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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
Assisted Living Services	T2031	Tier 1 Day	T2031U1	per day	Assisted Living
		Tier 2 Day	T2031U2		
		Tier 3 Day	T2031U3		
Adult Day Health Services	S5100	Enhanced 15 min	S5100UA	per 15 minutes	PASSPORT & Choices
			S5100UB		
		Intensive 15 min	S5100U1		
	S5101	Half Day	S5101	per half day	ODM
		Enhanced Half Day	S5101UA		PASSPORT & Choices
			S5101UB		
		Intensive Half Day	S5101U2		
	S5102	Full Day	S5102	per full day	ODM
		Enhanced Day	S5102UA		PASSPORT & Choices
			S5102UB		
		Intensive Day	S5102U3		
	A0080	Trans per mile	A0080UA	per 1 mile	PASSPORT
		Trans per mile (2nd person)	A0080U2		
	A0090	Trans per mile	A0090UB	per 1 mile	Choices
		Trans per mile (2nd person)	A0090U2		
	T2003	Trans one way	T2003UA	per 1 way trip	PASSPORT
			T2003UB		Choices
		Trans one way (2nd person)	T2003U2		PASSPORT
			T2003U3		Choices
	T2025	Trans MD trip	T2025U5	per round trip	PASSPORT & Choices
		Trans MD trip (2nd person)	T2025U2		
			T2025U4		



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
Personal Care Aide Services	T1019	Personal Care (1st Hour) <i>Provided by an agency personal care aide</i>	Base Hour T1019	Base rate for 1st hour = 4 units per visit Subsequent units per visit are 15 minute units	ODM
		Personal Care <b>GROUP</b> (1st Hour) <i>Provided by an agency personal care aide</i>	Base Hour T1019HQ		
		Personal Care Aide (Subsequent) <i>Provided by either agency or non-agency</i>	Subsequent Hour T1019U2		
		Personal Care Aide <b>GROUP</b> (Subsequent) <i>Provided by either agency or non-agency</i>	Subsequent Hour T1019U2HQ		
		Personal Care (1st Hour) <i>Provided by a non-agency personal care aide</i>	Base Hour T1019UB		
		Personal Care <b>GROUP</b> (1st Hour) <i>Provided by a non-agency personal care aide</i>	Base Hour T1019UBHQ		
		Personal Care	T1019UA	per 15 minutes	PASSPORT
		Consumer Directed Personal Care	T1019U1		
		Consumer Directed Personal Care (2nd person)	T1019U3		
		Consumer Directed PC (OT)	T1019U4		



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
Homemaker	S5130	Homemaker	S5130UA	per 15 minutes	PASSPORT
Chore Services	S5121	Chore Services	S5121UA	per job	PASSPORT
Pest Control		Pest Control	S5121UB		Choices
Supplemental Adaptive & Assistive Devices	T2029	Supplemental Adaptive & Assistive Devices	T2029	per item	ODM
		Equip Repair	T2029UB	per item	Choices
		Amb	T2029U1		
		Non-Amb	T2029U4		
		Hyg & Disp	T2029U7		
		Nutritional Supplements	T2029UC		
Specialized Medical Equipment & Supplies	T1999	Equip Repair	T1999UA		PASSPORT
		Amb	T1999U1		
		Amb 2nd	T1999U2		
		Amb 3rd	T1999U3		
		Non-Amb	T1999U4		
		Non-Amb 2nd	T1999U5		
		Non-Amb 3rd	T1999U6		
		Hyg & Disp	T1999U7		
		Hyg & Disp 2nd	T1999U8		
		Hyg & Disp 3rd	T1999U9		
Home Modifications & Environmental Accessibility Adaptations	S5165	Home Modifications	S5165	per job/service	ODM
		Environmental Accessibility Adaptations	S5165UA	per job/service	PASSPORT
			S5165UB		Choices



