

FAMILIAL DYSAUTONOMIA WAIVER FEE SCHEDULE

Code	Mod. 1*	Mod. 2*	Service	Min Age	Maximum Reimbursement Per Unit	Maximum Units of Service per Day	Maximum Limit
H2019	U4	HM	BEHAVIORAL SERVICES ASSISTANT, PER 15 MIN	3	\$5.15	32	LIMIT 480 UNITS PER MONTH
H2019	U4	HN	BEHAVIORAL SERVICES BACHELORS, PER 15 MIN	3	\$12.81	16	LIMIT 240 UNITS PER MONTH
H2019	HP	U4*	BEHAVIORAL SERVICES DOCTORATE, PER 15 MI	3	\$23.58	16	LIMIT 240 UNITS PER MONTH
H2019	U4	HO	BEHAVIORAL SERVICES MASTERS, PER 15 MIN	3	\$20.60	16	LIMIT 240 UNITS PER MONTH
H2020	U4		BEHAVIORAL THERAPY ASSESSMENT, PER DIEM	3	\$616.86	1	1 PER YEAR
G9012	U4		COORDINATED CARE FEE	3	\$161.60	1	LIMIT ONE PER MONTH
E1399	U4		DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	3	\$250.00	5	LIMIT 5 UNITS PER MONTH
H2015	U4		NON RESIDENTIAL SUPPORTS, PER 15 MIN	3	\$4.63	20	LIMIT 300 UNITS PER MONTH
S5199	U4		CONSUMABLE MEDICAL SUPPLIES, EACH*	3	\$250.00	10	LIMIT 10 UNITS PER MONTH
D1110	U4		PROPHYLAXIS - ADULT	21	\$100.00	1	LIMIT 4 UNITS PER YEAR
D1120	U4		PROPHYLAXIS - CHILD	3	\$100.00	1	LIMIT 2 UNITS PER YEAR
S5150	U4		UNSKILLED RESPITE CARE, PER 15 MIN: 1:1 Ratio	3	\$3.61	96	LIMIT 960 UNITS PER YEAR
S5150	U4		UNSKILLED RESPITE CARE, PER 15 MIN: 1:2 Ratio	3	\$2.01	96	LIMIT 960 UNITS PER YEAR
S5150	U4		UNSKILLED RESPITE CARE, PER 15 MIN: 1:3 Ratio	3	\$1.66	96	LIMIT 960 UNITS PER YEAR
S5151	U4		UNSKILLED RESPITE CARE, PER DIEM: 1:1 Ratio	3	\$144.45	1	LIMIT 30 UNITS PER YEAR
S5151	U4		UNSKILLED RESPITE CARE, PER DIEM: 1:2 Ratio	3	\$80.51	1	LIMIT 30 UNITS PER YEAR

S5151	U4		UNSKILLED RESPITE CARE, PER DIEM: 1:3 Ratio	3	\$60.49	1	LIMIT 30 UNITS PER YEAR
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*Please note that for procedure code H2019, HP is the Modifier 1, and U4 is Modifier 2.