Reimbursement Rates for Services Living Choice Demonstration

Living Choice Project									
Waiver Services	Unit of Service	Unit Rate	Service Code	Modifier 1	Modifier 2				
Adult Day Health	15 minutes	\$2.86	S5100	_	_				
Advanced Supportive/Restorative	15 minutes	\$7.06	T1019	TF	_				
Community Transition	_	_	T2038	_	_				
Direct Skilled Nursing – LPN	15 minutes	\$20.02	G0300	_	_				
Direct Skilled Nursing – RN	15 minutes	\$21.45	G0299	_	_				
Environmental Modifications	As Billed	As Prior Authorized	S5165	_	_				
Home Delivered Meals	1 meal	\$6.44	S5170	_	_				
Hospice	1 day	\$154.75	S9126	_	_				
In-Home Extended Respite (8+hrs)	1 day	\$241.38	S9125	_	_				
In-home Respite (2 - 7 hrs)	15 minutes	\$5.79	T1005	_	_				
Institutional Transitional Coordination – S	15 minutes	\$21.02	T1016 – S	U7	_				
Institutional Transitional Coordination – VR	15 minutes	\$30.10	T1016 – VR	TN	U7				
NF Extended Respite (8+hrs)	1 day	As Prior Authorized	UB120	_	_				
Personal Care	15 minutes	\$6.58	T1019	_	_				
Personal Care In Adult Day Health	1 session/day	\$11.37	S5105	_	_				
Personal Emergency Response System – Install	1 time	As Prior Authorized	S5160	_	_				
Personal Emergency Response System – monthly	Monthly	As Prior Authorized	S5161	-	_				
Prescriptions (maximum of 7 units only)	As Ordered	Avg. \$76.40 each	W1111	_	_				
Private Duty Nursing	15 minutes	\$11.00	T1000	_	_				
RN Assessment/Evaluation	15 minutes	\$21.45	T1002	_	_				
Specialized Medical Equipment and Supplies	As Billed	As Prior Authorized	HCPCS	_	_				
Transition Coordination – S	15 minutes	\$21.02	T1016	_	_				
Transition Coordination – VR	15 minutes	\$30.10	T1016	TN	_				
THERAPY SERVICES:									
Occupational Therapy	15 minutes	\$26.00	G0152	_	_				
Physical Therapy	15 minutes	\$26.00	G0151	_	-				
Respiratory Therapy	15 minutes	\$18.60	G0237	_	_				
Speech/Language Therapy	15 minutes	\$21.63	G0153	_	_				
Therapy in Adult Day Health	1 session/day	\$14.63	S5105	TG	_				

Reimbursement Rates for Services Provided Through the Living Choice Project Continued

SELF-DIRECTION SERVICES:							
Advanced Supportive/Restorative	15 minutes	\$6.68	S5125	TF	_		
Good and Services	Varied	Manual	T1999	_	_		
In-Home Extended Respite (8+hrs)	1 day	\$241.38	S9125	_	_		
In-home Respite (2 - 7 hrs)	15 minutes	\$5.26	T1005	U4	_		
Personal Care	15 minutes	\$5.56	S5125	_	_		
Assisted Living Low (Tier 1)	1 day	\$61.24	T2031	_	_		
Assisted Living Medium (Tier 2)	1 day	\$82.64	T2031	TF	_		
Assisted Living High (Tier 3)	1 day	\$115.59	T2031	TG	_		
INCONTINENCE SUPPLIES:							
Adult Small Brief	Each	\$.80	T4521	-	-		
Adult Medium Brief	Each	\$.88	T4522	-	-		
Adult Large Brief	Each	\$.99	T4523	-	-		
Adult Extra Large Brief	Each	\$1.16	T4524	-	-		
Adult Small Underwear	Each	\$.89	T4525	-	-		
Adult Medium Underwear	Each	\$1.04	T4526	-	-		
Adult Large Underwear	Each	\$1.13	T4527	-	-		
Adult Extra Large Underwear	Each	\$1.29	T4528	-	-		
Disposable/Guard Liner	Each	\$.61	T4535	-	-		
Any Size Reusuable Underpad	Each	\$13.91	T4537	-	-		
Chair Size Resuable Underpad	Each	\$14.83	T4540	-	-		
Large Disposable Underpad	Each	\$.60	T4541	-	-		
Small Disposable Underpad	Each	\$.39	T4542	-	-		
Medicaid State Plan Personal Care Program							
Prescriptions (maximum of 6 units only)	As Ordered	Avg. \$76.40 each	S1111	_	_		
Medicare							
Medicare Part D Prescriptions	As Ordered	Avg. \$76.40 each	M1111	_	-		