

Procedures/Modifiers/Units

<u>Service</u>	<u>Procedure Code/Modifier</u>	<u>Unit</u> *Only minutes or units shall be used as the Unit Qualifier in Qualitrac
HCBS Cost per Day** (Enter this code on every request)	99509	1 unit Total average daily cost (in Cost Field)
Adult Day Services, Basic	S5100	Hours/week 1 unit = 1 hour
Adult Day Services, Basic, Half Day	S5105	Half Days/week 1 unit = 1 half day
Adult Day Services, Specialized	S5105 TF	Hours/week 1 unit = 1 hour
Adult Day Services, Day (BI only)	S5102	Days/week 1 unit = 1 day
Consumer Directed Attendant Support Services (CDASS)- Non HMA	T2025	Minutes/week
Consumer Directed Attendant Support Services (CDASS)- HMA ONLY	T2025 SC	Minutes/week
CDASS Per Member, Per Month, By FMS Vendor	T2040	1 unit = 1 month * Please indicate the number of months this service is utilized
Non-Medical Transportation- Taxi	A0100	Trips/week 1 unit = one-way trip
Non-Medical Transportation- Local Public Transit	A0110	1 unit = 1 Month * Please indicate the number of months this service is utilized
Non-Medical Transportation- Local Public Transit (Adult Day Services)	A0110 HB	1 unit = 1month * Please indicate the number of months this service is utilized
Non-Medical Transportation- Mobility Van (Mileage Bands 1-3)	A0120	Trips/week 1 unit = one-way trip
Non-Medical Transportation- Mobility Van (Adult Day Services, Mileage Bands 1-3)	A0120 HB	Trips/week 1 unit = one-way trip
Non-Medical Transportation- Wheelchair Van (Mileage Bands 1-3)	A0130	Trips/week 1 unit = one-way trip

Non-Medical Transportation- Wheelchair Van (Adult Day Services, Mileage Bands 1-3)	A0130 HB	Trips/week 1 unit = one-way trip
Home Delivered Meals	S5170	Meals/week 1 unit = one meal
Homemaker	S5130	Minutes/week
IHSS Homemaker	S5130 KX	Minutes/week
Home Modification	S5165	Cost/Total Modification 1 unit = one modification
IHSS Health Maintenance Activities (HMA)	H0038	Minutes/week
Life Skills Training	H2014	Hours/week 1 unit = 1 hour
Medication Reminder, Install/Purchase	T2029	1 unit = 1 installation
Medication Reminder, monthly	S5185	1 unit = 1 month
Peer Mentorship	H2015	Hours/Week 1 unit = 1 hour
Personal Care	T1019	Minutes/week
IHSS Personal Care	T1019 KX	Minutes/week
Relative Personal Care	T1019 HR	Minutes/week
IHSS Relative Personal Care	T1019 HR KX	Minutes/week
Personal Emergency Response System (PERS), install/purchase	S5160	1 unit = 1 installation
Personal Emergency Response, Monthly Monitoring	S5161	1 unit = 1 month
Respite -Care, ACF	S5151	Days/Service Plan Year 1 unit = 1 day
Respite-Care, SNF	H0045	Days/Service Plan Year 1 unit = 1 day
Respite-Care, In-Home	S5150	Hours/Service Plan Year 1 unit = 1 hour
Community Transition Services, Coordinator	T2038	Hours/ Service Plan Year 1 unit = 1 hour
Community Transition Services, Items Purchased	A9900	1 unit = 1 service use
Alternative Care Facility	T2031	Day/Service Plan Year 1 unit = 1 day
Substance Abuse Counseling, Family (BI only)	T1006	Hours/Service Plan Year 1 unit = 1 hour
Substance Abuse Counseling, Individual (BI only)	H0047	Hours/Service Plan Year 1 unit = 1 hour

Substance Abuse Counseling, Group (BI only)	H0047 HQ	Hours/Service Plan Year 1 unit = 1 hour
Independent Living Skills Training (BI only)	T2013	Hours/Week 1 unit = 1 hour
Mental Health Counseling, Individual (BI only)	H0004	Hours/Service Plan Year 1 unit = 1 hour
Mental Health Counseling, Family (BI only)	H0004 HR	Hours/Service Plan Year 1 unit = 1 hour
Mental Health Counseling, Group (BI only)	H0004 HQ	Hours/Service Plan Year 1 unit = 1 hour
Assistive Technology (BI only)	T2029 U6	1 unit = one-time AT purchase
Behavioral Services (BI only)	H0025	Hours/Service Plan Year 1 unit = 1 hour
Day Treatment (BI only)	H2018	Days/Week 1 unit = 1 day
Alternative Therapies, Acupuncture (SCI only)	97814	Hours/Service Plan Year 1 unit = 1 hour
Alternative Therapies, Chiropractic (SCI only)	98942	Hours/Service Plan Year 1 unit = 1 hour
Alternative Therapies, Massage (SCI only)	97124	Hours/Service Plan Year 1 unit = 1 hour