



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**Adult Developmental Disability – Idaho Medicaid**

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
<b>ADULT DD WAIVER</b>				
<b>A0080</b>		Non-Medical Transportation Provided by an Agency Provided by an Individual	1 Mile 1 Mile	\$.44 \$.10
<b>E1399</b>		Specialized Medical Equipment (75% of manufacturer's suggested retail price)		Manual Price
<b>H2015</b>		Individual Supported Living	15 Mins	\$5.69
<b>H2015</b>	HQ	Group Supported Living	15 Mins	\$2.28
<b>H2016</b>		Daily Supported Living Services-Intense Support <i>School Based, School Days</i>	1 Day	\$360.21
<b>H2016</b>		Daily Supported Living Services-Intense Support	1 Day	\$455.02
<b>H2016</b>		Daily Supported Living Services-High Support <i>School Based, School Days</i>	1 Day	\$216.23
<b>H2022</b>		Daily Supported Living Services-High Support	1 Day	\$273.13
<b>H2019</b>		Behavioral Consultation by a QIDP/Clinician	15 Mins	\$6.42
<b>H2019</b>		Behavioral Consultation by a Psychiatrist	15 Mins	\$10.02
<b>H2019</b>	HM	Behavioral Consultation Emergency Intervention Technician	15 Mins	\$2.90
<b>H2023</b>		Supported Employment	15 Mins	\$5.25
<b>S5100</b>		Adult Day Health	15 Mins	\$1.50
<b>S5121</b>		Chore Services (Skilled)		Manual Price
<b>S5140</b>		Residential Habilitation-CFH	1 Day	\$53.39
<b>S5160</b>		Personal Emergency Response System -Landline Install and First Month's Rent	1 Time <i>Only</i>	\$56.89
<b>S5161</b>		Personal Emergency Response System -Landline Monthly Rent	1 Month	\$33.83
<b>S5165</b>		Environmental Accessibility Adaptations		Manual Price
<b>S5170</b>		Home Delivered Meals	1 Meal	\$5.23

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
<b>S9125</b>		Respite Care Daily	1 Day	\$53.39
<b>T1000</b>		Skilled Nursing Services-Independent RN	15 Mins	\$6.12
<b>T1000</b>	TE	Skilled Nursing Services-Agency LPN	15 Mins	\$5.20
<b>T1000</b>	TD	Skilled Nursing Services-Agency RN	15 Mins	\$7.65
<b>T1001</b>		Nursing Oversight Services-LPN	1 Visit	\$35.59
<b>T1001</b>	TD	Nursing Oversight Services-Agency RN	1 Visit	\$44.49
<b>T1001</b>	TD	Nursing Oversight Services-Independent RN	1 Visit	\$35.59
<b>T1005</b>		Respite Care	15 Mins	\$2.12

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
<b>ADULT STATE PLAN HCBS</b>				
<b>97537</b>		Home/Community Individual and/or Group Developmental Therapy for Adults	15 Mins	\$3.34
<b>H2000</b>		Developmental Therapy Evaluation	15 Mins	\$4.53
<b>H2011</b>		Community Crisis Supports	15 Mins	\$11.35
<b>H2032</b>		Center Based Individual and/or Group Developmental Therapy for Adults	15 Mins	\$3.02
<b>T1013</b>		Interpretive Services-oral	15 Mins	\$3.04
<b>T1013</b>	CG	Interpretive Services-sign language	15 Mins	\$12.50

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

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