

## CHAPTER 32: NEW OPPORTUNITIES WAIVER

## APPENDIX E – SERVICE PROCEDURE CODES/RATES

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**SERVICE PROCEDURE CODES/RATES**

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPECIALTY</u>	<u>PROVIDER SUBSPECIALTY</u>	<u>SERVICE DEFINITION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMIT</u>
<b><u>Support Coordination</u></b>										
<u>Case Management</u>	<u>45</u>			<u>Support Coordination (not a waiver service)</u>	<u>T2023</u>			<u>\$201.50</u>	<u>Monthly</u>	<u>12</u>
<b><u>Respite Services</u></b>										
<u>Center-Based Respite</u>	<u>83</u>	<u>83</u>		<u>Respite Care</u>	<u>T1005</u>	<u>HQ</u>		<u>\$4.00</u>	<u>15 minutes</u>	<u>2,880</u>
<b><u>Individual and Family Support Services (Residential)</u></b>										
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>Individual and Family Support (IFS) Day</u>	<u>S5125</u>	<u>U1</u>		<u>\$4.63</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>IFS Shared Support 2 persons Day</u>	<u>S5125</u>	<u>U1</u>	<u>UN</u>	<u>\$3.20</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>IFS Shared - 3 persons Day</u>	<u>S5125</u>	<u>U1</u>	<u>UP</u>	<u>\$2.71</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>IFS - Night</u>	<u>S5125</u>	<u>UJ</u>		<u>\$4.63</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>IFS Shared - 2 persons Night</u>	<u>S5125</u>	<u>UN</u>	<u>UJ</u>	<u>\$3.20</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>IFS Shared - 3 persons Night</u>	<u>S5125</u>	<u>UP</u>	<u>UJ</u>	<u>\$2.71</u>	<u>15 minutes</u>	
<b><u>Supported Independent Living</u></b>										
<u>Habilitation Residential</u>	<u>89</u>	<u>89</u>		<u>Supported Independent Living (SIL)</u>	<u>T2016</u>			<u>\$20.00</u>	<u>Day</u>	
<b><u>Complex Care Supplement</u></b>										
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>		<u>Complex Care Supplemental Payment</u>	<u>S5126</u>			<u>\$38.88</u>	<u>Per Diem</u>	
<b><u>Foster Care</u></b>										
<u>Foster Care, Adult</u>	<u>84</u>	<u>84</u>		<u>Substitute Family Care (SFC)</u>	<u>S5140</u>			<u>\$20.00</u>	<u>Day</u>	
<b><u>Environmental Accessibility Adaptation Services</u></b>										

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Environmental Access. (Ramp)	15	80		Environmental Access. (Ramp)	S5165					\$12,000 per beneficiary for a three-year period
Environmental Access. (Lift)	15	80		Environmental Access. (Lift)	E0627					
Environmental Access. (Bathroom)	15	80		Environmental Access. (Bathroom)	E0625					
Environmental Access. (Other)	15	80		Environmental Access. (Other)	T2039	NU				

