IDAHO DEPARTMENT OF HEALTH & WELFARE

Children's Habilitation Intervention Services (CHIS) for Independent Providers

Fee schedules are prepared as tools to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to ensure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

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, MedicAide 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.

		CHIS Independent Provider Services		
Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
H2014		Habilitative Skill Building – Individual	15 min	$9.46
H2014	HQ	Habilitative Skill Building – Group	15 min	$3.79
H2000	HN	Eligibility Screening - Intervention Specialist	15 min	$10.81
H2000	HO	Eligibility Screening – Intervention Professional	15 min	$14.90
H2000	TF	Eligibility Screening – EBM Intervention Specialist	15 min	$12.31
H2000	TG	Eligibility Screening – EBM Intervention Professional	15 min	$15.24
H0032	HN	Assessment and Clinical Treatment Plan - Intervention Specialist	15 min	$10.81
H0032	HO	Assessment and Clinical Treatment – Intervention Professional	15 min	$14.90
H0032	TF	Assessment and Clinical Treatment – EBM Intervention Specialist	15 min	$12.31
H0032	TG	Assessment and Clinical Treatment – EBM Intervention Professional	15 min	$15.24
H0004	HN	Behavioral Intervention – Individual - Intervention Specialist	15 min	$10.81
H0004	HO	Behavioral Intervention – Individual – Intervention Professional	15 min	$14.90
H0004	TF	Behavioral Intervention – Individual – EBM Intervention Specialist	15 min	$12.94
H0004	TG	Behavioral Intervention – Individual – EBM Intervention Professional	15 min	$17.24

		CHIS Independent Provider Services		
Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
H0005	HN	Behavioral Intervention – Group - Intervention Specialist	15 min	$4.33
H0005	HO	Behavioral Intervention – Group – Intervention Professional	15 min	$5.97
H0005	TF	Behavioral Intervention – Group – EBM Intervention Specialist	15 min	$5.18
H0005	TG	Behavioral Intervention – Group – EBM Intervention Professional	15 min	$6.89
H2011	HN	Crisis Intervention – Intervention Specialist	15 min	$10.81
H2011	HO	Crisis Intervention – Intervention Professional	15 min	$14.90
H2011	TF	Crisis Intervention – EBM Intervention Specialist	15 min	$12.31
H2011	TG	Crisis Intervention – EBM Intervention Professional	15 min	$15.24
H2019	HT	Interdisciplinary Training	15 min	$10.81

		Children's Developmental Disability Support Services for Independent Providers*		
Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
H0024		Family Education – Individual	15 min	$9.62
H0024	HQ	Family Education – Group	15 min	$3.21
H2015	HA	Community Based Supports – Individual	15 min	$5.41
H2015	HQ	Community Based Supports – Group	15 min	$2.16
T1005		Respite Care Services – Individual	15 min	$2.08
T1005	HQ	Respite Care Services – Group	15 min	$0.70

		Family Directed Services		
Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
T2025		Community Support Services, Family Directed	TBD	Manually Priced
T2041		Support Broker Services	15 min	Manually Priced
T2040		Fiscal Employer Agent (FEA) – Family Directed	PMPM	Manually Priced

*These services are support services deducted from a child's independent budget.

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

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

If you have any questions regarding these rates please contact 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.