



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 | 1 Mile | \$.44 |
| | | Provided by an Individual | 1 Mile | \$.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 | \$5.25 |
| 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 Only | \$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 |

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|----------------|----------|---|---|----------------|
| 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 | |

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|---------------------------------|----------|---|---------------|----------------|
| 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 |

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|-----------------------|----------|-------------------------------------|---------------|----------------|
| OTHER SERVICES | | | | |
| T1013 | | Interpretive Services-oral | 15 Mins | \$3.04 |
| T1013 | CG | Interpretive Services-sign language | 15 Mins | \$12.50 |

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.

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