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<u>Specialized Medical Equipment and Supplies</u>										
<u>Specialized Medical Equipment and Supplies</u>	<u>17</u>	<u>91</u>		<u>Specialized Medical Equipment and Supplies (Lifts)</u>	<u>E0630</u>					<u>\$5,000 per beneficiary for a three-year period including Assessment (T1028) and Consultation (T2035)</u>
	<u>17</u>	<u>91</u>		<u>Specialized Medical Equipment and Supplies (Switches)</u>	<u>E2322</u>					
	<u>17</u>	<u>91</u>		<u>Specialized Medical Equipment and Supplies (Controls)</u>	<u>E2331</u>					
	<u>17</u>	<u>91</u>		<u>Specialized Medical Equipment and Supplies (Other)</u>	<u>K0900</u>					
	<u>17</u>	<u>91</u>		<u>Specialized Medical Equipment and Supplies (Routine maintenance and repairs)</u>	<u>T2029</u>	<u>RB</u>				
<u>Remote Supports</u>	<u>17</u>	<u>91</u>		<u>Emergency Response System Purchase</u>	<u>S5162</u>				<u>One time</u>	
	<u>17</u>	<u>91</u>		<u>Emergency Response System</u>	<u>S5162</u>	<u>XU</u>		<u>\$50.00</u>	<u>Monthly</u>	
	<u>17</u>	<u>91</u>		<u>Medication Reminder Service Per month</u>	<u>S5185</u>			<u>\$75.00</u>	<u>Monthly</u>	
	<u>17</u>	<u>91</u>		<u>Monitoring Feature/Device Noc</u>	<u>A9279</u>					
	<u>17</u>	<u>91</u>		<u>Monitoring Feature/Device Noc Interactive Audio And Video</u>	<u>A9279</u>	<u>GT</u>				
	<u>17</u>	<u>91</u>		<u>Alert Device, Noc</u>	<u>A9280</u>					
	<u>17</u>	<u>91</u>		<u>Assistive Technology Supports Consultation</u>	<u>T2035</u>			<u>\$200.00</u>	<u>One time per CPOC Cannot be provided in the same CPOC year as T1028</u>	
	<u>17</u>	<u>91</u>		<u>Home Environment Assessment</u>	<u>T1028</u>			<u>\$450.00</u>	<u>One time per CPOC Cannot be provided in the same CPOC year as T2035</u>	
<u>Professional Services Providers</u>										

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<u>Professional Services</u>	<u>06</u>	<u>4D</u>		<u>Psychologist</u>	<u>H2017</u>	<u>U7</u>		<u>\$31.25/NTE</u>	<u>15 minutes</u>	<u>\$2,250 per CPOC year across all H2017 codes (Must be linked to PT 82 or PT 89 for billing)</u>
<u>Professional Services</u>	<u>06</u>	<u>4E</u>		<u>Social Worker</u>	<u>H2017</u>	<u>AJ</u>		<u>\$9.38/NTE</u>	<u>15 minutes</u>	
<u>Professional Services</u>	<u>06</u>	<u>4R</u>		<u>Nutrition/Dietary Services</u>	<u>H2017</u>	<u>AE</u>		<u>\$9.00/NTE</u>	<u>15 minutes</u>	

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPECIALTY</u>	<u>PROVIDER SUBSPECIALTY</u>	<u>SERVICE DEFINITION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMIT</u>
<b><u>Nursing Services</u></b>										
<u>RN Services</u>	<u>44</u>	<u>87</u>		<u>Registered Nurse Services</u>	<u>T1002</u>			<u>\$11.05</u>	<u>15 minutes</u>	
<u>RN Services, 2 persons</u>	<u>44</u>	<u>87</u>		<u>Registered Nurse Services, 2 persons</u>	<u>T1002</u>	<u>UN</u>		<u>\$8.29</u>	<u>15 minutes</u>	
<u>RN Services, 3 persons</u>	<u>44</u>	<u>87</u>		<u>Registered Nurse Services, 3 persons</u>	<u>T1002</u>	<u>UP</u>		<u>\$7.29</u>	<u>15 minutes</u>	
<u>LPN/LVN Services</u>	<u>44</u>	<u>87</u>		<u>Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) Services</u>	<u>T1003</u>			<u>\$10.40</u>	<u>15 minutes</u>	
<u>LPN/LVN Services</u>	<u>44</u>	<u>87</u>		<u>LPN/LVN Services, 2 persons</u>	<u>T1003</u>	<u>UN</u>		<u>\$7.80</u>	<u>15 minutes</u>	
<u>LPN/LVN Services</u>	<u>44</u>	<u>87</u>		<u>LPN/LVN Services, 3 persons</u>	<u>T1003</u>	<u>UP</u>		<u>\$6.86</u>	<u>15 minutes</u>	
<b><u>Permanent Supportive Housing</u></b>										
<u>Permanent Supportive Housing</u>	<u>AW</u>	<u>3W</u>		<u>Housing Stabilization</u>	<u>G9012</u>			<u>\$15.11</u>	<u>15 minutes</u>	<u>72</u>
<u>Permanent Supportive Housing</u>	<u>AW</u>	<u>3W</u>		<u>Housing Stabilization Transition</u>	<u>G9012</u>	<u>U8</u>		<u>\$15.11</u>	<u>15 minutes</u>	<u>93</u>
<b><u>Transition Funding</u></b>										
<u>Community Transition, Waiver</u>	<u>02</u>			<u>One Time Transitional Services</u>	<u>T2038</u>			<u>\$3000.00</u>		<u>Lifetime</u>
<b><u>Self-Direction</u></b>										
<u>FMS Monthly Administrative Fee</u>	<u>01</u>	<u>4K</u>		<u>Self-Direction Option</u>	<u>W7319</u>			<u>\$105.88</u>	<u>Monthly</u>	<u>12</u>
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>Individual and Family Support Day</u>	<u>S5125</u>	<u>U1</u>		<u>\$4.63 NTE</u>	<u>15 minutes</u>	

