
Home and Community-Based Services (HCBS) Billing Codes and Reimbursement Rates

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This section contains a list of procedure codes and maximum reimbursement amounts for the Home and Community-Based Services (HCBS) program. For general HCBS information, refer to the *Home and Community-Based Services (HCBS)* section in this manual.

Codes and Rates

The codes and rates for HCBS are listed by waiver program in the code and rate correlation table in this section.

“By Report” services are individually priced based on information included on and/or attached to the claim form.

All waiver services must be rendered by and reimbursed to approved HCBS waiver providers as specified in the waiver agreement with the Centers for Medicare & Medicaid Services. Such services shall be in accordance with the written plan of care for each waiver recipient.

For a description of the modifiers billed with certain codes, refer to the *Modifiers: Approved List* section in this manual.

Code and Rate Correlation Table

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|--------------------------------------|--|-------------------|
| «G9001 Coordinated care fee, initial rate | Care Coordination Agency (093) | None | 1,600.00 |
| G9001 Coordinated care fee, initial rate | Home Health Agency (14) | None | 1,600.00» |
| G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community- based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units). | Home Health Agency (14) | None | 45.43 |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|-------------------------|--|-------------------|
| G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units). | Professional Corp. (69) | None | 45.43 |
| G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units). | Non-Profit Agency (95) | None | 45.43 |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------------|--|-------------------|
| G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units). | HCBS RN (67) | None | 35.77 |
| G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units). | HCBS Benefit Provider (68) | None | 35.77 |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------|--|-------------------|
| H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF). | CLHF (59) | U1 | 91.28 |
| H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF). | CLHF (59) | U2 | 358.97 |
| H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF). | CLHF (59) | U3 | 490.60 |
| H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF). | CLHF (59) | U4 (Pediatric NF-B) | 172.00 |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|-------------------|
| H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF). | CLHF (59) | U5 (Pediatric Subacute) | 458.00 |
| S5111 Home care training, family; per session. Family training services provided for the families of individuals served under the IHO HCBS waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. Session = one hour. | HHA (14) | None | 45.43 |
| S5111 Home care training, family; per session. Family training services provided for the families of individuals served under the IHO HCBS waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. Session = one hour. | HCBS RN (67) | None | 35.77 |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|---|--|----------------------------------|
| S5111 Home care training, family; per session. Family training services provided for the families of individuals served under the IHO HCBS waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. Session = one hour. | HHA (14) | None | 45.43 |
| S5111 Home care training, family; per session. Family training services provided for the families of individuals served under the IHO HCBS waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. Session = one hour. | HCBS RN (67) | None | 35.77 |
| S5160 Emergency response system; installation and testing. Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision | Durable Medical Equipment (DME) (02) DME (02) | None | Negotiated rate specified on TAR |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---|--|---|
| <p>S5160 Emergency response system; installation and testing.</p> <p>Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision</p> | <p>Non-Profit Proprietary Agency (95)</p> | <p>None</p> | <p>Negotiated rate specified on TAR</p> |
| <p>S5160 Emergency response system; installation and testing.</p> <p>Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision</p> | <p>HHA (14)</p> | <p>None</p> | <p>Negotiated rate specified on TAR</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|-------------------------|--|----------------------------------|
| <p>S5160 Emergency response system; installation and testing.</p> <p>Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision</p> | Professional Corp. (69) | None | Negotiated rate specified on TAR |
| <p>S5161 Emergency response system; service fee, per month (excludes installation and testing).</p> <p>Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.</p> | DME (02) | None | Negotiated rate specified on TAR |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|---|--|---|
