



# IDAHO DEPARTMENT OF HEALTH & WELFARE

## Aged & Disabled Waiver Services – Idaho Medicaid

\*\* Please see separate fee tables for Residential Assisted Living Facility, Personal Assistance Agency, and Certified Family Home (A&D/PCS) provider rates\*\*

Procedure Code	Modifier	Description	Allowed Amount
<b>E1399</b>		Specialized Medical Equipment and Supplies	As Authorized
<b>H2015</b>		Individual Supportive Living (1 unit = 15 min)	\$5.31
<b>H2015</b>	HQ	Group Supportive Living (1 unit = 15 min)	\$2.71
<b>H2016</b>		Daily Supported Living Intense support (1 unit = 1 day)	\$509.76
<b>H2022</b>		Daily Supported Living High support (1 unit = 1 day)	\$277.04
<b>H2023</b>		Supported Employment (1 unit = 15 min)	\$5.25
<b>S5100</b>		Adult Day Health (1 unit = 15 min)	\$1.50
<b>S5120</b>		Chore Services (1 unit = 15 min)	\$2.64
<b>S5160</b>		PERS Install/1st month rent (one-time only)	\$56.89
<b>S5161</b>		PERS Rent (1 unit = 1 month)	\$33.83
<b>S5165</b>		Environmental Accessibility Adaptations	As Authorized
<b>S5170</b>		Home Delivered Meals (1 unit = 1 meal)	\$5.23
<b>T1013</b>		Oral Interpretation Service (1 unit = 15 min)	\$3.04
<b>T1013</b>	CG	Sign Language Interpretation Service (1 unit = 15 min)	\$12.50
<b>T2021</b>		Day Habilitation (1 unit = 15min)	\$4.53
<b>T2038</b>		Transition Services	Goods and services; not to exceed \$2,000

If you have any questions about claims processing, please contact DXC at 1 (866) 686-4272.

If you have any financial related questions regarding these rates please contact the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1180 or email [MedicaidReimTeam@dhw.idaho.gov](mailto:MedicaidReimTeam@dhw.idaho.gov).

Thank you for your continued participation in the Idaho Medicaid Program.