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<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>IFS Shared Support 2 persons Day</u>	<u>S5125</u>	<u>U1</u>	<u>UN</u>	<u>\$3.20 NTE</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>IFS Shared Support 3 persons Day</u>	<u>S5125</u>	<u>U1</u>	<u>UP</u>	<u>\$2.71 NTE</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>IFS Night</u>	<u>S5125</u>	<u>UJ</u>		<u>\$4.63 NTE</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>IFS Shared 2 persons, Night</u>	<u>S5125</u>	<u>UN</u>	<u>UJ</u>	<u>\$3.20 NTE</u>	<u>15 minutes</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>IFS Shared 3 persons, Night</u>	<u>S5125</u>	<u>UP</u>	<u>UJ</u>	<u>\$2.71 NTE</u>	<u>15 minutes</u>	
<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPECIALTY</u>	<u>PROVIDER SUBSPECIALTY</u>	<u>SERVICE DEFINITION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMIT</u>
<u>Monitored In-Home Care Giving</u>										
<u>RN Services Monitored In-Home Caregiving (MIHC) – NOS</u>	<u>MI</u>	<u>9M</u>		<u>MIHC - Level 1</u>	<u>T2033</u>			<u>\$90.03</u>	<u>Per Diem</u>	
<u>MIHC - NOS</u>	<u>MI</u>	<u>9M</u>		<u>MHIC - Level 2</u>	<u>T2033</u>	<u>TG</u>		<u>\$135.04</u>	<u>Per Diem</u>	
<u>MIHC -Assessment</u>	<u>MI</u>	<u>9M</u>		<u>MIHC -Assessment</u>	<u>T1028</u>	<u>TU</u>		<u>\$250.00</u>		<u>One Time</u>
<u>Adult Companion Care</u>										
<u>Companion Care</u>	<u>82</u>	<u>82</u>	<u>8A</u>	<u>Adult Companion Care</u>	<u>S5136</u>	<u>CC</u>		<u>\$92.02</u>	<u>Per day</u>	<u>Not to exceed 365 days per year</u>
<u>Transportation</u>										
<u>Non-Emergency Transportation</u>	<u>98</u>	<u>98</u>		<u>Transportation for Supported Employment, Day Habilitation or Prevocational</u>	<u>T2002</u>			<u>\$20.00</u>	<u>Daily</u>	<u>Once per day that one of these services (except virtual) are delivered</u>
	<u>13</u>	<u>36</u>								
	<u>14</u>	<u>50</u>								
<u>Supported Employment – Individual</u>										
<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Work-Based Learning Experience</u>	<u>H2023</u>	<u>UK</u>	<u>U1</u>	<u>\$175.00</u>	<u>Per Assessment</u>	<u>3</u>
<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Job Development/Job Placement</u>	<u>H2023</u>	<u>U1</u>		<u>\$20.00</u>	<u>15 Minutes</u>	<u>480</u>
<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Initial Job Support and Job Stabilization</u>	<u>H2023</u>	<u>TS</u>	<u>U1</u>	<u>\$18.50</u>	<u>15 Minutes</u>	<u>1,920</u>
<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Extended Job Supports</u>	<u>H2023</u>	<u>TT</u>	<u>U1</u>	<u>\$15.00</u>	<u>15 Minutes</u>	<u>2,500</u>
<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Follow-Along Supports</u>	<u>H2026</u>	<u>U1</u>		<u>\$70.00</u>	<u>Per Diem</u>	<u>48</u>

