

Agency for Persons with Disabilities

Developmental Disabilities Home and Community-Based Services Waiver Billing Code Matrix

For use with the Developmental Disabilities Home and Community-Based Services Waiver Provider Rate Table January 1, 2008

Service Description Rates are contained in Developmental Disabilities Home and Community-Based Services Waiver Provider Rate Table	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Max Allowable Number of Units Per Date of Service (Claim Line)	Ratio or of Care Level
Adult Day Training - Facility Based	S5102	U6		Q	552 QH per Month	1:1
Adult Day Training - Facility Based	S5102	U6		Q	552 QH per Month	1:3
Adult Day Training - Facility Based	S5102	U6		Q	552 QH per Month	1:5
Adult Day Training - Facility Based	S5102	U6		Q	552 QH per Month	1:6-10
Adult Day Training Off Site	T2021	U6		Q	552 QH per Month	1:1
Adult Day Training Off Site	T2021	U6		Q	552 QH per Month	1:3
Adult Day Training Off Site	T2021	U6		Q	552 QH per Month	1:5
Adult Day Training Off Site	T2021	U6		Q	552 QH per Month	1:6-10
Behavioral Analysis Services Assessment	H2020	U6		U	1 Unit in 365 Days	
Behavior Analysis Level 1	H2019	HP	U6	Q	16 QH per Day	1
Behavior Analysis Level 2	H2019	U6	HO	Q	16 QH per Day	2

Behavior Analysis Level 3	H2019	U6	HN	Q	16 QH per Day	3
Behavior Assistant Services	H2019	U6	HM	Q	1984 QH per Month	
Companion	S5135	U6		Q	24 QH per Day	1:1
Companion	S5135	U6		Q	24 QH per Day	1:2
Companion	S5135	U6		Q	24 QH per Day	1:3
Dietitian Services	97802	U6		Q	12 QH per Day	
In - Home Supports (Awake Staff)	97537	U6		Q	992 QH per Month	1:1
In - Home Supports (Awake Staff)	97537	U6		Q	992 QH per Month	1:2
In - Home Supports (Awake Staff)	97537	U6		Q	992 QH per Month	1:3
In - Home Supports (Live-In Staff) Quarter Hour	97537	U6	SC	D	31 Days per Month	1:1
In - Home Supports (Live-In Staff) Quarter Hour	97537	U6	SC	D	31 Days per Month	1:2
In - Home Supports (Live-In Staff) Quarter Hour	97537	U6	SC	D	31 Days per Month	1:3
Medication Review	99499	U6		U	2 Units per 365 Days	
Occupational Therapy Assessment	97003	U6		U	1 Unit per 365 Days	
Occupational Therapy	97530	U6		Q	8 QH per Day	
Personal Care Assistance	T1019	U6		Q	720 QH per Month	Standard
Personal Care Assistance	T1019	U6		Q	720 QH per Month	Moderate
Personal Care Assistance	T1019	U6		Q	1200 QH per Month	Intensive
Physical Therapy - Assessment	97001	U6		U	1 Unit per 365 Days	

Procedure Code Matrix

Physical Therapy	97110	U6		Q	8 QH per Day	
Private Duty Nursing - LPN	T1000	U6		Q	96 QH per Day	
Private Duty Nursing - RN	T1000	U6	HN	Q	96 QH per Day	
Residential Habilitation - Intensive Behavior Day	T2016	U6		D	31 Days per Month (Maximum 365 Days per Year)	Intensive
Residential Habilitation - Intensive Behavior Monthly	T2023	U6	HI	M	12 Months per Year	Intensive
Residential Habilitation - Behavior Focused Day	T2020	U6		D	31 Days per Month (Maximum 350 Days per Year)	
Residential Habilitation - Behavior Focused Monthly	T2023	U6	SC	M	12 Months per Year	
Residential Habilitation - Standard Day	H0043	U6	SC	D	31 Days per Month (Maximum 350 Days per Year)	
Residential Habilitation - Standard Monthly	T2023	U6		M	12 Months per Year	
Residential Habilitation - (Quarter Hour)	H0043	U6		Q	992 QH per Month	1:1
Residential Habilitation - (Quarter Hour)	H0043	U6		Q	992 QH per Month	1:2
Residential Habilitation - (Quarter Hour)	H0043	U6		Q	992 QH per Month	1:3
Residential Habilitation - (Live In Staff)	H0043	U6	SC	D	31 Days per Month (Maximum 365 Days per Year)	1:1
Residential Habilitation - (Live In Staff)	H0043	U6	SC	D	31 Days per Month (Maximum 365 Days per Year)	1:2

