|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 / U3  S5125 / U4  S5125 / U5  S5125 / U2 S5125 / U6  S5125 / U7 | | | 15 Minutes  Provided by spouse, limited to maximum of 40 hours/week  Provided by family member, non-spouse, not residing in member’s home  Provided by family member, non-spouse, residing in member’s home  Self-Directed Attendant Care (SDAC) SDAC – skilled services  Agency 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 T2020  T2019 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 Nurse  Home Health Nurse (Continuous) – Licensed Practical Nurse | |
| **HOME HEALTH SERVICES/HOME HEALTH AIDE** | T1021 | | | 1 Unit per Visit | |
| **HOMEMAKER** | S5130 S5131 | | | 15 minutes  Per 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.