| <p>S5161 Emergency response system; service fee, per month (excludes installation and testing).</p> <p>Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.</p> | <p>Non-Profit Proprietary Agency (95)</p> | <p>None</p> | <p>Negotiated rate specified on TAR</p> |
| <p>S5161 Emergency response system; service fee, per month (excludes installation and testing).</p> <p>Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.</p> | <p>HHA (14)</p> | <p>None</p> | <p>Negotiated rate specified on TAR</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|--------------------------|--|--|
| <p>S5161 Emergency response system; service fee, per month (excludes installation and testing). Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.</p> | Professional Corp. (69) | None | Negotiated rate specified on TAR |
| <p>S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.</p> | DME (02) | None | Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of \$5000 |
| <p>S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.</p> | Building Contractor (63) | None | Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of \$5000 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|--|--|--|
| S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit. | Non-Profit Proprietary Agency (95) | None | Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of \$5000 |
| S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit. | HCBS RN (67) | None | Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of \$5000 |
| S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit. | HCBS Benefit Provider (68) | None | Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of \$5000 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|---|
| <p>S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | DME (02) | Revenue code 3109 | Not to exceed \$7,500 per lifetime. One per lifetime. Requires at least two bids. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|---|
| <p>S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | HHA (14) | Revenue code 3109 | Not to exceed \$7,500 per lifetime. One per lifetime. Requires at least two bids. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---------------------------|--|---|
| <p>S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | Personal Care Agency (66) | Revenue code 3109 | Not to exceed \$7,500 per lifetime. One per lifetime. Requires at least two bids. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|--|
| <p>S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | HCBS RN (67) | Revenue code 3109 | Not to exceed \$7,500 per lifetime. One per lifetime. Requires at least two bids |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------------|--|---|
| <p>S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | HCBS Benefit Provider (68) | Revenue code 3109 | Not to exceed \$7,500 per lifetime. One per lifetime. Requires at least two bids. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|-------------------------|--|---|
| <p>S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | Professional Corp. (69) | Revenue code 3109 | Not to exceed \$7,500 per lifetime. One per lifetime. Requires at least two bids. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---|--|-------------------|
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Home Health Agency RN (67) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | HCBS RN (67) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Licensed Clinical Social Worker (LCSW) (68) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Marriage Family Therapist (MFT) (68) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Licensed Psychologist (68) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Professional Corp. (69) | Revenue code 0583 | 100.00 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|------------------------------------|--|-------------------|
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Non-Profit Organization (95) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Master's of Social Work (MSW) (68) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Gerontologist (68) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Certified Peer Specialist (68) | Revenue code 0583 | 100.00 |
| S5190TS Wellness assessment, performed by non-physician. Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant. | Home Health Agency RN (67) | Revenue code 0583 | 100.00 |
| S5190TS Wellness assessment, performed by non-physician. Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant. | HCBS RN (67) | Revenue code 0583 | 100.00 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---|--|-------------------|
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Licensed Clinical Social Worker (LCSW) (68) | Revenue code 0583 | 100.00 |
| S5190TS Wellness assessment, performed by non-physician. Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant. | Marriage Family Therapist (MFT) (68) | Revenue code 0583 | 100.00 |