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<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Virtual Delivery of Follow-Along Supports</u>	<u>H2023</u>	<u>GT</u>	<u>U1</u>	<u>\$13.63</u>	<u>15 Minutes</u>	<u>240</u>
<b><u>Supported Employment - Group</u></b>										
<u>Supported Employment</u>	<u>98</u>	<u>98</u>		<u>Group Employment (1:5-8 Beneficiary ratio)</u>	<u>H2025</u>			<u>\$2.76</u>	<u>15 Minutes</u>	<u>8320</u>
<b><u>Day Habilitation</u></b>										
<u>Day Habilitation</u>	<u>14</u>	<u>50</u>		<u>Onsite Day Habilitation</u>	<u>T2021</u>			<u>\$2.48</u>	<u>15 Minutes</u>	<u>8,320 units to be shared amongst all T2021 codes</u>
<u>Day Habilitation</u>	<u>14</u>	<u>50</u>		<u>Community Life Engagement (1:2-4 ratio)</u>	<u>T2021</u>	<u>UQ</u>		<u>\$4.00</u>	<u>15 Minutes</u>	
<u>Day Habilitation</u>	<u>14</u>	<u>50</u>		<u>Community Life Engagement (1:1 ratio)</u>	<u>T2021</u>	<u>TT</u>		<u>\$4.75</u>	<u>15 Minutes</u>	
<u>Day Habilitation</u>	<u>14</u>	<u>50</u>		<u>Virtual Delivery of Onsite Day Habilitation (1:5-8 ratio)</u>	<u>T2021</u>	<u>GT</u>		<u>\$2.98</u>	<u>15 Minutes</u>	

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPECIALTY</u>	<u>PROVIDER SUBSPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMITS</u>
<u>Community Life Engagement Development</u>										
<u>Day Habilitat ion</u>	<u>14</u>	<u>50</u>		<u>Community Life Engagement Development (1:1 ratio)</u>	<u>T2025</u>	<u>U1</u>		<u>\$7.00</u>	<u>15 Minutes</u>	<u>240 units to be shared amongst all T2025 codes</u>
<u>Day Habilitat ion</u>	<u>14</u>	<u>50</u>		<u>Community Life Engagement Development (1:2 ratio)</u>	<u>T2025</u>	<u>UN</u>		<u>\$4.00</u>	<u>15 Minutes</u>	
<u>Day Habilitat ion</u>	<u>14</u>	<u>50</u>		<u>Community Life Engagement Development (1:3 ratio)</u>	<u>T2025</u>	<u>UP</u>		<u>\$3.00</u>	<u>15 Minutes</u>	
<u>Prevocational</u>										
<u>Habilitatio n, Prevocatio nal</u>	<u>13</u>	<u>36</u>		<u>Onsite Prevocational (1:5-8)</u>	<u>H201 4</u>			<u>\$2.39</u>	<u>15 Minutes</u>	<u>8,320 units shared amongst all H2014 codes</u>
<u>Habilitatio n, Prevocatio nal</u>	<u>13</u>	<u>36</u>		<u>Community Career Planning (1:2-4)</u>	<u>H201 4</u>	<u>UQ</u>		<u>\$4.50</u>	<u>15 minutes</u>	
<u>Habilitati on, Prevocatio nal</u>	<u>13</u>	<u>36</u>		<u>Community Career Planning (1:1)</u>	<u>H201 4</u>	<u>TT</u>		<u>\$5.00</u>	<u>15 Minutes</u>	
<u>Habilitati on, Prevocatio nal</u>	<u>13</u>	<u>36</u>		<u>Virtual Delivery Onsite Prevocational (1:5-8)</u>	<u>H201 4</u>	<u>GT</u>		<u>\$2.98</u>	<u>15 Minutes</u>	
<u>Personal Emergency Response System (PERS)</u>										
<u>PERS Install and Test</u>	<u>16</u>	<u>90</u>		<u>PERS Install and Test</u>	<u>S5160</u>			<u>\$30.00</u>		<u>Each initial installation</u>
<u>PERS Mainten ance</u>	<u>16</u>	<u>90</u>		<u>PERS Maintenance</u>	<u>S5161</u>			<u>\$27.00</u>	<u>Monthly</u>	
<u>Incontinence Products</u>										
<u>Incontin ce Products</u>	<u>17</u>	<u>91</u>		<u>Disposable Adult Size Brief/Diaper Small</u>	<u>T4521</u>					<u>Total incontinence products per CPOC year NTE \$2,500</u>
<u>Incontin ce Products</u>	<u>17</u>	<u>91</u>		<u>Disposable Adult Size Brief/Diaper Medium</u>	<u>T4522</u>					
<u>Incontin ce Products</u>	<u>17</u>	<u>91</u>		<u>Disposable Adult Size Brief/Diaper Large</u>	<u>T4523</u>					
<u>Incontin ce Products</u>	<u>17</u>	<u>91</u>		<u>Disposable Adult Size Brief/Diaper X-Large</u>	<u>T4524</u>					
<u>Incontin ce Products</u>	<u>17</u>	<u>91</u>		<u>Disposable Adult Size Pull-On Small</u>	<u>T4525</u>					