Procedure Code Matix

Residential Habilitation - (Live In Staff)	H0043	U6	SC	D	31 Days per Month (Maximum 365 Days per Year)	1:3
Residential Nursing Services - LPN	T1001	U6		Q	96 QH per Day	
Residential Nursing Services - RN	T1002	U6		Q	96 QH per Day	
Respiratory Therapy Assessment	S5180	U6		U	2 Units per 365 Days	
Respiratory Therapy	S5181	U6		Q	8 QH per Day	
Respite Care - Quarter Hour	S5151	U6		Q	96 QH per Day 2880 QH per Year	1:1
Respite Care - Quarter Hour	S5151	U6		Q	96 QH per Day 2880 QH per Year	1:2
Respite Care - Quarter Hour	S5151	U6		Q	96 QH per Day 2880 QH per Year	1:3
Respite Care - Day	S5151	U6	SC	D	30 Days per Year	1:1
Respite Care - Day	S5151	U6	SC	D	30 Days per Year	1:2
Respite Care - Day	S5151	U6	SC	D	30 Days per Year	1:3
Skilled Nursing - LPN	T1001	U6	HM	Q	32 QH per day	
Skilled Nursing - RN	T1001	U6	HN	Q	32 QH per day	
Special Medical Home Care	S9122	U6		D	31 Days per Month (Maximum of 365 Days per Year)	
Specialized Mental Health - Assessment	H0031	U6		U	1 Unit per 365 Days	
Specialized Mental Health - Therapy	H0046	U6		Q	8 QH per Day	
Speech Therapy - Assessment	92506	U6		U	1 Unit per 365 Days	
Speech Therapy	92507	U6		Q	8 QH per Day	

Support Coordination	G9012	U6		M	1 Unit per Month	
Support Coordination Limited	T2022	U6		M	1 Unit per Month	
Support Coordination - Transitional	G9012	U6	SC	M	1 Unit per Month (Maximum number of units is 6. 3 months prior to move and 3 months after move.)	
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:1
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:2
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:3
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:4
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:5
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:6
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:7
Supported Employment Group	H2023	U6		Q	704 QH per Month	1:8
Supported Employment - Individual Model	H2023	U6		Q	704 QH per Month	
Supported Living Coaching	97535	U6		Q	40 QH per Day (Limited to 80 QH per Month when received in conjunction with In-Home Support Services.)	
Transportaion - Trip	T2003	U6		T	80 Trips per Month	
Transportaion - Month	T2002	U6		M	1 Unit per Month	
Transportaion - Mile	A0425	U6		I	200 Miles per Day	

Service Description Rates for these services are not contained in the Developmental Disabilities Home and Community- Based Services Waiver Provider Rate Table	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Max Allowable Number of Units Per Date of Service (Claim Line)	Maximum Allowable Rate
Adult Dental Services	D0160	U6		U	10 Units per Day	\$514.05 per unit
Durable Medical Equipment	E1399	U6		U	5 Units per Day	\$5140.50 Per Unit
Environmental Accessibility Adaptations	S5165	U6		U	5 Units per Day	\$771.08 Per Unit
Home Accessibility Assessment	S5165	U6	SC	U	1 Unit per 365 Days	\$822.48 Per Unit
Personal Emergency Response - Installation	S5160	U6		U	1 Unit per 365 Days	\$257.03 Per Unit
Personal Emergency Response - Service	S5161	U6		M	1 Unit per Month	\$41.12 Per Unit