| S5190TS Wellness assessment, performed by non-physician. Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant. | Licensed Psychologist (68) | Revenue code 0583 | 100.00 |
| S5190 Wellness assessment, performed by non-physician. Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant. | Professional Corporation (69) | Revenue code 0583 | 100.00 |
| S5190TS Wellness assessment, performed by non-physician. Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant. | Non-Profit Organization (95) | Revenue code 0583 | 100.00 |
| S5190TS Wellness assessment, performed by non-physician. Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant. | Master's of Social Work (MSW) (68) | Revenue code 0583 | 100.00 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---------------------------------------|--|-------------------|
| <p>S5190 Wellness assessment, performed by non-physician.</p> <p>Conduct a Preference Interview with potential demonstration participants. Not to exceed a lifetime maximum of two interviews per participant.</p> | <p>Gerontologist (68)</p> | <p>Revenue code 0583</p> | <p>100.00</p> |
| <p>S5190TS Wellness assessment, performed by non-physician.</p> <p>Conduct a Quality of Life Survey with demonstration participants. Not to exceed a lifetime maximum of three surveys per participant.</p> | <p>Certified Peer Specialist (68)</p> | <p>Revenue code 0583</p> | <p>100.00</p> |
| <p>S9122 Home health aide or certified nurse assistant, providing care in the home; per hour.</p> <p>Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse. Per hour.</p> | <p>HHA (14)</p> | <p>None</p> | <p>28.35</p> |
| <p>S9122 Home health aide or certified nurse assistant, providing care in the home; per hour.</p> <p>Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse. Per hour.</p> | <p>HHA (14)</p> | <p>TT</p> | <p>31.19</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------|--|-------------------|
| S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT® codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care. | HHA (14) | None | 60.86 |
| S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT® codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care. | HCBS RN (67) | None | 47.91 |
| S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT® codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care. | HHA (14) | TT | 66.95 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------|--|-------------------|
| S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT® codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care. | HCBS RN (67) | TT | 52.70 |
| S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HHA (14) | None | 44.12 |
| S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HCBS LVN (67) | None | 36.63 |
| S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HHA (14) | TT | 48.53 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------|--|-------------------|
| S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care. | HCBS LVN (67) | TT | 40.29 |
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | HHA (14) | TD | 10.14 |
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | HHA (14) | TE | 7.35 |
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | HHA (14) | None | 4.72 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---------------------------|--|-------------------|
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | HCBS RN (67) | TD | 7.98 |
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | HCBS LVN (67) | TE | 6.10 |
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | Personal Care Agency (66) | None | 3.62 |
| T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit = 15 minutes. | Employment Agency (64) | None | 3.62 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------------|--|-------------------|
| T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit = 15 minutes. | HHA (14) | None | 11.36 |
| T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit = 15 minutes. | Professional Corp (69) | None | 11.36 |
| T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit = 15 minutes. | HCBS RN (67) | None | 9.94 |
| T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit = 15 minutes. | HCBS Benefit Provider (68) | None | 9.94 |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|--|--|-------------------|
| T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit = 15 minutes. | Non-Profit Proprietary Agency (95) | None | 11.36 |
| T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes. | HHA (14) | U6 | <<4.69>> |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|---------------------------|--|-------------------|
| <p>T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant).</p> <p>Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes.</p> | Personal Care Agency (66) | None | <<4.69>> |
| <p>T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant).</p> <p>Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes.</p> | Employment Agency (64) | None | <<4.69>> |

