

FLORIDA MEDICAID

ADULT CYSTIC FIBROSIS WAIVER SERVICES

PROCEDURE CODES AND FEE SCHEDULE

EFFECTIVE OCTOBER 2013

| CODE | MODIFIER | DESCRIPTION OF SERVICE | UNIT | MAXIMUM FEE (\$) | MAXIMUM LIMITS |
|-------|----------|---|------------|------------------|-----------------------------|
| T1016 | U1 | Community Support Coordination | Month | 150.00 | 1 per calendar month |
| S5120 | U1 | Chore Services | ¼ hour | 4.00 | 16 units per day |
| 96152 | U1 | Counseling | ¼ hour | 12.50 | 8 units per day |
| D1110 | U1 | Adult Dental Services | Visit | Variable | \$5,000.00 per year |
| S5170 | U1 | Home Delivered Meals | Meal | 7.00 | 2 meals per day |
| S5130 | U1 | Homemaker Services | ¼ hour | 4.00 | 24 units per day |
| 97124 | U1 | Massage Therapy | ¼ hour | 12.50 | 8 units per day |
| T1004 | U1 | Personal Care | ¼ hour | 5.00 | 16 units per day |
| S5160 | U1 | Personal Emergency Response (Initial Installation) | Item | 250.00 | 1 unit per year* |
| S5161 | U1 | Personal Emergency Response System Maintenance and Monitoring | Month | 40.00 | 1 unit per calendar month |
| 97001 | U1 | Physical Therapy (Initial) | Evaluation | 140.00 | 4 per year* |
| 97110 | U1 | Physical Therapy (Regular) | ¼ hour | 17.50 | 8 units per day |
| J8499 | U1 | Prescribed Drugs | Item | Variable | \$1,500.00 per year |
| S5180 | U1 | Respiratory Therapy (Initial) | Session | 140.00 | 4 units per year* |
| 99503 | U1 | Respiratory Therapy (Regular) | ¼ hour | 17.50 | 8 units per day |
| S5150 | U1 | Respite Care | ¼ hour | 3.50 | 2,880 units per year* |
| G0154 | U1 | Skilled Nursing | ¼ hour | 10.00 | 12 units per day |
| T1999 | U1 | Specialized Medical Equipment and Supplies | Item | Variable | \$6,000.00 per year* |
| A9150 | U1 | Nutritional Supplements | Item | Variable | \$300.00 per calendar month |

*For accounting purposes a "year" refers to the State Fiscal Year (SFY) and the recipient care plan year is based on the recipient's established Level of Care date.