

**HCPC CODING AND RATES FOR MEDICAID NEW CHOICES WAIVER SERVICES
EFFECTIVE 5/25/09**

SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER	HCPC PROCEDURE CODE	MAXIMUM ALLOWABLE RATE
Adult Day Care (Adult Day Health)	Per day	U8 (required)	S5102	\$37.66
Adult Residential Services (Adult Host Homes)	Per day	U8 (required)	S5140	\$79.75
Adult Residential Services (Assisted Living Facilities)	Per day	U8 (required)	T2031	\$69.75
Adult Residential Services (Certified Residential Care / Alzheimer Secured Unit)	Per day	U8 (required)	T2016	\$82.60
Adult Residential Services (Licensed Community Residential Care)	Per day	U8 (required)	T2033	\$103.25
Assistive Technology Devices	Per Item	U8 (required)	T2028	\$2,000.00
Attendant Care Services	15 minute	U8 (required)	S5125	\$3.03
Caregiver Training	15 minute	U8 (required)	S5115	\$4.88
Case Management	15 minute	U8 (required)	T1016	\$20.00
Chore Services	15 minute	U8 (required)	S5120	\$4.77
Consumer Preparation Services	15 minute	U8 (required)	S5108	\$13.88
Environmental Accessibility Adaptations (Home Modifications)	Per episode	U8 (required)	S5165	\$2,000.00
Environmental Accessibility Adaptations (Vehicle Modifications)	Per episode	U8 (required)	T2039	\$2,000.00
Financial Management Services	Per month	U8 (required)	T2040	\$48.00
Habilitation Services	Per hour	U8 (required)	T2017	\$22.65
Home Delivered Meals	Per meal	U8 (required)	S5170	\$7.05
Homemaker services	Per hour	U8 (required)	S5130	\$19.85
Institutional Transition Services	Per service	U8 (required)	T2038	\$750.00
Medication Reminder Systems (not face to face)	Per month	U8 (required)	S5185	\$49.00
Medication Set Up	15 minute	U8 (required)	H0034	\$19.76
Personal Budget Assistance	15 minute	U8 (required)	H0038	\$4.72
Personal emergency response system installation, testing & removal, base	Each	U8 (required)	S5160	\$50.00
Personal emergency response systems purchase, rental & repair	Each	U8 (required)	S5162	\$223.78
Personal emergency response systems response center service	Per month	U8 (required)	S5161	\$40.17
Respite care services	Per hour	U8 (required)	S5150	\$20.79
Respite care services, daily (six hours or more within a day)	Per day	U8 (required)	S5151	\$56.72
Respite care services-Out of Home/Room and Board Included	Per day	U8 (required)	H0045	\$138.50
Specialized Behavioral Health Services (Extended State Plan Service) - Level I	15 minute	U8 (required)	H0004	\$5.08
Specialized Behavioral Health Services (Extended State Plan Service) - Level II	15 minute	U8 (required)	H0023	\$8.84
Specialized Behavioral Health Services (Extended State Plan Service) - Level III	15 minute	U8 (required)	H2019	\$16.14
Specialized medical equipment/supplies/assistive technology	Each	U8 (required)	T2029	\$500.00
Supportive Maintenance (Home Health Aide) Services	Per hour	U8 (required)	T1021	\$21.46
Transportation - Non-Medical - mile	Per mile	U8 (required)	S0215	\$0.36
Transportation - Non-Medical - one way trip	one way trip	U8 (required)	T2003	\$14.94
Transportation - Non-Medical - Public Transit Pass	Per month	U8 (required)	T2004	\$84.00