Code and Rate Correlation Table (continued)

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|------------------------------------|--|-------------------|
| <p>T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant).</p> <p>Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes.</p> | Professional Corp (69) | U6 | <<4.69>> |
| <p>T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant).</p> <p>Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit = 15 minutes.</p> | Non-Profit Proprietary Agency (95) | U6 | <<4.69>> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|------------------------------------|--|-------------------|
| <p>T2017 Habilitation, residential, waiver; 15 minutes.</p> <p>Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).</p> | HHA RN (14) | None | 11.36 |
| <p>T2017 Habilitation, residential, waiver; 15 minutes.</p> <p>Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).</p> | Professional Corp. (69) | None | 11.36 |
| <p>T2017 Habilitation, residential, waiver; 15 minutes.</p> <p>Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).</p> | Non-Profit Proprietary Agency (95) | None | 11.36 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------------|--|------------------------------------|
| <p>T2017 Habilitation, residential, waiver; 15 minutes.</p> <p>Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).</p> | HCBS RN (67) | None | 8.94 |
| <p>T2017 Habilitation, residential, waiver; 15 minutes.</p> <p>Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).</p> | HCBS Benefit Provider (68) | None | 8.94 |
| <p>T2028 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | HHA (14) | Revenue code 0569 | "By Report," not to exceed \$7,500 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|------------------------------------|--|------------------------------------|
| <p>T2028 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | HCBS RN (67) | Revenue code 0569 | "By Report," not to exceed \$7,500 |
| <p>T2028 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | Non-Profit Proprietary Agency (95) | Revenue code 0569 | "By Report," not to exceed \$7,500 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|---|
| <p>T2028 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | DME (02) | Revenue code 0569 | "By Report," not to exceed \$7,500 |
| <p>T2028U6 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | HHA (14) | Revenue code 0569 | Not to exceed \$7,500 per lifetime. One per lifetime. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------------------|--|--|
| <p>T2028U6 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | <p>Personal Care Agency (66)</p> | <p>Revenue code 0569</p> | <p>Not to exceed \$7,500 per lifetime. One per lifetime.</p> |
| <p>T2028U6 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | <p>HCBS RN (67)</p> | <p>Revenue code 0569</p> | <p>Not to exceed \$7,500 per lifetime. One per lifetime.</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---|--|--|
| <p>T2028U6 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | <p>Non-Profit Proprietary Agency (95)</p> | <p>Revenue code 0569</p> | <p>Not to exceed \$7,500 per lifetime. One per lifetime.</p> |
| <p>T2028U6 Specialized supply, not otherwise specified, waiver.</p> <p>Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.</p> | <p>DME (02)</p> | <p>Revenue code 0569</p> | <p>Not to exceed \$7,500 per lifetime. One per lifetime.</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|-------------------|
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U1 | 91.28 |
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U2 | 358.97 |
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U3 | 490.60 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|----------------------|--|-------------------|
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U4 (Pediatric NF-B) | 172.00 |
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U5 (Pediatric Subacute) | 458.00 |
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U8 (DD/CNC Non-Vent) | 404.34 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|-------------------------|--|--|
| <p>T2033 Residential care, not otherwise specified (NOS), waiver; per diem.</p> <p>Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.</p> | CLHF (59) | U9 (DD/CNC Ventilator Dependent) | 446.78 |
| <p>T2035 Utility services to support medical equipment and assistive technology/devices, waiver.</p> <p>Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than \$20 per month will not be approved. Monthly.</p> | HHA (14) | None | Negotiated rate specified on TAR Min. \$20/month Max. \$75/month |
| <p>T2035 Utility services to support medical equipment and assistive technology/devices, waiver.</p> <p>Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than \$20 per month will not be approved. Monthly.</p> | Professional Corp. (69) | None | Negotiated rate specified on TAR Min. \$20/month Max. \$75/month |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------------|--|---|
| <p>T2035 Utility services to support medical equipment and assistive technology/devices, waiver.</p> <p>Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than \$20 per month will not be approved. Monthly.</p> | HCBS RN (67) | None | <p>Negotiated rate specified on TAR</p> <p>Min. \$20/month</p> <p>Max. \$75/month</p> |
| <p>T2035 Utility services to support medical equipment and assistive technology/devices, waiver.</p> <p>Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than \$20 per month will not be approved. Monthly.</p> | HCBS Benefit Provider (68) | None | <p>Negotiated rate specified on TAR</p> <p>Min. \$20/month</p> <p>Max. \$75/month</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|------------------------|--|---|
| <p>T2038 Community transition, waiver; per service.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | HHA (14) | None | Not to exceed the lifetime benefit of \$5,000 |
| <p>T2038 Community transition, waiver; per service.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | Professional Corp (69) | None | Not to exceed the lifetime benefit of \$5,000 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|---|--|--|
| <p>T2038 Community transition, waiver; per service.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | <p>Non-Profit Proprietary Agency (95)</p> | <p>None</p> | <p>Not to exceed the lifetime benefit of \$5,000</p> |
| <p>T2038 Community transition, waiver; per service.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | <p>HCBS RN (67)</p> | <p>None</p> | <p>Not to exceed the lifetime benefit of \$5,000</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------------|--|---|
