

## ABI Waiver Fee Schedule for July 1, 2017

Waiver Service	Code	Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Modifier & Multiplier	Service Cap	Service Restrictions
Adult Day Services (Basic)	S5100	\$2.79	15 Minute				Average 35 hours/week (combined day services if in residential)	
Adult Day Services (Intermediate)	S5100 TF	\$3.63	15 Minute			TF=1.3		
Adult Day Services (High)	S5100 TG	\$5.58	15 Minute			TG=2.0		
Behavioral Support Services	T2025	PA	Per Event					Must be approved through ECC
Case Management	T1016	\$11.26	15 Minute		Monthly and 15 min unit cannot be billed in the same month			
Case Management	T2022	\$277.73	Monthly					Must provide minimum of 2 hours of documented service
Cognitive Retraining	H2014	\$8.28	15 Minute					For ABI only
Community Integration Services (Intermediate)	T2021 TF	\$3.99	15 Minute			TF=1.3	Average 35 hours/week (combined day services if in residential)	
Community Integration Services (High)	T2021 TG	\$6.14	15 Minute			TG=2.0		
Companion Services (Group up to 3)	S5135 HQ	\$1.99	15 Minute	X		HQ=.5	Average 35 hours/week (combined day services if in residential)	Service may be provided no more than nine (9) hours a day, except for special events/out of town trips
Companion Services (Individual)	S5135	\$3.98	15 Minute	X				
Crisis Intervention Support	H2011	\$6.38	15 Minute					Must be in an adult habilitation service to use this service. Must be approved through ECC
Day Habilitation (Intermittent)	T2020U4	\$61.68	Daily			U4=1	Cannot bill Adult Day on the same day	
Day Habilitation (Moderate)	T2020U3	\$74.66	Daily			U3=1.21058		
Day Habilitation (High)	T2020U2	\$100.62	Daily			U2=1.631486 7867		
Day Habilitation (Intensive)	T2020U1	\$178.53	Daily			U1=2.894619 5479		
Dietician	S9470	\$29.61	Per Session					A minimum of 30 minutes must be provided
Employment Discovery and Customization	H2025	\$6.71	15 Minute				400 units/year	Cannot be provided if participant is still in school unless school does not provide this service.

## ABI Waiver Fee Schedule for July 1, 2017

Waiver Service	Code	Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Modifier & Multiplier	Service Cap	Service Restrictions
<b>Environmental Modification (New)</b>	S5165 NU	PA	Per Event			NU=1		Lifetime cap of \$20,000 total for new or repair
<b>Environmental Modification (Repair)</b>	S5165	PA	Per Event					
<b>Homemaker</b>	S5130	\$3.98	15 Minute	X			624 units a year per household	Max of 12 units a week
<b>Independent Support Brokerage</b>	T2041	\$9.75	15 Minute	X			320 units/year	
<b>Occupational Therapy (Individual)</b>	97532	\$17.58	15 Minute					
<b>Personal Care</b>	T1019	\$3.98	15 Minute	X			6000 units/year	Up to 7280 units/year if needed & approved. See Service Index
<b>Physical or Occupational Therapy (Group)</b>	97150	\$16.49	Per Session					A minimum of 30 minutes must be provided
<b>Physical Therapy (Individual)</b>	97110	\$21.52	15 Minute					
<b>Prevocational Services (Basic)</b>	T2015	\$2.79	15 Minute				Average 35 hours/week (combined day services if in residential)	
<b>Prevocational Services (Intermediate)</b>	T2015 TF	\$3.63	15 Minute			TF=1.3		
<b>Prevocational Services (High)</b>	T2015 TG	\$5.58	15 Minute			TG=2.0		
<b>Residential Habilitation L1</b>	T2016 UA	\$83.31	Daily	X		UA=0.67597 016		
<b>Residential Habilitation L2</b>	T2016 UC	\$91.70	Daily	X		UC=0.744028 16		
<b>Residential Habilitation L3</b>	T2016 U8	\$123.25	Daily	X		U8=1		
<b>Residential Habilitation L4</b>	T2016 U7	\$146.69	Daily	X		U7=1.1902		
<b>Residential Habilitation L5</b>	T2016 U6	\$193.58	Daily	X		U6=1.5707		
<b>Residential Habilitation L6</b>	T2016 U5	\$334.27	Daily	X		U5=2.72122		
<b>Residential Habilitation Host Home</b>	T2016 UD	\$188.21	Daily			UD=1.5706		

## ABI Waiver Fee Schedule for July 1, 2017

Waiver Service	Code	Rate	Unit	Self Direction	NCCI Mutually Exclusive Rule	Modifier & Multiplier	Service Cap	Service Restrictions
<b>Respite</b>	T1005	\$3.61	15 Minute	X	15 min unit and Daily unit can't be billed on		1664/year on ABI	Services provided in excess of 9 hours a day must use the daily unit
<b>Respite Daily</b>	S9126	\$190.15	Daily	X				Must provide 9 hours of service to bill
<b>Self-Directed Goods</b>			Per Event	X				\$2000 annual cap for service
<b>Skilled Nursing</b>	T1002	\$18.60	15 Minute					Services may not include activities that trained, certified non-medical persons can perform .
<b>Specialized Equipment (New)</b>	T2029 NU	PA	Per Event			NU=1		\$2000 annual cap for service (new and repair). Some technology restrictions
<b>Specialized Equipment (Repair)</b>	T2029	PA	Per Event					
<b>Speech, Language and Hearing Services (Individual)</b>	92507	\$52.00	Per Session					A minimum of 45 Minutes must be provided
<b>Speech, Language and Hearing Services (Group)</b>	92508	\$19.96	Per Session					
<b>Supported Employment (Individual)</b>	T2019	\$7.00	15 Minute	X				
<b>Supported Employment (Small Group)</b>	T2019 UQ	\$2.79	15 Minute			UQ=0.39854 0146		
<b>Supported Employment Follow Along</b>	T2019 TS	\$7.00	15 Minute	X		TS=1	100 units/year	
<b>Supported Living (Group of 2)</b>	T2017 HQ	\$4.28	15 Minute	X		HQ=.5		A maximum of 5,400 units per plan year for services provided to a group up to two or three participants, or 3,900 15-Minute units per plan year provided to an individual participant.
<b>Supported Living (Group of 3)</b>	T2017 UP	\$3.27	15 Minute	X		UP=.3835		
<b>Supported Living (Group up to 3-daily)</b>	T2031	\$91.69	Daily	X				
<b>Supported Living (Individual)</b>	T2017	\$8.54	15 Minute	X				
<b>Transportation</b>	T2003	\$0.56	Per Mile				Cannot exceed \$2000/year	Cannot be billed in conjunction with services that have transportation built in rate or if another resource is available to pay (such as Medical transportation through Medicaid).