

**FY 2009 HCPC CODING AND RATES FOR MEDICAID NEW CHOICES WAIVER SERVICES**

| <b>SERVICE/PROCEDURE</b>   | <b>UNIT OF SERVICE</b> | <b>PROGRAM IDENTIFIER</b> | <b>HCPC PROCEDURE CODE</b> | <b>FY2009 MAXIMUM ALLOWABLE RATE</b> |
|--|------------------------|---------------------------|----------------------------|--------------------------------------|
| Personal emergency response system installation, testing & removal, base         | Each                   | U8 (required)             | S5160                      | \$51.50                              |
| Adult Day Care (Adult Day Health)  | Per day                | U8 (required)             | S5102                      | \$39.18                              |
| Adult Residential Services (Adult Host Homes)                                    | Per day                | U8 (required)             | S5140                      | \$82.98                              |
| Adult Residential Services (Assisted Living Facilities)                          | Per day                | U8 (required)             | T2031                      | \$72.57                              |
| Adult Residential Services (Certified Residential Care / Alzheimer Secured Unit) | Per day                | U8 (required)             | T2016                      | \$85.94                              |
| Adult Residential Services (Licensed Community Residential Care)                 | Per day                | U8 (required)             | T2033                      | \$107.43                             |
| 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                      | \$5.08                               |
| Case Management  | 15 minute              | U8 (required)             | T1016                      | \$20.81                              |
| Chore Services   | 15 minute              | U8 (required)             | S5120                      | \$4.97                               |
| Consumer Preparation Services  | 15 minute              | U8 (required)             | S5108                      | \$14.44                              |
| 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                      | \$49.94                              |
| Habilitation Services  | Per hour               | U8 (required)             | T2017                      | \$23.56                              |
| Home Delivered Meals   | Per meal               | U8 (required)             | S5170                      | \$7.34                               |
| Homemaker services   | Per hour               | U8 (required)             | S5130                      | \$20.66                              |
| Institutional Transition Services  | Per service            | U8 (required)             | T2038                      | \$757.51                             |
| Medication Reminder Systems ( not face to face)                                  | Per month              | U8 (required)             | S5185                      | \$50.98                              |
| Medication Set Up  | 15 minute              | U8 (required)             | H0034                      | \$20.56                              |
| Personal Budget Assistance   | 15 minute              | U8 (required)             | H0038                      | \$4.91                               |
| Personal emergency response systems purchase, rental & repair                    | Each                   | U8 (required)             | S5162                      | \$232.78                             |
| Personal emergency response systems response center service                      | Per month              | U8 (required)             | S5161                      | \$40.17                              |
| Respite care services  | Per hour               | U8 (required)             | S5150                      | \$21.63                              |
| Respite care services, daily (six hours or more within a day)                    | Per day                | U8 (required)             | S5151                      | \$59.01                              |
| Respite care services-Out of Home/Room and Board Included                        | Per day                | U8 (required)             | H0045                      | \$144.10                             |
| Specialized Behavioral Health Services (Extended State Plan Service) - Level I   | 15 minute              | U8 (required)             | H0004                      | \$5.28                               |
| Specialized Behavioral Health Services (Extended State Plan Service) - Level II  | 15 minute              | U8 (required)             | H0023                      | \$9.20                               |
| Specialized Behavioral Health Services (Extended State Plan Service) - Level III | 15 minute              | U8 (required)             | H2019                      | \$16.79                              |
| Specialized medical equipment/supplies/assistive technology                      | Each                   | U8 (required)             | T2029                      | \$500.00                             |
| Supportive Maintenance ( Home Health Aide) Services                              | Per hour               | U8 (required)             | T1021                      | \$22.33                              |
| Transportation - Non-Medical - mile  | Per mile               | U8 (required)             | S0215                      | \$0.33                               |
| 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                      | \$92.00                              |