



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

If you have any questions regarding these rates please contact the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1150.

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