

ID/DD Waiver Procedure Code Fee Schedule

Effective July 1, 2011

Modifier U3 Must Be Added To Every Procedure Code

Service	Procedure Code	Second Modifier	Rates	Max. Allowable Units	Provider Type	Place of Service
Behavioral Support Evaluation	H0002	None	\$70.00/hr. ÷ 4 = \$17.50/15 min. unit	10 hrs/yr	W08	12 99
Behavioral Support Intervention by Bachelors	H2019	HN	\$25.00/hr. ÷ 4 = \$6.25/15 min. unit	Max 800 hrs/year	W08	12 99
Behavioral Support Intervention by Masters	H2019	HO	\$35.00/hr. ÷ 4 = \$8.75/15 min. unit			
Day Services - Adults	S5100	None	\$14.28/hr. ÷ 4 = \$3.57/ 15 min. unit	Min ≥ 4 hrs/day, Max = 130 hrs/month	W07 W08	99
Home and Community Supports	S5125	None	\$16.00/hr. ÷ 4 = \$4.00/ 15 min. unit	None	W06 W07	12 99
HCS – 2 people same location	S5125	UN	\$24.00/hr. ÷ 4 = \$3.00/ 15 min. unit			
HCS – 3 people same location	S5125	UP	\$27.00/hr. ÷ 4 = \$2.25/ 15 min. unit			
Occupational Therapy Prior Authorization Required	G0152	None	\$70.00/hr. ÷ 4 = \$17.50/ 15 min. unit	2 hours a wk = 8 units of 15 min increments	T00	12 99
Physical Therapy Prior Authorization Required	G0151	None	\$70.00/hr. ÷ 4 = \$17.50/ 15 min. unit	3 hours a wk = 12 units of 15 min increments	T01	12 99
Pre Vocational Services	T2015	None	\$11.00/hr.	130 hrs/month	W07 W08	99
Residential Habilitation Must Be Age 21 or Older	S5136	None	\$55.00/day	1 unit a day	W07 W08	12
Respite - In Home Companion or Community	S5150	None	\$16.00/hr. ÷ 4 = \$4.00/ 15 min. unit	None	W02 W03 W08	12 99
Respite – ICF/MR	H0045	None	\$264.00/day	30 Days per Cert Period	G2 G7	54
Respite – In Home Nursing	T1005	None	\$23.00/hr. ÷ 4 = \$5.75/ 15 min. units	None	W03 W08	12

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Speech Therapy Prior Authorization Required	G0153	None	\$65.00/hr. ÷ 4 = \$16.25/ 15 min. unit	3 hours a wk = 12 units of 15 min increments	T02	12 99
Support Coordination	T2022	None	\$125.00/month	1 unit / month	W08	12
2 nd Level Support Coordination	T2022	TF	\$150.00/month	1 unit / month		
Supported Employment	H2023	None	\$25.00/hr. ÷ 4 = \$6.25/ 15 min. unit	None	W08 W07	99
SE - 2 people same location	H2023	UN	\$32.00/hr. ÷ 4 = \$4.00/ 15 min. unit			
SE - 3 people same location	H2023	UP	\$36.00/hr. ÷ 4 = \$3.00/ 15 min. unit			

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Specialized Medical Supplies:					I00	None
Blue Pads	A4554	SC	\$.28 unit		I01	
Diapers - small	T4521	SC	\$.55 a unit		I02	
Diapers - medium	T4522	SC	\$.65 a unit		I03	
Diapers – large	T4523	SC	\$.95 a unit		I04	
Diapers – extra large	T4524	SC	\$.95 a unit		I05	
Intermittent straight tip urinary catheter	A4351	SC	\$1.35 a unit			
Intermittent curved tip urinary catheter	A4352	SC	\$5.14 a unit			
Intermittent urinary catheter with insertion supplies	A4353	SC	\$5.60 a unit			
Insertion Tray without catheter or drainage bag	A4310	SC	\$5.25 a unit			
Lube Sterile packet	A4332	SC	\$.30 a unit			
Foley 2-way	A4338	SC	\$9.81 a unit			
Indwelling cath -special	A4340	SC	\$21.59 a unit			
Indwelling Foley Silicone	A4344	SC	\$11.71 a unit			
Indwelling Foley 3 way	A4346	SC	\$13.89 a unit			
Insertion tray with drainage bag without catheter	A4354	SC	\$6.60 a unit			
Bedside drainage bag	A4357	SC	\$6.60 a unit			
Urinary leg or abdominal bag	A4358	SC	\$4.74 a unit			