IDAHO DEPARTMENT OF HEALTH & WELFARE

Aged & Disabled (A&D) Waiver Services Fee Schedule – Idaho Medicaid

** This Fee Schedule includes rates for all A&D Waiver Services and associated State Plan Services. Refer to the separate Fee Schedules for rates specific to Certified Family Home (CFH) A&D/PCS Providers, Personal Assistance Agencies (PAA), and Residential Assisted Living Facilities (RALF).**

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.

Service Category	Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
A&D Waiver Services					
Non-Medical Transportation (NMT)	A0080		Waiver Agency Transportation	1 mile	$0.42/mile As Authorized
	A0080		Commercial Transportation Provider – 1st mile of 1st trip only	1 mile	$4.03/1st mile of 1st trip As Authorized
	A0080	76	Commercial Transportation Provider – All additional miles on 1st trip or subsequent miles/trips within the same day	1 mile	$1.12/mile As Authorized
	A0110		Commercial Bus Pass	1 Pass	Manual Price As Authorized
Specialized Medical Equipment and Supplies	E1399		Specialized Medical Equipment and Supplies	Per Item	As Authorized
A&D Case Management	G9002	CC	Case Management - Agency	15 min	$13.46

Residential Habilitation (ResHab)	**H2015**		Individual Supported Living	15 min	$7.07
	H2015	**HQ**	Group Supported Living	15 min	$3.61
	H2016		Daily Supported Living – Intense Support	1 day	$678.77
	H2020		Therapeutic Behavioral Services – Agency	1 day	$45.94
	H2022		Daily Supported Living – High Support	1 day	$368.67
Supported Employment	**H2023**		Supported Employment	15 min	$11.44
Adult Day Health	**S5100**		Adult Day Health (standalone)	15 min	$2.68
	S5100		Adult Day Health – DDA	15 min	$2.68
Consultation Services	**S5115**		Consultation	15 min	$9.89
Chore Services	**S5120**		Chore Services – Agency	15 min	$4.96
Attendant Care	**S5125**		Attendant Care	15 min	$6.11
Homemaker Services	**S5130**		Homemaker Services	15 min	$5.26
Companion Services	**S5135**		Companion Services	15 min	$5.54
Adult Residential Care	**S5140**		Adult Residential Care – CFH	1 day	See CFH Fee Schedule
	S5140		Adult Residential Care – RALF	1 day	See RALF Fee Schedule
Personal Emergency Response System (PERS)	**S5160**		PERS Install and 1st Month's Rent	1 install	$64.44 One Time Only
	S5161		PERS Rent	1 month	$38.32
Environmental Accessibility Adaptations	**S5165**		Environmental Accessibility Adaptations	Per instance	As Authorized
Home Delivered Meals	**S5170**		Home Delivered Meals	1 meal	$6.78
Skilled Nursing	**T1001**		Nursing Assessment/Evaluation – Agency	1 visit	$97.82
	T1002		Nursing Services RN – RN Services	15 min	$19.56
	T1003		Nursing Services LPN – LPN/LVN Services	15 min	$14.04
Respite Services	**T1005**		Respite – Agency	15 min	$5.54
Day Habilitation	**T2021**		Day Habilitation	15 min	$4.35
Transition Services	**T2038**		Transition Services – Goods and Services	Per transition	Up to $2,000 As Authorized

Service Category	Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
Associated State Plan/Other Services					
Case Management	G9001		Coordinated Care Fee – Initial – Agency	1 visit	$118.74
	G9002		RN Care Plan Development and Placement Initial = 10 units Redetermination = 5 units	15 min	$19.56
Personal Care Services (PCS)	T1019		PCS – Agency	15 min	$6.11
	T1019	UM	PCS – Family Alternate Care Home	15 min	$5.28
Transition Services	T2022	UD	Transition Management (Up to 288 Units as Authorized)	15 min	$12.09
Interpretive Services	T1013		Interpretive Services (Oral)	15 min	$3.57
	T1013	CG	Interpretive Services (Sign Language)	15 min	$14.69

Coverage and criteria information is communicated in the Provider Handbook, MedicAide 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

- **Dual Eligible Members: Idaho Medicaid Plus or Medicare Medicaid Coordinated Plan (MMCP):**
  - United Healthcare: (855) 857-9753
  - Molina Healthcare of Idaho: (844) 239-4914

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.