



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Developmental Disability Codes – Idaho Medicaid

Procedure Code	Modifier	Description	Allowed Amt.
A0080		Non-Medical Transportation Provided by an Agency (1 Unit = 1 Mile)	\$4.44
		Provided by an Individual (1 Unit = 1 Mile)	\$1.10
T2025		Residential Care (NOS) Waiver; per diem rate (1 Unit = 1 Day)	\$7.96
T1013		Interpretive Services oral (1 Unit = 15min)	\$3.04
T1013	CG	Interpretive Services sign language (1 Unit = 15min)	\$12.50
90801		Psychiatric Diagnostic Interview and Exam (1 Unit = 15 Minutes)	\$15.47
90847		Family Medical Psychotherapy (1 Unit = 15 Minutes)	\$10.60
90847		Family Medical Psychotherapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$10.60
90853		Group Medical Psychotherapy (1 Unit = 15 Minutes)	\$3.20
90853		Group Medical Psychotherapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$3.20
90862		Pharmacological Management (1 Unit = 1 Visit)	\$50.22
92506		Speech Evaluation (1 Unit = 1 Evaluation/Day)	\$142.80
92507		Individual Speech Therapy (1 Unit = 15 Minutes)	\$17.81
92508		Group Speech Therapy (1 Unit = 15 Minutes)	\$5.81
96101		Psychiatric Testing for Diagnosis/Evaluation - Psychologist/ Physician (1 Unit = 1 Hour)	\$72.81
96102		Psychiatric Testing for Diagnosis/Evaluation - Technician (1 Unit = 1 Hour)	\$57.05
96103		Psychiatric Testing for Diagnosis/Evaluation (With Computer And Professional Interpretation) (1 Unit = 1 Test)	\$48.13
97001		Physical Therapy Evaluation (1 Unit= 1 Evaluation/Day)	\$62.95
97003		Occupational Therapy Evaluation (1 Unit= 1 Evaluation/Day)	\$69.29
97110		Individual Physical Therapy (1 Unit = 15 Minutes)	\$25.76
97150		Group Physical Therapy (1 Unit = 15 Minutes)	\$4.00
97535		Individual Occupational Therapy (1 Unit = 15 Minutes)	\$28.06
97535	HQ	Group Occupational Therapy (1 Unit = 15 Minutes)	\$4.00
97537		Home/Community Individual Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$3.34
E1399		Specialized Medical Equipment (75% of vendor's retail price)	Manual Price
H0004		Individual Medical Psychotherapy (1 Unit = 15 Minutes)	13.52
H0024		Intensive Behavioral Intervention – Consultation (1 Unit = 15 Minutes)	\$11.35
H2000		Developmental Therapy Evaluation (1 Unit = 15 Minutes)	\$4.53
H2000		Developmental Therapy Evaluation for Nursing Facility Participants (1 Unit = 15 Minutes)	\$4.53

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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		Individual Developmental Therapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$5.01
H2014	HQ	Group Developmental Therapy for Nursing Facility Participants (1 Unit = 15 Minutes)	\$2.14
H2015		Individual Supported Living (1 unit = 15 Minutes)	\$3.24
H2015	HQ	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		Daily Supported Living Services Intense Support (1 Unit = 1 Day)	\$268.36
H2019		Intensive Behavioral Intervention – Professional (1 Unit = 15 Minutes)	\$11.35
H2019		Behavioral Consultation by a QMRP/Clinician (1 Unit = 15 Minutes)	\$6.42
H2019		Behavioral Consultation by a Psychiatrist (1 Unit = 15 Minutes)	\$10.02
H2019	HM	Intensive Behavioral Intervention – Paraprofessional (1 Unit = 15 Minutes)	\$5.10
H2019	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		Supported Employment (1 Unit = 15 Minutes)	\$5.25
H2032		Center Based Individual Developmental Therapy for Adults (1 Unit = 15 Minutes)	\$3.02
S5100		Adult Day Care (1 Unit = 15 Minutes)	\$1.50
S5121		Chores Services (Skilled)	Manual Price
S5140		CFH Provider Affiliated With a ResHab Agency (1 Unit = 1 Day)	\$53.39
S5160		Personal Emergency Response System Installation	\$56.89
S5165		Environmental Accessibility Adaptations	Manual Price
S5170		Home Delivered Meals (1 Unit = 1 Meal)	\$5.23
S9125		Respite Care Daily (1 Unit = 1 Day)	\$53.39
T1000		Skilled Nursing Services, Independent RN (1 Unit = 15 Minutes)	\$6.12
T1000	TE	Skilled Nursing Services, Agency LPN (1 Unit = 15 Minutes)	\$5.20
T1000	TD	Skilled Nursing Services, Agency RN (1 Unit = 15 Minutes)	\$7.65
T1001		Nursing Oversight Services of LPN (1 Unit = 1 Visit)	\$35.59
T1001	TD	Nursing Oversight Services of Agency RN (1 Unit = 1 Visit)	\$44.49

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T1001	TD	Nursing Oversight Services of Independent RN (1 Unit =1 Visit)	\$35.59
T1005		Respite Care (1 Unit = 15 Minutes)	\$2.12
T1028		Social History/Evaluation (1 Unit = 15 Minutes)	\$9.94
T2024		Comprehensive Intensive Behavioral Intervention Assessment (1 Unit = 15 Minutes)	\$11.35

Crisis Support

Behavioral Consultation/Crisis Management			
H2011		Community Crisis Supports (1 unit = 15 min)	\$11.35
Residential Habilitation (ResHab) Agency			
H2011		Community Crisis Supports (1 unit = 15 min)	\$11.35
Supported Employment Services			
H2011		Community Crisis Supports (1 unit = 15 min)	\$11.35
Certified Family Home (CFH)			
H2011		Community Crisis Supports (1 unit = 15 min)	\$11.35

If you have any questions regarding these rates please contact Lourie Neal, Office of Reimbursement Division of Medicaid at (208) 287-1162