$600 - \$50; \$601 - \$900 - \$75; \$901 - \$1,200 - \$100; \$1,201 & over - \$125
<b>CAREGIVER TEMPORARY SUPPORT</b>					
<b>82</b> (Personal Care Attendant – PCA); <b>AN</b> (Caregiver Temporary Support); or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Caregiver Temporary Support Service, in home	Respite Care Services	T1005		\$2.79 per 15 minutes
<b>AN</b> (Caregiver Temporary Support) or <b>SP</b> (Organized Health Care Delivery System/Super Provider)	Caregiver Temporary Support Service, Center Based, Overnight (assisted living facility)	Respite Care Services, not in the home	H0045		\$95.00 daily with overnight stay
	Caregiver Temporary Support Service, Center Based, Not Overnight (ADHC)	Respite Care Services, group setting	T1005	HQ	\$2.62 per 15 minutes and Maximum of 40 units per day
	Caregiver Temporary Support Service, Center Based, Overnight (nursing facility)	Respite Care Services, not in the home, group setting	H0045		\$141.36 daily with overnight stay

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83 (Center-Based Respite) or SP (Organized Health Care Delivery System/ Super Provider)	Caregiver Temporary Support Service, Center Based, Overnight (respite care center)	Respite Care Services, not in the home, group setting, services provided at night	H0045	HQ, UJ	\$141.36 daily with overnight stay
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