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Incontinence Products	17	91		Disposable Adult Size Pull-On Medium	T4526					
Incontinence Products	17	91		Disposable Adult Size Pull-On Large	T4527					
Incontinence Products	17	91		Disposable Adult Size Pull-On X-Large	T4528					
Incontinence Products	17	91		Disposable Liner/Shield/Pad	T4535					
<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPECIALTY</u>	<u>PROVIDER SUBSPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMITS</u>
<b><u>Incontinence Products (continued)</u></b>										
Incontinence Products	17	91		Reusable Pull-On Any Size	T4536					Total incontinence products per CPOC year NTE \$2,500
Incontinence Products	17	91		Reusable Under Pad Bed Size	T4537					
Incontinence Products	17	91		Reusable Diaper/Brief Any Size	T4539					
Incontinence Products	17	91		Reusable Under Pad Chair Any Size	T4540					
Incontinence Products	17	91		Disposable Under Pad Large	T4541					
Incontinence Products	17	91		Disposable Under Pad Small	T4542					
Incontinence Products	17	91		Disposable Adult Size Brief/Diaper Above X-Large	T4543					
Incontinence Products	17	91		Disposable Adult Size Pull-On Above X-Large	T4544					
Incontinence Products	17	91		Disposable Penile Wrap	T4545					
Incontinence Products	17	91		Youth Size Brief/Diaper Any Size	T4533					
Incontinence Products	17	91		Youth Size Pull On Any Size	T4534					

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PROVIDER TYPE	PROC. CODE	MODIFIER	2 <sup>ND</sup> 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 (CBR)	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	UN	IFS SHARED SUPPORT, 2 PERSONS – DAY	ATTENDANT CARE SERVICES	15-MINUTES \$3.20
01-OR 82	S5125	U1	UP	IFS SHARED SUPPORT, 3 PERSONS – DAY	ATTENDANT CARE SERVICES	15-MINUTES \$2.71
01-OR 82	S5125	UJ		IFS – NIGHT	ATTENDANT CARE SERVICES	15-MINUTES \$4.63
01-OR 82	S5125	UN	UJ	IFS SHARED SUPPORT, 2 PERSONS – NIGHT	ATTENDANT CARE SERVICES	15-MINUTES \$3.20
01-OR 82	S5125	UP	UJ	IFS SHARED SUPPORT, 3 PERSONS – NIGHT	ATTENDANT CARE SERVICES	15-MINUTES \$2.71
89	T2016			SUPPORTED INDEPENDENT LIVING (SIL)	HABILITATION RESIDENTIAL	DAY \$20.00
14	T2025	UI		COMMUNITY LIFE ENGAGEMENT DEVELOPMENT (CLED) (1:1 RATIO)	WAIVER SERVICES	15-MINUTES \$7.00 240-UNITS PER CPOC YEAR IN COMBINATION WITH T2025-UN AND T2025-UP

