



IDAHO DEPARTMENT OF HEALTH & WELFARE

Adult Developmental Disability – Idaho Medicaid

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD WAIVER				
A0080		Non-Medical Transportation Provided by an Agency Provided by an Individual	1 Mile 1 Mile	\$.44 \$.10
E1399		Specialized Medical Equipment (75% of manufacturer's suggested retail price)		Manual Price
H2015		Individual Supported Living	15 Mins	\$5.31
H2015	HQ	Group Supported Living	15 Mins	\$2.71
H2016		Daily Supported Living Services-Intense Support <i>School Based, School Days</i>	1 Day	\$403.56
H2016		Daily Supported Living Services-Intense Support	1 Day	\$509.76
H2016		Daily Supported Living Services-High Support <i>School Based, School Days</i>	1 Day	\$219.33
H2022		Daily Supported Living Services-High Support	1 Day	\$277.04
H2019		Behavioral Consultation by a QIDP/Clinician	15 Mins	\$6.42
H2019		Behavioral Consultation by a Psychiatrist	15 Mins	\$10.02
H2019	HM	Behavioral Consultation Emergency Intervention Technician	15 Mins	\$2.90
H2023		Supported Employment	15 Mins	\$8.61
S5100		Adult Day Health	15 Mins	\$1.50
S5121		Chore Services (Skilled)		Manual Price
S5140		Residential Habilitation-CFH	1 Day	\$53.39
S5160		Personal Emergency Response System -Landline Install and First Month's Rent	1 Time <i>Only</i>	\$56.89
S5161		Personal Emergency Response System -Landline Monthly Rent	1 Month	\$33.83
S5165		Environmental Accessibility Adaptations		Manual Price
S5170		Home Delivered Meals	1 Meal	\$5.23
S9125		Respite Care Daily	1 Day	\$53.39
T1000		Skilled Nursing Services-Independent RN	15 Mins	\$6.12

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
T1000	TE	Skilled Nursing Services-Agency LPN	15 Mins	\$5.20
T1000	TD	Skilled Nursing Services-Agency RN	15 Mins	\$7.65
T1001		Nursing Oversight Services-LPN	1 Visit	\$35.59
T1001	TD	Nursing Oversight Services-Agency RN	1 Visit	\$44.49
T1001	TD	Nursing Oversight Services-Independent RN	1 Visit	\$35.59
T1005		Respite Care	15 Mins	\$2.12
T2038		Transition Services	Goods and services; not to exceed \$2,000	

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD STATE PLAN HCBS				
97537		Home/Community Individual and/or Group Developmental Therapy for Adults	15 Mins	\$3.34
H2000		Developmental Therapy Evaluation	15 Mins	\$4.53
H2011		Community Crisis Supports	15 Mins	\$11.35
H2032		Center Based Individual and/or Group Developmental Therapy for Adults	15 Mins	\$3.02

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
OTHER SERVICES				
T1013		Interpretive Services-oral	15 Mins	\$3.04
T1013	CG	Interpretive Services-sign language	15 Mins	\$12.50

Coverage and criteria information is communicated in the Provider Handbook, Medicaid Newsletters and Information Releases at IDMedicaid.com.

For questions related to billing and claims, please contact the appropriate resource:

- **Fee-For-Service Medicaid Participants:**
 - DXC Technology – (866) 686-4272

Questions about pricing should be directed to the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov

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