



Updated: 7/1/2008

IDAHO DEPARTMENT OF HEALTH & WELFARE

Developmental Disability Codes – Idaho Medicaid

Procedure Code	Modifier	Description	Allowed Amt.
A0080	U8	Non-Medical Transportation Provided by an Agency (1 Unit = 1 Mile)	\$.44
		Provided by an Individual (1 Unit = 1 Mile)	\$.10
A0080	U8 SE	Commercial Non-Medical Transportation Provided by an Agency (1 Unit = 1 Mile)	\$.44
		Provided by an Individual (1 Unit = 1 Mile)	\$.10
0919B		Agency Affiliation with a single CFH (1 Unit = 1 Day)	\$7.96
8296A		Interpretive Services (1 Unit = 1 Hour)	\$12.16
90801		Psychiatric Diagnostic Interview and Exam (1 Unit = 15 Minutes)	\$16.79
90847		Family Medical Psychotherapy (1 Unit = 15 Minutes)	\$12.84
90847	U4	Family Medical Psychotherapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$13.10
90853		Group Medical Psychotherapy (1 Unit = 15 Minutes)	\$3.89
90853	U4	Group Medical Psychotherapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$3.97
90862		Pharmacological Management (1 Unit = 1 Visit)	\$50.26
90887		Collateral Contact (1 Unit = 15 Minutes)	\$9.94
92506		Speech Evaluation (1 Unit = 1 Evaluation/Day)	\$131.28
92507		Individual Speech Therapy (1 Unit = 15 Minutes)	\$14.23
92508		Group Speech Therapy (1 Unit = 15 Minutes)	\$6.66
96101		Psychiatric Testing for Diagnosis/Evaluation - Psychologist/ Physician (1 Unit = 1 Hour)	\$60.51
96102		Psychiatric Testing for Diagnosis/Evaluation - Technician (1 Unit = 1 Hour)	\$42.53
96103		Psychiatric Testing for Diagnosis/Evaluation (With Computer And Professional Interpretation) (1 Unit = 1 Test)	\$26.51
97001		Physical Therapy Evaluation (1 Unit= 1 Evaluation/Day)	\$64.68
97003		Occupational Therapy Evaluation (1 Unit= 1 Evaluation/Day)	\$68.87
97110		Individual Physical Therapy (1 Unit = 15 Minutes)	\$25.29
97150		Group Physical Therapy (1 Unit = 15 Minutes)	\$4.00
97535		Individual Occupational Therapy (1 Unit = 15 Minutes)	\$27.10
97535	HQ	Group Occupational Therapy (1 Unit = 15 Minutes)	\$4.00
97537		Home/Community Individual Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$5.01
97537	HQ	Home/Community Group Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$2.14
H0004		Individual Medical Psychotherapy (1 Unit = 15 Minutes)	\$13.10

H0004	U4	Individual Medical Psychotherapy for Nursing Home Participants (1 Unit = 15 Minutes)	\$13.10
H0004	HM	Supportive Counseling (1 Unit = 15 Minutes)	\$8.00
H0024		Intensive Behavioral Intervention – Consultation (1 Unit = 15 Minutes)	\$11.35
H2000		Developmental Therapy Evaluation (1 Unit = 15 Minutes)	\$4.53
H2000	U4	Developmental Therapy Evaluation for Nursing Facility Participants (1 Unit = 15 Minutes)	\$4.53
H2011		Community Crisis Support (1 Unit = 15 Minutes)	\$11.35
H2014		Individual Developmental Therapy – Center for Children (1 Unit = 15 Minutes)	\$4.53
H2014	HQ	Group Developmental Therapy – Center for Children (1 Unit = 15 Minutes)	\$1.80
H2014	U4	Individual Developmental Therapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$5.01
H2014	HQ/U4	Group Developmental Therapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$2.14
H2015	U8	Individual Supported Living (1 unit = 15 Minutes)	\$3.24
H2015	HQ U8	Group Supported Living (1 Unit = 15 Minutes)	\$1.91
H2016		Daily Supported Living Services High Support School Based, School Days (1 Unit = 1 Day)	\$178.33
H2016		Daily Supported Living Services Intense Support School Based, School Days (1 Unit = 1 Day)	\$212.46
H2016		Daily Supported Living Services Intense Support School Based, Non-School Days (1 Unit = 1 Day)	\$268.36
H2016	U8	Daily Supported Living Services Intense Support (1 Unit = 1 Day)	\$268.36
H2019		Intensive Behavioral Intervention – Professional (1 Unit = 15 Minutes)	\$11.35
H2019	U8	Behavioral Consultation by a QMRP/Clinician (1 Unit = 15 Minutes)	\$6.42
H2019	U8-U1	Behavioral Consultation by a Psychiatrist (1 Unit = 15 Minutes)	\$10.02
H2019	HM	Intensive Behavioral Intervention – Paraprofessional (1 Unit = 15 Minutes)	\$5.10
H2019	U8 HM	Behavioral Consultation Emergency Intervention Technician (1 Unit = 15 Minutes)	\$2.90
H2021		Individual Developmental Therapy – Home/Community for Children (1 Unit = 15 Minutes)	\$5.01
H2021	HQ	Group Developmental Therapy – Home/Community for Children (1 Unit = 15 Minutes)	\$2.14
H2022		Daily Supported Living Services High Support (1 Unit = 1 Day)	\$225.32
H2022		Daily Supported Living Services High Support School Based Non-School Days (1 Unit = 1 Day)	\$225.32
H2023	U8	Supported Employment (1 Unit = 15 Minutes)	\$5.25
H2032		Center Based Individual Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$4.53
H2032	HQ	Center Based Group Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$1.80
S5100	U8	Adult Day Care (1 Unit = 15 Minutes)	\$1.50
S5140	U8	CFH Provider Affiliated With a ResHab Agency (1 Unit = 1 Day)	\$53.39

S5170	U8	Home Delivered Meals (1 Unit = 1 Meal)	\$5.23
S9125	U8	Respite Care Daily (1 Unit = 1 Day)	\$53.39
T1000	U8	Skilled Nursing Services, Independent RN (1 Unit = 15 Minutes)	\$6.12
T1000	U8 TE	Skilled Nursing Services, Agency LPN (1 Unit = 15 Minutes)	\$5.20
T1000	U8 TD	Skilled Nursing Services, Agency RN (1 Unit = 15 Minutes)	\$7.65
T1001	U8	Nursing Oversight Services of LPN (1 Unit = 1 Visit)	\$35.59
T1001	U8 TD	Nursing Oversight Services of Agency RN (1 Unit = 1 Visit)	\$44.49
T1001	U8 TD	Nursing Oversight Services of Independent RN (1 Unit = 1 Visit)	\$35.59
T1005	U8	Respite Care (1 Unit = 15 Minutes)	\$2.12
T1013		Sign Language Services (1 Unit = 15 Minutes)	\$12.50
T1028		Social History/Evaluation (1 Unit = 15 Minutes)	\$9.94
T2024		Comprehensive Intensive Behavioral Intervention Assessment (1 Unit = 15 Minutes)	\$11.35

If you have any questions please contact Gynna Loper, Office of Reimbursement
Division of Medicaid at (208) 364-1994 or email at LoperG@dhw.idaho.gov .

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