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| **SERVICE TYPE** | **CODE** | **UNIT INCREMENTS** |
| **INSTITUTIONAL SERVICES** |
| **INTERMEDIATE CARE FACILITY NOTE: DD MEMBERS ONLY** | 0190 | Per diem |
| **NURSING FACILITY – LEVEL I** | 0191 | Per diem |
| **NURSING FACILITY – LEVEL II** | 0192 | Per diem |
| **NURSING FACILITY – LEVEL III** | 0193 | Per diem |
| **NURSING FACILITY – LEVEL IV** | 0194 | Per diem |
| **NURSING FACILITY – RESPITE** | 0199 | Per diem. Limited to 25 days per benefit year |
| **BED HOLD – THERAPEUTIC LEAVE** | 0183 | Per diem. Limited to 9 days per benefit year |
| **BED HOLD – HOSPITAL ADMISSION** | 0185 | Per diem. Limited to 12 days per benefit year |
| **ALTERNATIVE RESIDENTIAL SETTINGS**NOTE: Modifiers may be used to distinguish levels of care.**TF** modifier means intermediate level of care.**TG** modifier means complex/high level of care. |
| **ASSISTED LIVING HOME** | T2031 | Per diem |
| **ASSISTED LIVING CENTER** | T2033 | Per diem |
| **ADULT FOSTER CARE** | S5140 | Per diem |
| **HABILITATION – RESIDENTIAL (USED FOR DD GROUP HOME)** | T2016 | Per diem |
| **BEHAVIORAL HEALTH RESIDENTIAL FACILITY****NOTE:** Behavioral Health Residential may be appropriate for stays of any length. The code is the same. | H0018 | Per diem |
|  |  |  |
| **BEHAVIORAL HEALTH THERAPEUTIC HOME*** Home Care Training to Home Care Client (Child)
* Home Care Training to Home Care Client (Adult)
* Home Care Training to Home Care Client (Adult Geriatric)
 | S5109 HA S5109 HB S5109 HC | Per diem Per diem Per diem |
| **HOSPICE SERVICES** |
| **ROUTINE HOME CARE** | 0651 | Per diem |
| **CONTINUOUS HOME CARE** | 0652 | Per diem |
| **INPATIENT RESPITE CARE** | 0655 | Per diem |
| **GENERAL INPATIENT CARE** | 0656 | Per diem |
| **SERVICE TYPE** | **CODE** | **UNIT INCREMENTS** |
| **HOME AND COMMUNITY BASED SERVICES** |
| **ADULT DAY HEALTH CARE** | S5100 S5101 S5102 | 15 Minutes (up to 11 units)Half Day (12 – 23 units) Per Diem (24+ units) |
| **Service Type** | **Code** | **Unit Increments** |
| **HOME AND COMMUNITY BASED SERVICES \*\*Continued\*\*** |
| **ATTENDANT CARE**For purposes of modifier U4 or U5, family member means:* Adult children/Step children of member
* Son/Daughter-in-law of member
* Grandchildren of the member
* Siblings /Step Siblings of member
* Parents /Step Parents of members
* 18 years (per Federal policy, parents of members < 18 cannot be paid caregivers)
* Grandparents
* Mother/Father-in-law
* Brother/Sister-in-law
 | S5125 S5125 / U3S5125 / U4S5125 / U5S5125 / U2 S5125 / U6S5125 / U7 | 15 MinutesProvided by spouse, limited to maximum of 40 hours/weekProvided by family member, non-spouse, not residing in member’s homeProvided by family member, non-spouse, residing in member’s homeSelf-Directed Attendant Care (SDAC) SDAC – skilled servicesAgency With Choice (AWC) |
| **COMPANION CARE** | S5135 S5136 | 15 Minutes Per Diem |
| **COMMUNITY TRANSITION SERVICE** | T2038 | 1 Unit per episode (once per 5 years) |
| **EMERGENCY ALERT SYSTEM** | S5160/NU S5161/RR | 1 Unit per Service Installation 1 Unit per Service Maintenance |
| **HABILITATION****DAY TREATMENT & TRAINING****SUPPORTED EMPLOYMENT** | T2021 T2020T2019 T2018 | 15 Minutes (up to 20 units) Per Diem (21+ units)15 Minutes (up to 23 units) Per Diem (24+ units) |
| **HOME DELIVERED MEALS** | S5170 | 1 Unit per Meal |
| **HOME HEALTH SERVICES/NURSING** | G0154 S9123 S9124 | Home Health Nurse (Intermittent)Home Health Nurse (Continuous) – Registered NurseHome Health Nurse (Continuous) – Licensed Practical Nurse |
| **HOME HEALTH SERVICES/HOME HEALTH AIDE** | T1021 | 1 Unit per Visit |
| **HOMEMAKER** | S5130 S5131 | 15 minutesPer Diem (Pest Control) |
| **HOME MODIFICATION** | S5165 | 1 Unit per Home Modification Project |
| **PERSONAL CARE** | T1019 | 15 Minutes |
| **RESPITE -****SHORT TERM IN-HOME CONTINUOUS IN-HOME GROUP RESPITE** | S5150 S5151 S5150/HQ | 15 Minutes (48 units and under) Per Diem (49 units and over) 15 Minutes |

**NOTE**: Refer to Exhibit 1240-2 for more information regarding home health skilled nursing/private duty nursing services.