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44	T2025	UN		CLED (1:2 RATIO)	WAIVER SERVICES	15 MINUTES \$4.00/NTE 240 UNITS PER CPOC YEAR IN COMBINATION WITH T2025 AND T2025-UP
44	T2025	UP		CLED (1:3 RATIO)	WAIVER SERVICES	15 MINUTES \$3.00-240 UNITS PER CPOC YEAR IN COMBINATION WITH T2025-UI AND T2025-UN
84	S5140			SUBSTITUTE FAMILY CARE (SFC)	FOSTER CARE, ADULT	DAY \$20.00
44	T2021			ONSITE DAY HABILITATION (ONSITE 1:5-8 RATIO)	DAY HABILITATION	\$2.48/15 MINUTE INCREMENT 8,320 UNITS PER CPOC YEAR IN COMBINATION WITH ALL T2021 CODES
44	T2021	UQ		COMMUNITY LIFE ENGAGEMENT (CLE) (1:4:2-4 RATIO)	DAY HABILITATION	\$4.00/15 MINUTES INCREMENTS 8320 UNITS PER CPOC YEAR IN COMBINATION WITH ALL T2021 CODES
44	T2021	TT		CLE (1:1 RATIO)	DAY HABILITATION	15 MINUTES \$4.75/15 MINUTE INCREMENT 8320 UNITS PER CPOC YEAR IN COMBINATION WITH ALL T2021 CODES
13,14,89	T2022			TRANSPORTATION	TRANSPORTATION	\$20/DAY
44	T2021	GT		VIRTUAL DELIVERY OF DAY HABILITATION (1:5-8 RATIO)	ADULT DAY HABILITATION-WAIVER	\$2.98/15 MINUTES IN COMBINATION WITH ALL T2021 CODES
13	H2014			ONSITE PREVOCATIONAL SERVICES (1:5-8 RATIO)	PREVOCATIONAL HABILITATION	\$2.39/15 MINUTE INCREMENT 8,320 UNITS PER CPOC YEAR. USED IN COMBINATION FOR ALL H2014 CODES
13	H2014	UQ		COMMUNITY CAREER PLANNING (1:2-4 RATIO)	PREVOCATIONAL HABILITATION	\$4.50/15 MINUTE INCREMENT 8,320 UNITS PER CPOC YEAR. USED IN COMBINATION FOR ALL H2014 CODES
13	H2014	TT		COMMUNITY CAREER PLANNING (1:1 RATIO)	PREVOCATIONAL HABILITATION	\$5.00/15 MINUTE INCREMENT 8320 UNITS PER CPOC YEAR USED IN COMBINATION FOR ALL H2014 CODES

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13	H2014	GT		VIRTUAL DELIVERY OF PREVOCATIONAL (1:5-8 RATIO)	PREVOCATIONAL HABILITATION	\$2.98/15 MINUTE INCREMENT 8,320 UNITS PER CPOC YEAR. USED IN COMBINATION FOR ALL H2014 CODES
98	H2025			GROUP EMPLOYMENT	SUPPORTED EMPLOYMENT	\$2.76/15 MINUTES 8,320 UNITS PER CPOC YEAR
98	H2023	UK	U1	WORK BASED LEARNING EXPERIENCE	SUPPORTED EMPLOYMENT	\$175/PER ASSESSMENT 3 ASSESSMENTS PER CPOC YEAR
98	H2023	U1		JOB DEVELOPMENT/ JOB PLACEMENT	SUPPORTED EMPLOYMENT	\$20.00/15 MINUTE INCREMENT 480 UNITS PER CPOC YEAR
98	H2023	TS	U1	INITIAL JOB SUPPORT AND JOB STABILIZATION	SUPPORTED EMPLOYMENT	\$18.50/15 MINUTE INCREMENTS 1,920 UNITS PER CPOC YEAR
98	H2023	TT	U1	EXTENDED ON THE JOB SUPPORTS	SUPPORTED EMPLOYMENT	\$15.00/15 MINUTE INCREMENTS 2,500 UNITS PER CPOC YEAR
98	H2026	U1		FOLLOW ALONG JOB SUPPORTS	SUPPORTED EMPLOYMENT	70.00/PER DIEM 48 UNITS PER CPOC YEAR
98	H2023	GT	U1	VIRTUAL DELIVERY OF FOLLOW ALONG JOB SUPPORTS	SUPPORTED EMPLOYMENT	\$13.63/15 MINUTE INCREMENTS 240 UNITS PER CPOC YEAR
44	T1002			REGISTERED NURSE (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			LICENSED PRACTICAL NURSE/LICENSED VOCATIONAL NURSE (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

