

HCPCS CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER (REQUIRED)	UTILIZATION MODIFIERS	FY 2013 MAXIMUM ALLOWABLE RATE
S5102	Adult Day Care (Adult Day Health)	Per day	U8	None	\$37.66
S5140	Adult Residential Services (Adult Host Homes)	Per day	U8	None	\$79.75
T2031	Adult Residential Services (Assisted Living Facilities)	Per day	U8	None	\$69.75
T2016	Adult Residential Services (Certified Residential Care / Alzheimer Secured Unit)	Per day	U8	None	\$82.60
T2033	Adult Residential Services (Licensed Community Residential Care)	Per day	U8	None	\$103.25
T2028	Assistive Technology Devices	Per Item	U8	None	\$2,000.00
S5125	Attendant Care Services	15 minute	U8	TN (optional)	\$4.77
S5115	Caregiver Training	15 minute	U8	TN (optional)	\$4.88
T1016	Case Management	15 minute	U8	TN (optional)	\$20.00
T2024	Pre-enrollment and Inpatient Case Management	15 minute	U8	TN (optional)	\$20.00
S5120	Chore Services	15 minute	U8	TN (optional)	\$4.77
T2038	Community Transition Services	Per service	U8	None	\$1,000.00
S5108	Consumer Preparation Services	15 minute	U8	TN (optional)	\$13.88
S5165	Environmental Accessibility Adaptations (Home Modifications)	Per episode	U8	None	\$2,000.00
T2039	Environmental Accessibility Adaptations (Vehicle Modifications)	Per episode	U8	None	\$2,000.00
T2040	Financial Management Services	Per month	U8	None	\$48.00
T2017	Habilitation Services	Per hour	U8	None	\$22.65
S5170	Home Delivered Meals	Per meal	U8	TN (optional)	\$7.05
S5130	Homemaker services	Per hour	U8	TN (optional)	\$19.85
S5185	Medication Reminder Systems (not face to face)	Per month	U8	None	\$49.00
H0034	Medication Set Up	15 minute	U8	None	\$19.76
H0038	Personal Budget Assistance	15 minute	U8	None	\$4.72
S5162	Personal emergency response systems purchase, rental & repair	Each	U8	None	\$223.78
S5161	Personal emergency response systems response center service	Per month	U8	None	\$40.17
S5160	Personal emergency response system installation, testing & removal, base	Each	U8	None	\$50.00
S5150	Respite care services	Per hour	U8	TN (optional)	\$20.79
S5151	Respite care services, daily (six hours or more within a day)	Per day	U8	TN (optional)	\$56.72
H0045	Respite care services-Out of Home/Room and Board Included	Per day	U8	None	\$138.50
T2029	Specialized medical equipment/supplies/assistive technology	Each	U8	None	\$500.00
T1021	Supportive Maintenance (Home Health Aide) Services	Per hour	U8	None	\$24.68
S0215	Transportation - Non-Medical - mile	Per mile	U8	TN (optional)	\$0.38
T2003	Transportation - Non-Medical - one way trip	one way trip	U8	TN (optional)	\$14.94
T2004	Transportation - Non-Medical - Public Transit Pass	Per month	U8	None	\$84.00