



IDAHO DEPARTMENT OF HEALTH & WELFARE

Personal Assistance Agency (PAA) Services

** Please see separate fee tables for Residential Assisted Living Facility, Certified Family Home (A&D/PCS), and other Aged and Disabled Waiver service provider rates**

Procedure Code	Modifier	Description	Allowed Amount
G9001		Coordinated Care Fee – Initial (Agency) (1 unit = 1 visit)	\$99.04
G9002		RN Care Plan Development and Placement (Initial–10 units, Redetermination–5 units) (1 unit = 15mins)	\$10.19
H2020		Therapeutic Behavioral Services (Agency) (1 unit = 1 day)	\$31.97
S5115		Consultation (1 unit = 15 min)	\$7.65
S5120		Chore Services (1 unit = 15 min)	\$4.01
S5125		Attendant Care Services (1 unit = 15mins)	\$4.49
S5130		Homemaker Services (1 unit = 15mins)	\$4.16
S5135		Companion Services (1 unit = 15 min)	\$4.16
S5160		PERS Install/1st month rent (one-time only)	\$56.89
S5161		PERS Rent (1 unit = 1 month)	\$33.83
T1001		Nursing Assessment/Evaluation (Agency) (1 unit = 1 visit)	\$50.95
T1002		Nursing Services RN (RN services up to 15 min) (1 unit = 15mins)	\$10.19
T1003		Nursing Services LPN (LPN/LVN services up to 15 min) (1 unit = 15mins)	\$7.31
T1005		Respite (1 unit = 15 min)	\$4.16
T1013		Oral Interpretation Service (1 unit = 15 min)	\$3.04
T1013	CG	Sign Language Interpretation Service (1 unit = 15 min)	\$12.50
T1019		Personal Care Services (1 unit = 15 mins)	\$4.49
T1019		PCS Family Alternate Care Home (1 unit = 15 min)	\$3.36

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.