| <p>T2038 Community transition, waiver; per service.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> <p>When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the <i>Remarks</i> section of the claim or on an attachment describing the area of the home and work being done.</p> | HCBS Benefit Provider (68) | None | Not to exceed the lifetime benefit of \$5,000 |
| <p>Long Term Care (LTC) interim code (depending on level of care). Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved LTC facility, per day.</p> <p>LTC facilities will submit authorization requests using a Long Term Care TAR form (20-1) and submit claims on the <i>Payment Request for Long Term Care (25-1)</i> claim form.</p> | LTC Facility (17) | None | Contracted Medi-Cal daily per diem |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|---------------------------|--|----------------------------------|
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | DME (02) | Revenue code 3109 | Negotiated rate specified on TAR |
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | HHA (14) | Revenue code 3109 | Negotiated rate specified on TAR |
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | Personal Care Agency (66) | Revenue code 3109 | Negotiated rate specified on TAR |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------------|--|----------------------------------|
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | HCBS RN (67) | Revenue code 3109 | Negotiated rate specified on TAR |
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | HCBS Benefit Provider (68) | Revenue code 3109 | Negotiated rate specified on TAR |
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | Professional Corp. (69) | Revenue code 3109 | Negotiated rate specified on TAR |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|------------------------------------|--|-------------------------------------|
| <p>PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only.</p> <p>Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.</p> | Non-Profit Proprietary Agency (95) | Revenue code 3109 | Negotiated rate specified on TAR |
| <p>T2039 Vehicle modifications, waiver; per service.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | HHA (14) | Revenue code 0569 | "By Report," not to exceed \$12,000 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|------------------------------------|--|-------------------------------------|
| <p>T2039 Vehicle modifications, waiver; per service.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | HCBS RN (67) | Revenue code 0569 | "By Report," not to exceed \$12,000 |
| <p>T2039 Vehicle modifications, waiver; per service.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | Non-Profit Proprietary Agency (95) | Revenue code 0569 | "By Report," not to exceed \$12,000 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------|--|--|
| <p>T2039 Vehicle modifications, waiver; per service.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | DME (02) | Revenue code 0569 | "By Report," not to exceed \$12,000 |
| <p>T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | HHA (14) | Revenue code 0569 | Not to exceed \$12,000 per lifetime. One per lifetime. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------------------|--|---|
| <p>T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | <p>Personal Care Agency (66)</p> | <p>Revenue code 0569</p> | <p>Not to exceed \$12,000 per lifetime. One per lifetime.</p> |
| <p>T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | <p>HCBS RN (67)</p> | <p>Revenue code 0569</p> | <p>Not to exceed \$12,000 per lifetime. One per lifetime.</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|--|--|---|
| <p>T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | Non-Profit Proprietary Agency (95) | Revenue code 0569 | Not to exceed \$12,000 per lifetime. One per lifetime. |
| <p>T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only.</p> <p>Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.</p> | DME (02) | Revenue code 0569 | Not to exceed \$12,000 per lifetime. One per lifetime. |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------|--|-------------------|
| <p>G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment.</p> <p>Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).</p> | HHA (14) | U6 | 45.43 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|----------------------------------|--|-------------------|
| <p>G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment.</p> <p>Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).</p> | <p>Personal Care Agency (66)</p> | <p>U6</p> | <p>45.43</p> |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|-------------------------|--|-------------------|
| <p>G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment.</p> <p>Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).</p> | Professional Corp. (69) | U6 | 45.43 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|------------------------|--|-------------------|
| <p>G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment.</p> <p>Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).</p> | Non-Profit Agency (95) | U6 | 45.43 |
| <p>S5111 Home care training, family; per 15-minute session.</p> <p>Family training services provided for the families of individuals served under the IHO HCBS waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home.</p> | HHA (14) | U6 | 11.36 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|---|---------------------------|--|-------------------|
| T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | HHA RN (14) | U6 | 11.36 |
| T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | Personal Care Agency (66) | U6 | 11.36 |
| T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units). | Professional Corp. (69) | U6 | 11.36 |

«Code and Rate Correlation Table (continued)»

| Procedure Code/Description HCBS Usage | Provider Type | Additional Required Codes | Rates (\$) |
|--|---|--|-------------------|
| <p>T2017 Habilitation, residential, waiver; 15 minutes.</p> <p>Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).</p> | <p>Non-Profit Proprietary Agency (95)</p> | <p>U6</p> | <p>11.36</p> |

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

| Symbol | Description |
|---------------|---|
| << | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| >> | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |