



IDAHO DEPARTMENT OF HEALTH & WELFARE

Personal Care / Home and Community Based Services Aged & Disabled Waiver– Idaho Medicaid

Effective for personal care/home and community based services with dates of service on and after July 01, 2017 through June 30, 2018, Medicaid rates are as follows:

Procedure Code	Modifier	Description	Allowed Amount
Supervisory RN Codes			
G9002		RN Care Plan Development and Placement (Initial–10 units, Redetermination–5 units) (1 unit = 15mins)	\$10.19
T1001		Nursing Assessment/Evaluation (Agency) (1 unit = 1 visit)	\$50.95
Nursing Service Codes			
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
Interpretive Service Codes			
T1013		Oral Interpretation Service (1 unit = 15 min)	\$3.04
T1013	CG	Sign Language Interpretation Service (1 unit = 15 min)	\$12.50
Supervisory QIDP Codes			
G9001		Coordinated Care Fee – Initial (Agency) (1 unit = 1 visit)	\$99.04
H2020		Therapeutic Behavioral Services (Agency) (1 unit = 1 day)	\$31.97
Personal Assistance Service Provider Codes Agency Providers			
T1019		Personal Care Services (1 unit = 1 visit)	\$3.94
T1019	UM	PCS Family Alternate Care Home (UM Required) (1 unit = 1 visit)	\$3.36
Home and Community Based Services			
E1399		Specialized Medical Equipment and Supplies	As auth.
G9002		TBI Assessment	\$11.04/ Unit
H2015		Individual Supportive Living	\$3.24/ 15 min
H2015	HQ	Group Supportive Living	\$1.91/ 15 min
H2016		Daily Supported Living Intense support (1 unit = 1 day)	\$268.36

Procedure Code	Modifier	Description	Allowed Amount
H2022		Daily Supported Living High support (1 unit = 1 day)	\$225.32
H2023		Supported Employment	\$21.00/hr (\$5.25/15 min)
S5100		Adult Day Health	\$6.00/hr (1.50/15 min)
S5115		Consultation	\$30.60/hr (7.65/15 min)
S5120		Chore Services	\$10.56/hr (2.64/15 min)
S5125		Attendant Care Services (1 unit = 15mins)	\$3.94
S5130		Homemaker Services (1 unit = 15mins)	\$3.55
S5135		Companion Services	\$13.72 (3.43/15 min)
S5140		Adult Residential Care (Services provided in a Residential Care or Assisted Living Facility or Certified Family Home)	Partpt.
S5160		PERS Install/1st month rent (one-time only)	\$56.89
S5161		PERS Rent (monthly)	\$33.83
S5165		Environmental Accessibility Adaptations	As auth.
S5170		Home Delivered Meals (1 unit = 1 meal)	\$5.23
T1001		Nursing Assessment/Evaluation (Agency) (1 unit = 1 visit)	\$50.95
T1005		Respite	\$10.56/hr (2.64/15 min)
T2021		Day Rehabilitation (1 unit = 15mins)	\$4.53

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.