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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 CPOG 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 CPOG 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 CPOG YEAR IN COMBINATION WITH H2017-AJ AND H2017-U7 (EXCEPTIONS GRANTED)
45	S5165			ENVIRONMENTAL ACCESS. (RAMP)	ENVIRONMENTAL ACCESS. (RAMP)	\$12,000.00 PER BENEFICIARY FOR A 3 YEAR PERIOD.
45	E0627			ENVIRONMENTAL ACCESS. (LIFT)	ENVIRONMENTAL ACCESS. (LIFT)	
45	E0625			ENVIRONMENTAL ACCESS. (BATHROOM)	ENVIRONMENTAL ACCESS. (BATHROOM)	
45	S5165	NU		ENVIRONMENTAL ACCESS. (OTHER)	ENVIRONMENTAL ACCESS. (OTHER)	
47	E0630			MEDICAL EQUIP. AND SUPPLIES (LIFTS)	MEDICAL EQUIP. AND SUPPLIES (LIFTS)	\$5,000.00 PER BENEFICIARY FOR A 3 YEAR PERIOD.
47	E2322			MEDICAL EQUIP. AND SUPPLIES (SWITCHES)	MEDICAL EQUIP. AND SUPPLIES (SWITCHES)	
47	E2334			MEDICAL EQUIP. AND SUPPLIES (CONTROLS)	MEDICAL EQUIP. AND SUPPLIES (CONTROLS)	
47	K0900			MEDICAL EQUIP. AND SUPPLIES (OTHER)	MEDICAL EQUIP. AND SUPPLIES (OTHER)	

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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

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17	T4028			REMOTE SUPPORTS-HOME ENVIRONMENT ASSESSMENT	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS	\$450/ONE-TIME
17	T4521			ADULT SIZE/BRIEF/DIAPER-SMALL	ADULT-SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.60
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

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PROVIDER TYPE	PROC. CODE	MODIFIER	2 <sup>ND</sup> MODIFIER	WAIVER SERVICE DESCRIPTION	HIPAA SERVICE DESCRIPTION	UNITS/LIMITS
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

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PROVIDER TYPE	PROC. CODE	MODIFIER	2 <sup>ND</sup> MODIFIER	WAIVER SERVICE DESCRIPTION	HIPAA SERVICE DESCRIPTION	UNITS/LIMITS
17	T4544			ADLT-DISP UND/PULL ON-ABV EXTRA- LARGE	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/P ULL-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/P ULL-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/BRIE F-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	T4524			ADULT-SIZE BRIEF/DIAPE R-SMALL	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.50



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PROVIDER TYPE	PROC. CODE	MODIFIER	2 <sup>ND</sup> MODIFIER	WAIVER SERVICE DESCRIPTION	HIPAA SERVICE DESCRIPTION	UNITS/LIMITS
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

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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 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

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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
02	T2038			ONE TIME TRANSITIONAL SERVICE	COMMUNITY TRANSITION, WAIVER	LIFETIME \$3,000.00
16	S5160			PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) (INSTALL AND TEST)	PERS (INSTALL AND TEST)	INITIAL INSTALLATION \$30.00
16	S5161			PERS (MAINTENANCE)	PERS (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 (MIHC) – NOS	MIHC – LEVEL 1	\$90.03 PER DIEM
MI	T2033	TG		MIHC – NOS	MIHC – LEVEL 2	\$135.04 PER DIEM

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MI	T1028	TU		MIHC-ASSESSMENT	MIHC-ASSESSMENT	\$250 ONE-TIME
04	W7349			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 New Opportunities Waiver (NOW) providers:

- AJ = Licensed Social Worker
- HB = Adult Program, Transportation
- HQ = Group Setting
- TD = RN
- TE = LPN
- TF = Individual Service Provided to More than One Person
- U1 = Day
- U6 = Day Habilitation
- U7 = Psychologist
- UJ = Night
- UN = 2 people
- UP = 3 people