

TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY WAIVER SERVICES FEE SCHEDULE Effective October 1, 2007

Non-Duplication of Services: TBI/SCI Waiver services may not duplicate services available through other funding sources or other Medicaid programs.

SERVICE	PROCEDURE CODE	MODIFIER	REIMBURSEMENT PER UNIT	MAXIMUM LIMIT PER RECIPIENT
Adaptive Health and Wellness	S9970	UA	\$50 per month	Not to exceed \$600 per year
Assistive Technologies	E1399	UA	Variable	Not to exceed \$7500 per year
Attendant Care	S5125	UA	\$11.00 per 15-minute unit	12 units (3 hours) per day
Behavior Programming	96152	UA	\$15.00 per 15-minute unit	8 units (2 hours) per day
Community Support Coordination	G9012	UA	\$160 per month	1 Unit (\$160) per month
Companion Care	S5135	UA	\$4.00 per 15-minute unit	24 units (6 hours) per day
Consumable Medical Supplies	S5199	UA	\$300 per month	Not to exceed \$300 per month
Environmental Accessibility Adaptations	S5165	UA	Variable	Not to exceed \$10,000 per year
Life Skills Training	H2014	UA	\$7.50 per 15-minute unit	8 units (2 hours) per day
Personal Adjustment Counseling	H2019	UA	\$12.00 per 15-minute unit	8 units (2 hours) per day
Personal Care	T1019	UA	\$6.00 per 15-minute unit	16 units (4 hours) per day
Rehabilitation Engineering Evaluation	T1028	UA	\$600 per evaluation	2 Units (\$600) per recipient per year