

ADULT DAY HEALTH CARE

Level of Care 27

SERVICE PROCEDURE CODES/RATES

Effective July 1, 2009

The current rate for payment is effective from July 1, 2009 thru June 30, 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	\$64.40 (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

ELDERLY AND DISABLED ADULT (EDA) WAIVER

Waiver Eligibility Segment Code 00257

SERVICES PROCEDURE CODES/RATES

Effective July 4, 2010

Provider Type	HCBS/EDA Waiver Service Description	Procedure Code	Modifier	HIPAA/Other Service Description	Units
08	Transition Service	T2038		Community Transition, Waiver	\$1,500.00 One time fee
08	Transition Intensive Support Coordination	Z0178		EDA High Risk Case Management	Monthly \$157.00
08	Support Coordination	Z0195		EDA Case Management	Monthly \$140.00
15	Environmental Accessibility Adaptation – Ramp	Z0060		Environmental Modification – Ramp	\$3,000.00 Lifetime cap – Based on Comprehensive Plan of Care (CPOC)
15	Environmental Accessibility Adaptation – Lift	Z0061		Environmental Modification – Lift	
15	Environmental Accessibility Adaptation – Bathroom	Z0062		Environmental Modification – Bathroom	
15	Environmental Accessibility Adaptation – Other Adaptations	Z0063		Environmental Modification – Adaptations	
16	Personal Emergency Response System (PERS) - Installation	Z0058		Personal Emergency Response System (PERS) – Installation	Initial installation \$30.00
16	Personal Emergency Response System (PERS) - Monthly Maintenance Fee	Z0059		Personal Emergency Response System (PERS) - Monthly Fee	Monthly maintenance fee \$27.00
82	Personal Assistance Services	S5125		Personal Assistance Services, Adult	15 minutes \$2.89
82	Personal Assistance Services - Shared by 2 Participants	S5125	UN	Personal Assistance Services, Adult	15 minutes \$2.31
82	Personal Assistance Services – Shared by 3 Participants	S5125	UP	Personal Assistance Services, Adult	15 minutes \$2.02
85	Adult Day Health Care Service	932		Medical Rehabilitation Day Program-Sub. Category 2 – Full Day	Per Diem \$64.40

LONG TERM-PERSONAL CARE SERVICES (LT-PCS)

Home and Community-Based Service (HCBS)

Medicaid State Plan Option

SERVICE PROCEDURE CODE/RATE

Effective August 4, 2009

LT-PCS rate listed below will be effective for dates of service August 4, 2009 and thereafter. Providers must bill the rate that is appropriate for the date of service in which services were rendered.

Provider Type	HCBS Service Description	HIPAA Code	Modifier	HIPAA Service Description	Unit
24	Long Term-Personal Care Services	T1019	UB	Personal Care Service	15 minutes \$ 3.22