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
Emergency Response Services / Personal Emergency Response System	S5160	ERS System installation & testing	S5160	installation	ODM
			S5160UA		PASSPORT
			S5160UB		Choices
	S5161	Monthly Fee	S5161	per month	ODM
		ERS Rental Monthly	S5161U1		PASSPORT & Choices
		ERS Rental Partial Month	S5161U2		
		ERS Rental Second Pendant	S5161U3		
	S5162	Alternative ERS Device	S5162	per device	
Home Delivered Meals	S5170	Home Delivered Meal	S5170	per meal	ODM
			S5170UA		PASSPORT
			S5170UB		Choices
		Therapeutic Meal	S5170U2		Choices
			S5170U6		PASSPORT
		Kosher Meal	S5170U7		PASSPORT & Choices
		*Alternative Meal	S5170U3		Choices
Transportation <i>Non Emergency</i>	T2003	Trans 1 way	T2003U5	per one way trip	PASSPORT
		Trans 1 way (2nd person)	T2003U4		
	T2025	Trans round trip	T2025U6	per one round trip	
		Trans round trip (2nd person)	T2025U3		
Waiver Transportation	S0215	Supplemental Transportation	S0215	per mile	ODM
	A0100	Non-Medical 1 way	A0100UA	per one way trip	PASSPORT
		Non-Medical 1 way (2nd person)	A0100U2		
	A0200	Non-Medical round trip	A0200UA	per one round trip	
		Non-Medical round trip (2nd person)	A0200U2		



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
Waiver Nursing	T1002	Nursing Services (Base) <i>Provided by an agency RN</i>	<i>Base</i> T1002	Base rate for 1st hour = 4 units per visit Subsequent units per visit are 15 minute units	ODM
		Nursing Services (Base) <i>Provided by a non-agency RN</i>	<i>Base</i> T1002UA		
		Nursing Services (Subsequent) <i>Provided by agency &amp; non- agency RN</i>	<i>Subsequent</i> T1002U2		
	T1003	Nursing Services (Base) <i>Provided by an agency LPN</i>	<i>Base</i> T1003		
		Nursing Services (Base) <i>Provided by a non-agency LPN</i>	<i>Base</i> T1003UA		
		Nursing Services (Subsequent) <i>Provided by agency &amp; non- agency LPN</i>	<i>Subsequent</i> T1003U2		



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
Home Care Attendant	S5125	Attendant - Nursing (Base)	Base S5125	Base rate for 1st hour = 4 units per visit	ODM
		Attendant - Nursing (Subsequent)	Subsequent S5125U2	Subsequent units per visit are 15 minute units	
		Attendant - Personal Care	S5125U8	per 15 minutes	
Out of Home Respite	H0045	Out of Home Respite Care	H0045	per day	ODM
Enhanced Community Living	T2025	Enhanced Community Living	T2025U1	per 15 minutes	PASSPORT
Social Work Counseling	G0155	Social Work Counseling	G0155UA	per 15 minutes	PASSPORT
Nutritional Consultation	S9470	Nutritional Consultation	S9470UA	per 15 minutes	PASSPORT
Independent Living Assistance	S5135	In person Activities	S5135UA	per 15 minutes	PASSPORT
		Travel Attendant	S5135U5		
	T2025	Telephone Assistant	T2025UA	for 1 completed call	
Community Transition	T2038	Community Transition Services	T2038UA	for 1 completed job or deposit made; amount per service will be on Service Plan	PASSPORT
		Community Transition (for nursing home residents enrolling in the waiver)	T2038U4		Assisted Living
Choices Home Care Attendant - Employer & Budget Authority	T2025	Choices Home Care Attendant	T2025UB	per 15 minutes	Choices



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
STATE PLAN: Private Duty Nursing	T1000	Private Duty Nursing, Agency Healthcheck	<i>Base</i> T1000U5	per 15 minutes	FFS
		Private Duty Nursing, Agency Nurse Provider	<i>Base</i> T1000UA		
		Private Duty Nursing, Agency	<i>Base</i> T1000U6		
		Private Duty Nursing, Agency & Non-Agency	<i>Subsequent</i> T1000UC		
		Private Duty Nursing, Non-Agency Nurse Provider	<i>Base</i> T1000UB		



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Service Type	Base Code	Description	CareSource Coding	Unit Pricing	Original Waiver
STATE PLAN: Home Health Physical Therapy	G0151	Services performed by a qualified physical therapist in the home health or hospice setting	Base Hour G0151	per 15 minutes	FFS
			Subsequent G0151U1		
STATE PLAN: Home Health Occupational Therapy	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting	Base Hour G0152		
			Subsequent G0152U2		
STATE PLAN: Home Health Speech Therapy	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting	Base Hour G0153		
			Subsequent G0153U3		
STATE PLAN: Home Health Skilled Nursing Services	G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting	Base Hour G0154		
			Subsequent G0154U4		
STATE PLAN: Home Health/Hospice Aide	G0156	Services of home health/hospice aide in home health or hospice settings	Base Hour G0156		
			Subsequent G0156U7		