## **Reimbursement Rates for Services Medically Fragile Waiver Program**

Medically Fragile										
	Unit of Service	Unit Rate	Service Code	Modifier 1	Modifier 2					
Advanced Supportive/Restorative	15 minutes	\$7.06	T1019	TF	-					
Case Management S	15 minutes	\$21.02	T1016	-	-					
Case Management VR	15 minutes	\$30.10	T1016	TN	-					
Institutional Transition Case Management S	15 minutes	\$21.02	T1016	U7	-					
Institutional Transition Case Management VR	15 minutes	\$30.10	T1016	U7	TN					
Transition Case Management S	15 minutes	\$21.02	T1016	U3	-					
Transition Case Management VR	15 minutes	\$30.10	T1016	U3	TN					
Environmental Modifications	As Billed	As Prior Authorized	S5165	-	-					
Home Delivered Meals	1 Meal	\$6.44	S5170	-	-					
Hospice Care	Per Diem	\$154.75	S9126	-	-					
In-home Extended Respite (8+hrs)	Per Diem	\$241.38	S9125	-	-					
In-home Respite (2-7 hours)	15 minutes	\$5.79	T1005	-	-					
NF Extended Respite (8+ hours)	1 day	Varies	UB120	-	-					
Personal Care	15 minutes	\$6.58	T1019	-	-					
Personal Emergency Response Install	1 Time	As Prior Authorized	S5160	-	-					
Personal Emergency Response 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	-	-					
RN Assessment/Evaluation - Transitional	15 minutes	\$19.50	T1002	U3	-					
Skilled Nursing – Home Health Setting (LPN)	15 minutes	\$20.02	G0300	-	-					
Skilled Nursing – Home Health Setting (RN)	15 minutes	\$21.45	G0299	-	-					
Specialized Medical Equipment and Supplies	As Billed	As Prior Authorized	HCPCS	-	-					
Therapy Services										
Therapy – Occupational	15 minutes	\$26.00	G0152	-	-					
Therapy – Physical	15 minutes	\$26.00	G0151	-	-					
Therapy – Respiratory	15 minutes	\$18.60	G0237	-	-					
Therapy – Speech/Language	15 minutes	\$24.43	G0153	-	-					

Self-Directed Services					
Advanced Supportive/Restorative	15 minutes	\$7.06	S5125	TF	-
Personal Care	15 minutes	\$6.58	S5125	-	-
In-home Respite (2-7 hours)	15 minutes	\$5.26	T1005	U4	-
In-home Extended Respite (8+hrs)	1 day	\$241.38	S9125	U4	-
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 Reusable Underpad	Each	\$13.91	T4537	-	-
Chair Size Reusable Underpad	Each	\$14.83	T4540	-	-
Large Disposable Underpad	Each	\$.60	T4541	-	-
Small Disposable Underpad	Each	\$.39	T4542	-	-