



IDAHO DEPARTMENT OF HEALTH & WELFARE

Adult Developmental Disabilities Waiver Fee Schedule – Idaho Medicaid

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Providers must verify member coverage on the date of service by calling (866) 686-4272 or using their trading partner account at IDMedicaid.com. Coverage and criteria information is communicated in the Provider Handbook, Medicaid Newsletters and Information Releases posted on IDMedicaid.com. The Current Procedural Terminology (CPT) codes descriptors, and other data are registered trademarks of the American Medical Association with all rights reserved.

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD WAIVER				
A0080		Non-Medical Transportation provided by an Agency	1 Mile	\$0.42
A0080		Non-Medical Transportation provided by an Individual	1 Mile	\$0.10
A0080	76	Non-Medical Transportation provided by a Commercial Provider - 1 st mile of the 1 st trip of the day	1 Mile	\$4.03
A0080	76	Non-Medical Transportation provided by a Commercial Provider - Additional miles per day	1 Mile	\$1.12
A0110		Non-Medical Transportation (Commercial Bus Pass)	1 Pass	Manual Price
E1399		Specialized Medical Equipment (75% of manufacturer's suggested retail price)		Manual Price
H2015		Individual Supported Living	15 Mins	\$7.07
H2015	HQ	Group Supported Living	15 Mins	\$3.61
H2016		Daily Supported Living Services-Intense Support, Reduction of Services Due to School	1 Day	\$537.36
H2016		Daily Supported Living Services-Intense Support	1 Day	\$678.77
H2016		Daily Supported Living Services-High Support, Reduction of Services Due to School	1 Day	\$291.86
H2016	U2	15 Minute Supported Living Services – Individual Intense Support	15 Mins	\$7.07

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD WAIVER				
H2016	U3	15 Minute Supported Living Services – Blended (Group) Intense Support	15 Mins	\$3.61
H2022		Daily Supported Living Services-High Support	1 Day	\$368.67
H2019		Behavioral Consultation by a QIDP/Clinician	15 Mins	\$6.16
H2019		Behavioral Consultation by a Psychiatrist	15 Mins	\$9.62
H2019	HM	Behavioral Consultation Emergency Intervention Technician	15 Mins	\$2.78
H2023		Supported Employment	15 Mins	\$11.44
S5100		Adult Day Health	15 Mins	\$2.68
S5121		Chore Services (Skilled)		Manual Price
S5140		Residential Habilitation-CFH	1 Day	\$69.41
S5160		Personal Emergency Response System -Install and First Month's Rent	1 Time Only	\$64.44
S5161		Personal Emergency Response System -Monthly Rent	1 Month	\$38.32
S5165		Environmental Accessibility Adaptations		Manual Price
S5170		Home Delivered Meals	1 Meal	\$6.78
S9125		Respite Care Daily	1 Day	\$51.25
T1000		Skilled Nursing Services-Independent RN	15 Mins	\$14.68
T1000	TE	Skilled Nursing Services-Agency LPN	15 Mins	\$14.04
T1000	TD	Skilled Nursing Services-Agency RN	15 Mins	\$19.56
T1001		Nursing Oversight Services-LPN	1 Visit	\$51.84
T1001	TD	Nursing Oversight Services-Agency RN	1 Visit	\$97.82
T1001	TD	Nursing Oversight Services-Independent RN	1 Visit	\$73.37
T1005		Respite Care	15 Mins	\$5.54
T2038		Transition Services	Goods and Services	Not to Exceed \$2,000

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD STATE PLAN HCBS				
97537		Home/Community Individual and/or Group Developmental Therapy for Adults	15 Mins	\$6.01
H2000		Developmental Therapy Evaluation	15 Mins	\$16.27

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
ADULT DD STATE PLAN HCBS				
H2011		Community Crisis Supports	15 Mins	\$10.90
H2032		Center Based Individual and/or Group Developmental Therapy for Adults	15 Mins	\$4.00

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
DD SERVICE COORDINATION				
G9002		DD Service Coordination	15 Mins	\$20.97
G9002	HM	DD Service Coordination (Paraprofessional)	15 Mins	\$13.46
G9007		DD Plan Development	15 Mins	\$20.97
H2011		DD Crisis Assistance	15 Mins	\$20.97
H2011	HM	DD Crisis Assistance (Paraprofessional)	15 Mins	\$13.46

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
SELF DIRECTED SERVICES				
T2025		Community Support Services	TBD	Manual Price
T2025		Non-Medical Transportation	TBD	Manual Price
T2025		Skilled Nursing Services	TBD	Manual Price
T2025		Specialized Medical Equipment and Supplies	TBD	Manual Price
T2041		Support Broker Services	1 Hour	Manual Price
T2025		Transition Services	TBD	Manual Price
T2040		Financial Management Services - Agency	PMPM	Manual Price

For services billed under the self-direction model, participants set rates based on their specific needs and approved budget through negotiation with the Department.

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
OTHER SERVICES				
T1013		Interpretive Services-oral	15 Mins	\$3.57
T1013	CG	Interpretive Services-sign language	15 Mins	\$14.69

T2022	UD	Transition Management (Community Integration)	15 Mins	\$12.09
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Coverage and criteria information is communicated in the Provider Handbook, Medicaid Newsletters and Information Releases at IDMedicaid.com.

For questions related to billing and claims, please contact the appropriate resource:

- **Fee-For-Service Medicaid Participants:**
 - Gainwell Technologies – (866) 686-4272

Questions about pricing should be directed to the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov

Requests for a reimbursement rate review should be directed to the Provider Rate Review team at MedicaidRateReview@dhw.idaho.gov

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