

## **TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY WAIVER SERVICES FEE SCHEDULE**

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

<b>SERVICE</b>	<b>PROCEDURE CODE</b>	<b>MODIFIER</b>	<b>MAXIMUM REIMBURSEMENT PER UNIT</b>	<b>MAXIMUM LIMIT PER RECIPIENT</b>
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