

**ASSISTED LIVING FOR THE ELDERLY WAIVER SERVICES
PROCEDURE CODES AND FEE SCHEDULE**

CODE	MODIFER	DESCRIPTION OF SERVICE	UNIT	MAXIMUM UNIT	REIMBURSEMENT RATE
G9012	U3	Case Management	Monthly	1	\$100
T1020	U3 TS	Assisted Living	Daily	1	\$32.20
S5199	U3	Incontinence Supplies	Monthly	1	\$125
T2024	U3	Transition Case Management	Monthly	1 Unit Per Month/6 Units Per Six Month Transition Period	\$100 (\$600 maximum)

ALE waiver providers can bill for Assistive Care Services under the Medicaid state plan using Procedure Code T1020 with Modifier U3 for residents who are eligible for the Optional State Supplementation Program. The Florida Medicaid Assistive Care Services Coverage and Limitations Handbook is available on the Medicaid fiscal agent's Web Portal at <http://mymedicaid-florida.com>. Click on Public Information for Providers, then on Provider Support, and then on Provider Handbooks. It is incorporated by reference in 59G-4.025, F.A.C. Information on the Optional State Supplementation Program is available on the Department of Children and Families website at <http://www.dcf.state.fl.us/ess/medicaid.shtml>.