

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 |
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| 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 | Half Days/week 1 unit = 1 half day |
| 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 = 1 month * 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 |

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| 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 |

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| 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 |